

**PIMA HEALTH SYSTEM
STANDARD AND PROCEDURE**

SUBJECT: Provider Education	Provider Services PS-I-0008
APPLICABLE TO: Acute Care, LTC-Institutional, HCBS, CSS	
EFFECTIVE DATE: 01/10 APPROVED BY: <i>Patricia Alvarez Hurley by Signature</i>	
SUPERSEDES: New, 5/94, 2/97, 10/97, 4/98, 1/00, 1/01, 4/02, 5/03, 10/03, 10/05, 03/07	

I. STATEMENT OF PURPOSE:

To establish guidelines and mechanisms for provider network and PHS associates education on provider related issues and responsibilities.

II. STANDARD:

Provider Services and designated PHS associates shall conduct provider education activities on PHS and AHCCCS Standards and Procedures, and other provider related issues. Education shall be provided to external providers, new and existing, and/or with internal associates and service units.

III. PROCEDURES:

Education shall be provided as follows:

A. PHS education and training sessions:

- 1. PHS Acute Care and LTC**, education and training activities shall be documented through a Provider Education form (**Exhibit A**), ~~or~~ Site Visit form (**Exhibit B**) or Network Development (**Exhibit C**). Topics for education and training sessions shall include, but not be limited to the following:
 - a.** Introduction of PHS organization and administrative structure.
 - b.** Overview of the PHS provider services department and function.
 - c.** Member eligibility and enrollment.
 - d.** Overview of dental services.
 - e.** Overview of behavioral health services.
 - f.** Provider responsibility and PHS expectation of the provider.
 - g.** Listing and description of covered and non-covered services, requirements and limitations.
 - h.** Pharmacies and use of the formulary.
 - i.** Family planning/maternity services.

- j. Children services including requirements for EPSDT.
 - k. Referral process and prior authorization.
 - l. Appropriate and non-appropriate use of the emergency room and urgent care services.
 - m. Credentialing and re-credentialing.
 - n. Fraud and abuse.
 - o. Billing procedures and Claim submission requirements.
 - p. Explanation of remittance advice.
 - q. Grievance process, formal and informal (arbitration process when applicable)
 - r. KidsCare
 - s. Corporate Compliance
 - t. Cultural Competency including limited English proficiency requirements
 - u. ADA Requirements
2. **Adult Foster Care Sponsor (AFC)** education and training sessions shall include; seventy (70) hours of initial training in accordance with ADHS regulations. In addition providers receive an initial orientation on contract provisions, regulations, program information and certification standards, as specified in the PHS Provider Manual and standards for Assisted Living Facilities (ALF's). Additionally twelve (12) hours of on-going training per year is required.
 3. **Assisted Living Home (ALH) and Assisted Living Center (ALC)** education and training sessions shall include; initial training and orientation of contract provisions and regulations, as specified in the PHS Provider Manual and standards for Assisted Living Facilities (ALF's).
 4. **Attendant Care (ATT)** education and training sessions shall include; twelve (12) hours of initial training of ATT standards, principles and procedures, job responsibilities and employee and client rights as specified in the ATT training and education manual, and in the ATT handbook.
 5. **Community Services System (CSS)** education and training sessions shall include: orientations as detailed in the CSS handbook. Quarterly in-service training programs such as mental health updates, handling difficult clients, and boundary issues. CSS also conducts "as needed" training on specific areas within CSS (i.e. nutrition issues).
- B. Initial site visit (Refer to PHS Standard and Procedure, **PS-I-0011, Provider Site Visit**).
 - C. PHS manuals will be distributed at education and orientation sessions. Revisions and updates to PHS manuals will be distributed at training sessions or via mail.
 - D. Provider and physician meetings; refer to PHS Standard and Procedure, **PS-I-0007, Provider Communication** for listing of meetings.

- E.** Provider newsletter.
- F.** Internal education and ongoing training shall be determined and disseminated by Provider Services and designated PHS associates.
- G.** PHS associates may identify opportunities for provider education through compliance monitoring, provider and member surveys, or through other specific concerns as they may arise.
- H.** PHS associates will also receive additional information on Provider Relations issues through PHS training center associate training sessions.

Exhibit A

**PIMA HEALTH SYSTEM
PROVIDER EDUCATION**

Provider Name: _____

Date: _____

Orientation

Training

Check the items orientation or training covered.

- Introduction to PHS and Provider Services function
- Member Eligibility and Enrollment
- Dental Services
- Behavioral Health services
- Provider Responsibility
- Covered Services
- Pharmacies and Use of the Formulary
- Family Planning/Maternity Services
- Children Services Including Requirements of EPSDT
- Referral Process and Prior Authorization
- Use of the Emergency Room and Urgent Care Services
- Credentialing and Re-credentialing
- Fraud and abuse
- Billing Procedures and Submitting Requirements
- Explanation of Remittance Advice
- Grievance process, formal and informal
- KidsCare
- Corporate Compliance
- Cultural Competency and limited English proficiency requirements
- Additional Items (list)

Additional Items Covered:

Provider Manual

QM/UM Manual

List of Attendees:

EXHIBIT B

Initial Provider Orientation/Training

Ongoing Provider Site Visit

PIMA HEALTH SYSTEM PROVIDER SERVICES PROVIDER SITE VISIT REPORT

PROVIDER NAME: _____
 SITE ADDRESS: _____ TELEPHONE: _____
 DATE OF VISIT: _____ PROVIDER REPRESENTATIVE: _____
 IN ATTENDANCE: _____

PROVIDER ISSUES	CHECK IF REVIEWED	COMMENTS	ACTION
PHS Overview		Case Management program info _____	
ALTCS vs. Ambulatory		Just the Facts	
Referral Forms and Procedures		Delivered referral forms _____	
- Specialty Referrals		Medical Supplies order form _____ (LTC)	
Provider Listings		Delivered PPL dated _____	
Prior Authorization		Prior Auth Staff List	
		PA Requirements	
Provider Assistance Forms		Delivered Forms _____	
PCP		EPSDT forms _____	
OB Care			
DENTAL		CHILDREN - EPSDT -	
		Adult -Emergent or Medical need	
Medical Record Keeping Practices		Evidence that charts are organized and orderly	
Chart Started _____		Face Sheet _____	
PCP/Provider Orders _____		Applicable diagnostic/evals done _____	
Plan of Treatment _____		Summary of progress towards goals _____	
Date & Description of service provided _____		Signature / initials of provider of service _____	
Medical Record Security		Maintained in secure area _____	
Electronic Medical Records		Procedures to preserve and store data _____	
Facility Review		Handicapped parking available _____	
(New PCP, OB/GYN, & Dentist Site)		Handicapped access: doors, rooms, bathrooms _____	
		Office is clean/orderly _____	
		Lighting and ventilation adequate _____	
		Waiting room capacity adequate _____	
		Routine appt's no more than 5 per hour _____	
Advanced Directives		Left a copy of AD booklet _____	
Behavioral Health		BH Coord info sheet _____	
		Discussed family involvement in TX w/ minors and w/ adults with their permission. Need to identify member strengths, needs and decision making in service planning.	
Bilingual Staff		Discussed LEP services	
- Physician		PCP language(s)	
- Nursing Personnel		Office staff languages	
- Office Support			
Provider Survey		Left a blank survey _____	
Transportation		Emergent/Non-Emergent	
Eligibility Verification Process		On-Line ___ Telephonic ___	
		PCP Panel Inquiry handout _____	
Electronic Billing/EFT		Already billing with EDI _____	

PROVIDER ISSUES	REVIEWED	COMMENTS	ACTION
Billing/Payment Issues (e.g., accuracy of coding, co-insurance amounts)			
Provider Manual		Manual _____ Discuss/Refer to PHS Website _____ Contact person for updates _____	
Information - Member Handbooks Newsletters-		LTC/Ambulatory provider & member	
Appointment Standards		<i>Appt Stand Monitoring (see below)</i> PCP: ____ Emergency w/in same day. ____ UC w/in 2 days. ____ Routine w/in 21 days.	
		Maternity: ____ 1st Tri w/in 14 days. ____ 2nd Tri w/in 7 days. ____ 3rd Tri w/in 3 days. ____ High Risk w/in 3 days of Identification or immediately if emergent	
		Specialty: ____ Emergency w/in 24 hrs. ____ UC w/in 3 days. ____ Routine w/in 45 days.	
Office Wait Time		Wait Time noted _____ PCP & Specialist: ____ Wait Time does not exceed 45 minutes	
Non-Discriminatory Policy			
Formulary/Pharmacies Available		Formulary auth form _____ Handout on website formulary _____	
Minority/Women Owned Business		If yes, report to Deanna _____	
Insurance - Prof. Liability (Org Cred) - Commercial		Verified with contracts prior to visit _____ Obtained updated copies _____	
License - state &/or federal		Verified with contract prior to visit _____ Obtained updated copy _____	
Medicare Cert. (Org Cred)		Verified with contracts prior to visit _____	
Accreditation (Org Cred)		Obtained updated copies _____	
Provider Credentialing		Reviewed list of affiliated MDs, etc. _____	
Provider Registration - National Provider ID (NPI) - Provider Panel Update		Obtain Copies of NPI's _____ PCP Panel Inquiry handout _____	
Fraud and Abuse - Members - Providers			
HIPPA Review		Observe waiting area, staff discussions, fax, medical records area, and office area	
Key Phone # Listing		Forms Delivered _____	
ADA			
Marketing Activities			
Corporate Compliance Updates		Compliance Info Delivered _____ False Claims Act Info Delivered _____	
Cultural Competency			

Additional Training

____ Accepted

____ Declined

Updated information to be sent to: _____.

Written follow-up mailed to Provider on: _____.

Comments entered in computer on _____, by _____.

EXHIBIT C

Date: _____

PIMA HEALTH SYSTEM NETWORK DEVELOPMENT DOCUMENTATION

Provider Name: _____

Contracted Non-Contracted

Pima Health System Staff

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provider Representative	Title
_____	_____
_____	_____
_____	_____
_____	_____

Discussion:

Decision: