

Pima Health System

“Just the Facts”

PHS Overview

Pima Health System (PHS) is an entity of Pima County Government operated as an enterprise fund under the authority of the Pima County Board of Supervisors. PHS operates **three** programs:

- an acute/ambulatory managed care organization under Arizona Health Care Cost Containment System (AHCCCS), in Pima County.
- a long term care (LTC) managed care program under ALTCS (Arizona Long Term Care System) which includes both a skilled nursing facility population and a home and community based services population in **both** Pima and Santa Cruz Counties.
- Community Services System which is a non-medical home and community based service (HCBS) grant funded program.

Pima Health System is one of six health plans in Pima County that provides acute health care to Arizona’s AHCCCS population. Members covered under AHCCCS are referred to as “acute members” and receive their PCP services primarily in physician offices. The member’s paper PHS ID card will note “Acute” in the lower right hand corner.

In Pima and Santa Cruz Counties, PHS is the only program contractor to service the members eligible for ALTCS. These members are medically complex and may live in Skilled Nursing Facilities, an Adult Foster Care or Assisted Living Center/Home or remain in their own home. All ALTCS members are assigned a PHS case manager. The member’s case manager may be reached by calling PHS Case Management.

PHS (main office)

(520) 243-8122 (800) 423-3801

Nogales

(520) 377-0643 (888) 483-8700

In order to assist you in serving PHS members, we have provided you with the “highlights” for our program. If you need more information on a particular subject, please turn to the tab that identifies that section of the Provider Manual.

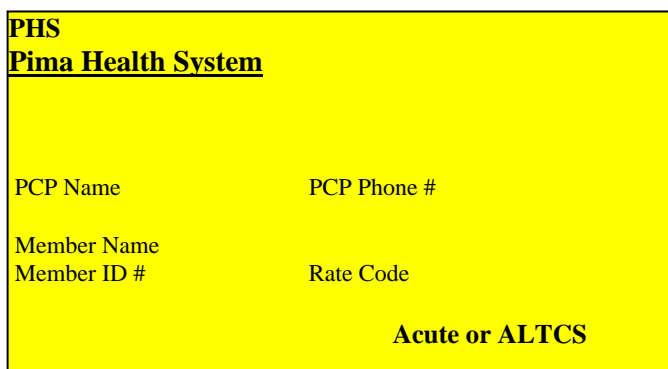
Pima Health System’s web page address is - www.phs.pima.gov. There is a wealth of information there including the Provider Manual, the network of contracted specialists and Provider Newsletters.

General Information

- A. Member Eligibility:** The Department of Economic Security (DES) determines eligibility for AHCCCS and ALTCS members. DES has a number of offices throughout Tucson; you may contact Member Services at (520) 243-8060 or (800) 423-3801 to determine which office is closest to your patient’s home.
- B. Eligibility Verification:** Once eligibility is determined, the member chooses an AHCCCS plan. Members who do not make a plan choice at the time of their eligibility determination are automatically assigned to a contractor using AHCCCS’ auto-assignment algorithm. Providers can call PHS Member Services at (520) 243-8060 or (800) 423-3801 to determine the date the member became eligible and if they are still eligible. Member Services can identify the member’s PCP of record and identify benefits. Member Services is available from 8:00 AM to 5:00 PM, Monday through Friday, except for County recognized holidays. In addition, AHCCCS has a WEB

application that allows providers to verify eligibility and enrollment using the Internet. AHCCCS requires the user to create an account before using the application. **AHCCCS' Home Page is located at www.azahcccs.gov or call AHCCCS Customer Support Unit at (602) 417-4451.**

- C. Language:** PHS' Member Service staff is bi-lingual in English and Spanish. Member Services maintains a list of languages spoken by our contracted physicians and their staff. All vital written material is written in both English and Spanish.
- D. Interpreter Service:** PHS subscribes to a telephonic language interpreter service called CyraCom International. This service has translators available who can translate up to 150 different languages and dialects. PHS staff can use this service to talk with members who have limited English proficiency during home visits or when making phone calls from the office. Hearing impaired individuals can access hearing people via TTY services at (800) 676-3777. Providers may contact PHS at (520) 243-8500 for more information and assistance with interpreter services.
- E. ID Cards:** Once the Member has established eligibility, the Member receives two ID cards. A hard plastic card is issued by AHCCCS and contains the member's AHCCCS ID number. PHS also produces an ID card which has the PHS logo, the member's name, the PCP assigned and AHCCCS identification number. The right bottom hand corner of the card indicates whether the member is enrolled with PHS' Acute Care or ALTCS plan.



Remember: Having a PHS ID card does not guarantee that a patient is still eligible under the AHCCCS program. **It is best to verify a member's eligibility each time they have an appointment.**

- F. Co-Payments:** Effective October 1, 2003, AHCCCS regulations regarding co-payments have changed. The co-payment a member pays will depend on their AHCCCS enrollment. When verifying PHS eligibility you will find out if the member has a standard co-payment. If the member has a standard co-payment, they cannot be denied services if they are unable to pay the co-payment.

The following AHCCCS members do not have to pay any co-payments:

- All AHCCCS members under the age of 19, including KidsCare members.
- All AHCCCS pregnant women.
- All members are receiving "Serious Mental Illness (SMI)" services from the RHBA/CPSA.
- All members who are receiving CRS services.
- All SOBRA Family Planning Services Only members.
- All AHCCCS members when receiving family planning services or supplies.
- All ALTCS enrolled members.

G. Transportation: PHS can provide medically necessary transportation for those members who need assistance. PHS can also provide transportation for behavioral health appointments for ALTCS members. PHS' Transportation Department can be reached at (520) 243-8060 or (800) 423-3801 and are available Monday - Friday 8:00 AM – 5:00 PM except for County recognized holidays. After hours/weekend on-call number is (520) 243-8062. After hour's information and transportation instructions can be obtained by calling the PHS main telephone line at (520) 243-8000.

Members are expected to make transportation arrangements three days prior to needing the service and are informed of the following:

AHCCCS requirements and PHS' goal is to have members transported to their medical appointments no more than one hour prior to the appointment time, not wait more than one hour after making the call to be picked up or have to wait more than one hour after conclusion of the appointment for transportation home.

H. Preferred Provider List: PHS maintains a Preferred Provider List which is distributed periodically. If an updated list is needed, please contact Provider Services in Tucson at (520) 243-8500. The Preferred Provider List is maintained on PHS' Web Page – www.phs.pima.gov. Go to Provider Assistance and to the Preferred Provider List.

The Preferred Provider List indicates which physicians, radiology and labs, pharmacies, hospitals, etc. are contracted with PHS. If a patient has a special need and PHS does not have a contracted provider, contact Prior Authorization for review of a non-contracted provider referral.

I. Claim Issues: PHS works diligently to process your clean claims within 30 days from date of receipt. If you need to determine the status of a claim or need further explanation on a remittance advice, contact Claims Customer Service at (520) 243-8063. You can also check your claims status on-line. You must register through the Pima Health web site. Go to Provider Assistance select On-line Claims Inquiry. It will take you to a secure web page to Create an Account. For assistance with the registration process contact the Pima County Helpdesk at (520) 740-8471 and mention, "Pima Health System On-line Claims Inquiry Issue."

Mail all claims and claim inquires to:

Pima Health System
Claims Department
3950 S. Country Club Rd., Suite 350
Tucson, AZ 85714

If you wish PHS to reconsider a claim please mark "Reconsideration" at the top claim for priority review.

J. Benefit Summary: The benefit summary included in this section indicates what general services are available to qualified AHCCCS members based on age and plan. (Exhibit A)

K. Grievance & Appeals:

1. Member Appeal of Action: PHS establishes a process for members to file an appeal to an action taken by Pima Health System (PHS). This standard does not apply to decisions affecting a member's eligibility, to decisions that reduce a member's benefits as a result of changes in state or federal law, nor to actions arising from the non-Arizona Health Care Cost Containment System (AHCCCS) programs or other non-Medicaid programs administered by PHS. Member Appeal of Action can be directed to:

Grievance Coordinator
Pima Health System
3950 S. Country Club Rd., Suite 400
Tucson, AZ 85714
(520) 243-8006

- 2. Provider Grievance:** Whenever possible, PHS will address concerns with our providers in an informal process. If the issue cannot be resolved through the informal process, the provider has the right to pursue the grievance and Appeal of Action. For more information you may see the Provider Grievance and Appeal of Action section within the Standard and Procedure or contact the PHS Grievance Coordinator at (520) 243-8006.
- L. Fraud & Abuse:** PHS contracted providers are required to report any known/suspected incidents of fraud and abuse to the PHS Fraud and Abuse Coordinator within one working day of the incident. If you have any questions about what to report, contact the PHS Compliance Officer at (520) 419-0317. If you wish to remain anonymous, you can send a written report to:

PHS Compliance Office
PO Box 27895
Tucson, AZ 85726

- M. Education:** The Provider Services Department is dedicated to assisting PHS providers as they work within the plan protocols. Provider Services Representatives function as the providers' advocate. The Representatives are available to meet with providers and their staff on a wide variety of subjects concerning the Plan. The Representatives can be reached at (520) 243-8500.
- N. Provider Newsletter:** Pima Health System produces a newsletter three times per year (Winter, Spring/Summer and Fall) for our provider network. The Newsletter strives to keep the provider and their staff "in the loop" with Plan and AHCCCS changes. If you are not receiving the Newsletter, contact Provider Services at (520) 243-8500.

The following information is provider type specific.

- O. Referrals:** Members who need specialty care must be referred to providers within the PHS network. PHS maintains a Preferred Provider List which is distributed periodically. If any provider needs an updated list, contact Provider Services at **(520) 243-8500**. The referral to a **contracted specialist DOES NOT** require a Prior Authorization. The member does need to be directed to an in-network specialist. The PCP may use their prescription pad or in-office referral form for this purpose.

The **PHS Prior Authorized Services List** (Exhibit B in this section and under the Prior Authorization section) indicates which services require prior authorization. PCP and specialists can obtain a prior authorization. Also, attached is a sample of the PHS Referral /Prior Authorization Form (Exhibit C). If you have any questions regarding services requiring Prior Authorization (PA), contact Prior Authorization at (520) 243-8062. This phone number includes 24 hour on call service.

If a patient has been referred to an in-network specialist, the specialist may refer for any medically necessary diagnostic testing. Any procedure or service noted on **PHS Prior Authorized Services List** must receive prior authorization by the specialist and/or their staff.

- P. PCP:** Members may select a contracted PCP, or they will be assigned one by PHS. The PCP's name will be noted on the member's ID card. No authorization is required for a member to see their

assigned PCP. A PCP may refer to most specialists without an authorization from the Plan. For more information, see the Prior Authorization Section of the Provider Manual.

- Q. GYN:** Women are able to directly access their **in-plan** Gynecologist for preventative or routine services.
- R. OB:** Obstetrical care requires a Prior Authorization (PA) for the OB package payment. In addition, the ACOG form (Prenatal Database) must be completed within the member's first two visits and then forwarded to PHS' Maternal and Child Health Services. (Phone (520) 243-8224 and Fax (520) 745-6592.
- S. Podiatry:** Podiatry service for members must be in accordance with Medicare guidelines and does not require Prior Authorization. If a podiatry service is requested which DOES NOT MEET Medicare guidelines, a referral form must be generated to request Prior Authorization. The request will be reviewed for medical necessity. Bunionectomies are covered for particular diagnosis. Prior Authorization is required.

T. Dental:

- 1. Children <21:** Initial referral for pediatric dental services to a contracted PHS primary care dental provider does **NOT** require prior authorization. This includes the services of a pedodontist. (Dentists who specializes in children.)

Emergency dental treatment **DOES NOT** require Prior Authorization (PA).

- 2.** Prior authorization requests for dental services for members under the age of 21 must be submitted for any treatment plans, or combined prophylaxis/therapeutic services that exceed \$1000.00 of billed charges. The prior authorization request must include the following:
 - a) The ADA authorization/claim form (preferred)
 - b) A clearly marked pre-treatment estimate.
 - c) Completed member information, including demographics.
 - d) Chart notes, x-rays and any pertinent information that supports medical review must accompany the request and ADA form.

Mail treatment plan and radiographs to:

Pima Health System
3950 S. Country Club Rd., Suite 400
Tucson, AZ 85714
Attn: Dental Claims

- 3. Adult >21:** Adult dental benefits for members 21 years of age and older includes **only** emergency services, and medically necessary pre-transplant services (require prior authorization). **Emergency adult dental does not require prior authorization (PA).**

See the dental section for additional information and definition of emergency.

- U. Therapies:** A PCP or specialty physician may initiate the request to PHS for authorization of therapy services (physical, occupational, and speech) on PHS' Referral Form. Upon review, PHS will send the Prior Authorization to the therapy provider and a copy to the requesting physician's office.

After the initial evaluation, the therapist must fax a copy of the evaluation and requested treatment plan along with the **completed PHS Referral** form to (520) 745-6592. PHS will review the documentation and notify the therapist of the status of the request. For more information, see the Prior Authorization section of this Provider Manual.

- V. Pharmacy Management:** PHS' Medication Formulary is available upon request. The formulary indicates which medications do not require Prior Authorization. The comment section under the listed drug indicates formulary medications that differ among the Acute and Long Term Care plans. To request a copy, contact Provider Services at (520) 243-8500. The most current version of the formulary is on the Internet at www.phs.pima.gov.

If a physician is requesting a medication for a PHS member who is not on the formulary and therefore requires a PA, a Medication Request Form must be completed. Once completed by the physician, fax the form to PHS' Pharmacy Management at (520) 243-8242. Pharmacy Management's direct phone number is (520) 243-8232. A sample of the Medication Request Form is found in the form section and is included in this section as Exhibit E.

The physician may also call the clinical pharmacist directly at (520) 243-8234 to request a prior authorization.

W. Behavioral Health:

1. **Ambulatory/Acute Care members** receive their Behavioral Health care from the Regional Behavioral Health Authority, the Community Partnership of Southern Arizona (CPSA). The CPSA Member Service can help facilitate referrals or tell you if a member is already in their system. **CPSA can be reached at 1-800-771-9889.**

The PHS Behavioral Health Coordinator, (520) 546-4471, is available to help with questions or problems concerning behavioral health issues. AHCCCS requires coordination between the PCP and Behavioral Health providers.

2. **Arizona Long Term Care System (ALTCS) members** receive their care from PHS Behavioral Health Services. PHS Behavioral Health Services is a licensed behavioral health agency that provides services directly through professional staff and contracts with community agencies and providers. Behavioral Health is a covered benefit for ALTCS members.

The Behavioral Health Team for the ALTCS program is made up of staff Behavioral Health Professionals, the patient's PHS case manager and the patient's PCP.

Pima Long Term Care Behavioral Health Team can be reached at (520) 546-3400.

This section is only intended to provide highlights of Pima Health System's plan protocols. Additional information concerning the above topics is contained within the specific sections of this Provider Manual or upon request.

**EXHIBIT A
PIMA HEALTH SYSTEM**

**Benefit Overview
December 2009**

<u>ACUTE Health Care Services</u>	<u>Under Age 21</u>	<u>Ages 21 & Older</u>
Audiology	X	X
Behavioral Health		
Behavioral Management	X	X
Case Management	X	X
Emergency Behavioral Health Care	X	X
Evaluation	X	X
Therapeutic Foster Care	X	X
Inpatient Services		
Inpatient Hospital	X	X
Inpatient Psychiatric Facilities for individuals under age 21	X	X
Laboratory and Radiology	X	X
Medications (Psychotropic)	X	X
Medication Adjustment and Monitoring	X	X
Methadone/LAAM	X	X
Partial Care	X	X
Professional Services - Therapy and Counseling		
Individual	X	X
Group and Family	X	X
Psychosocial Rehabilitation	X	X
Respite (within limits)	X	X
Screening	X	X
Transportation		
Emergency	X	X
Non-Emergency	X	X
Breast Reconstruction After Mastectomy	X	X
Chiropractic Services	X	
Cochlear Implants	X	X
Dental Services		
Emergency Dental Services	X	X
Medically Necessary Dentures	X	
Preventive & Therapeutic	X	
Dialysis	X	X
Emergency Services - Medical	X	X
Eye Examination/Optometry		
Emergency Eye Exam	X	X
Vision Exam/Prescriptive Lenses	X	
Lens Post Cataract Surgery	X	X
Treatment for Medical Conditions of the Eye	X	X
Health Risk Assessment & Screening Tests	X	X
HIV/AIDS Antiretroviral Therapy	X	X
Home Health Services	X	X
Hospice	X	X (ALTCS Only)
Home & Community Bases Services	X	X
Hospital Services		
Inpatient Medical	X	X
Observation	X	X
Outpatient Medical	X	X
Hysterectomy	X	X
Immunizations	X	X
Laboratory	X	X

**EXHIBIT A
PIMA HEALTH SYSTEM
(Continued)**

**SYSTEM BENEFIT SUMMARY
December 2009**

	Under Age 21	Ages 21 & Older
Maternal & Child Health Services		
Maternity Services	X	X
Family Planning	X	X
EPSDT (Medical Services)	X	
Other EPSDT Services Covered By Title XIX	X	
Medical Foods	X	X
Medical Supplies/Equipment		
Durable Medical Equipment	X	X
Medical Supplies	X	X
Prosthetic/Orthotic Devices	X	X
Nursing Facilities (up to 90 days)	X	X
Non-Physician First Surgical Assistants	X	X
Physician Services	X	X
Podiatry	X	X
Prescription Drugs	X	X
Primary Care Provider Services	X	X
Private Duty Nursing	X	X
Radiology and Medical Imaging	X	X
Rehabilitation Therapies		
Occupational Therapy - Inpatient	X	X
Occupational Therapy - Outpatient	X	X (ALTCS Only)
Physical Therapy	X	X
Speech Therapy - Inpatient	X	X
Speech Therapy - Outpatient	X	X (ALTCS Only)
Respiratory Therapy	X	X
Total Outpatient Parenteral Nutrition (TPN)	X	X
Transplant (Organ & Tissue) & Related Immunosuppressant Drugs		
Bone Marrow	X	X
Cornea	X	X
Heart	X	X
Kidney	X	X
Liver	X	X
Lung	X	X
Heart/Lung	X	X
Pancreas after Kidney	X	X
Simultaneous Pancreas/Kidney	X	X
Transportation - Emergency	X	X
Transportation - Non-Emergency	X	X
Triage	X	X
<u>Long Term Care Services (in addition to Acute Health Care Services)</u>	<u>Under Age 21</u>	<u>Ages 21 & Older</u>
Case Management	X	X
Home and Community Based Services - Elderly/Physically Disabled	X	X
Long Term Care		
Nursing Facilities (Unlimited)	X	X

Guidelines for Prior Authorization

NO PA NEEDED	PA REQUIRED
<ul style="list-style-type: none"> ◆ Adenosine Thallium Scan ◆ All Birth Control ◆ Arteriograms/Angiograms ◆ Barium Swallow/Enema ◆ Biopsy of Lung, Breast, Liver, Kidney, Bone Marrow ◆ Blood Transfusions ◆ Bone Density ◆ Bone Scan ◆ Bronchoscopy ◆ Cardiac Catheterization ◆ Chemotherapy ◆ Colonoscopy ◆ Colposcopy ◆ CT/CAT Scan, with and without contrast ◆ Cystoscopy not done in the Operating Room ◆ Dietician, home or hospital based ◆ EEG, except if needing 24 hour admission then authorization required ◆ EGD/Endoscopy, with and without biopsy ◆ EKG ◆ Emergency Dental ◆ EMG/NCV (nerve conduction) ◆ Fistulograms ◆ HIDA Scan ◆ Holter Monitor ◆ In Office Procedures ◆ IVP/VCUG, kidney and urinary x-rays ◆ Leep procedure not done in the Operating Room ◆ MUGA Scan ◆ Non-invasive vascular studies/Dopplers ◆ PTCA/Angioplasty/Stent Placement ◆ Pulmonary Function Test ◆ Radiation Therapy ◆ Referrals to contracted specialists, except for pain management requires authorization ◆ Renal Scan ◆ Routine Lab work ◆ Sonogram/Ultrasound, except high level ◆ Stress Test/Thallium Stress Test ◆ Sweat Test ◆ X-rays 	<ul style="list-style-type: none"> ◆ Any office visits/procedures/services done by a non-contracted provider ◆ Bilateral Tubal Ligation ◆ Cardiac and Pulmonary Rehab ◆ Durable Medical Equipment (DME), ALL ◆ Eye glasses/contacts >21, post cataract ◆ Genetic testing & counseling other than during pregnancy ◆ High Level ultrasounds done by Perinatologist <ul style="list-style-type: none"> Obstretrix UMC High Risk ◆ Home Health Services <ul style="list-style-type: none"> Home Infusion Skilled Nursing ◆ Hospice ◆ Hospital/Nursing Home/Rehab Admissions ◆ Medical Supplies <ul style="list-style-type: none"> Bowel Routine Ostomy Supplies Wound Care Trach Supplies Urinary Catheters ◆ MRI/MRA ◆ Oral and Enteral Nutritional Supplements ◆ Oxygen ◆ Pain Management <ul style="list-style-type: none"> Epidural Injections Facet Block Injections Follow up visits ◆ PET scans ◆ Prosthetics/Orthotics/Braces ◆ Second Opinions ◆ Sleep Studies/Apnea Studies ◆ Surgery, both Inpatient and Outpatient <ul style="list-style-type: none"> Arthroscopy Fistula Insertion and Declotting GYN surgical procedures Laposcopic procedures PEG Placement ◆ Termination of Pregnancy ◆ Therapy, both Outpatient and Home <ul style="list-style-type: none"> Physical (Acute and LTC) Occupational (Acute <21 and LTC) Speech (Acute <21 and LTC) ◆ Total OB Care ◆ Transplants ◆ Vasectomy not done in the office ◆ Video Swallow with Speech Therapy



Pima Health System Authorization Request Form 20-243-8062 Fax 520-745-6592
3950 S Country Club Rd. Ste. 400
Tucson, Arizona 85714

PATIENT INFORMATION

REQUEST STATUS

PATIENT NAME / AKA	DOB	AHCCCS ID
ADDRESS (Include City, State & Zip Code)	TELEPHONE #	PRIMARY LANGUAGE

ROUTINE
WITHIN 14 DAYS

EXPEDITED
WITHIN 72 HRS

REQUESTING PROVIDER INFORMATION

REQUESTING PROVIDER NAME	ADDRESS	TELEPHONE #
PROVIDER SIGNATURE	CONTACT PERSON / EXTENSION	FAX #

REFERRED TO

REFERRED TO	DATE(S) OF SERVICE	TELEPHONE #
ADDRESS		FAX #

SERVICE REQUEST INFORMATION

ICD-9 CODE # (REQUIRED)	CPT/HCPC CODE # (REQUIRED)
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➤ PERTINENT CLINICAL INFORMATION (ATTACH ALL RELEVANT MEDICAL RECORDS AND TEST RESULTS E.T.C..)
 ➤ DME/SUPPLIES DESCRIPTION: ATTACH ORDERS AND LIST OF SUPPLIES AND OR THERAPY MODALITIES (WITH FREQUENCY)

SUPPORTING DOCUMENTATION ATTACHED

TYPE OF REQUEST:

COMMENTS FOR TYPE OF REQUEST:

OUTPATIENT PROCEDURE

INPATIENT (ELOS)

PAIN MANAGEMENT

THERAPY (PT OT ST)

HOME HEALTH

NON CONTRACTED PROVIDER

DME (HT: _____ / WT: _____)

MEDICAL SUPPLIES (HT: _____ / WT: _____)

OTHER

AUTHORIZATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY

↓ PIMA HEALTH SYSTEM USE ONLY ↓

AUTH STATUS	<input type="checkbox"/> APPROVED	<input type="checkbox"/> PEND	<input type="checkbox"/> CLOSED	<input type="checkbox"/> MODIFIED	<input type="checkbox"/> DENIED
	DATE	DATE	DATE	DATE	DATE

COMMENTS:

UM NURSE SIGNATURE _____

MEDICAL DIRECTOR REVIEW

COMMENTS:

MEDICAL DIRECTOR SIGNATURE / DATE _____

PHS PROGRAM: HCBS AMBL NF EPSDT Medicare Eligibility: A B NO Rate Code: _____

OTHER HEALTH INSURANCE:

SERVICE AUTHORIZATION #:	Date(s) From:	To:
	Eligible From:	To:

DATE / INT RECEIVED	DATE / INT POSTED	DATE / INT FAXED
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Exhibit D



PIMA HEALTH SYSTEM MEDICATION REQUEST FORM

Requests should be faxed to: (520) 243-8242		FOR ASSISTANCE CALL: (520) 243-8232
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DATE: _____

PROVIDER NAME: _____ PHONE _____

FAX: _____

PATIENT NAME: _____ D.O.B: _____
(Please Print)

AHCCCS ID#: _____

MEDICATION NAME AND DOSE: _____

DURATION OF THERAPY: _____

REASON FOR EXCEPTION REQUEST: (Please provide indication for use, other therapies tried and reason for failure, and attach any applicable documentation i.e., laboratory results.)

Diagnosis:

ICD-9:

SIGNATURE OF REQUESTING PROVIDER: _____

*****FOR PHS USE ONLY*****

Approved Denied More Information Required**

EFFECTIVE: _____ EXPIRES: _____

COMMENTS: _____

****Additional information must be submitted within 14 days or request will be denied.**

PHS Signature: _____ DATE: _____