

## 2020 Q1 All Provider Forum

Zoom – March 31, 2020

# Agenda

1. Welcome and Introductions	Beth Scully, Dir. Network Services	2 minutes
2. Axial Healthcare	Beth Mason, VP. Client Partnership	10 minutes
3. Behavioral Health Referral Training	Veronica Welch, OIFA Administration Mgr.	10 minutes
4. Quality and Performance - Telehealth	Stefanie Turner, Dir. Quality Performance	10 minutes
5. Provider Portal	Beth Scully, Dir. Network Services	5 minutes
6. Online Provider Education	Jadelyn Fields Provider Service Mgr. Provider Educator	10 minutes
7. COVID - 19	Dr. Mark Carroll, Chief Medical Officer	30 minutes





A Risk to Recovery Platform



axialHealthcare was a first responder to the opioid epidemic – equipping plans and physicians to mitigate prescriber risk and prevent patient escalations. As the epidemic has evolved, so has our offering. Today, we provide comprehensive solutions for combatting the opioid epidemic and substance abuse more broadly. Our consultative approach arms plans with solutions from









serving commercial, ACO, Medicare and Medicaid lines of business

#### **Health Plan Partners**













#### **Equity Partners**



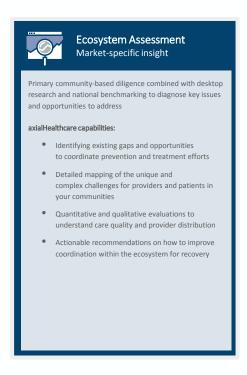






Our end-to-end approach effectively manages cost of care while supporting appropriate treatment for members with or at risk for opioid and substance use disorder



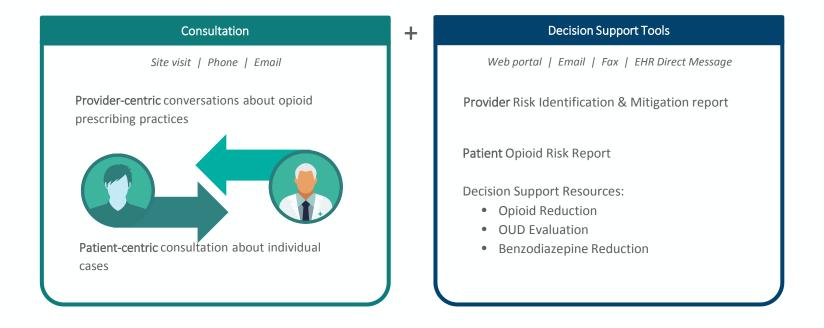






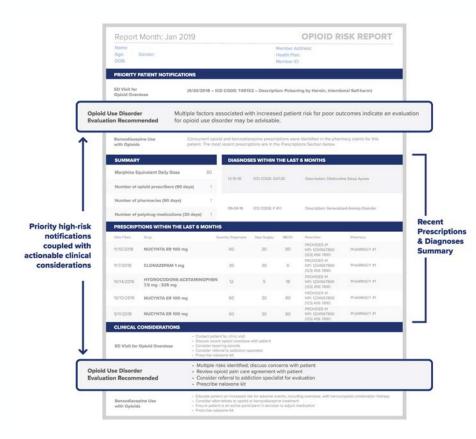
#### Overview: Preventative and Risk Mitigation Services

Through its Clinical Consult Services team, axialHealthcare deploys licensed pharmacists and provider engagement specialists to engage physicians in consultative conversations about opioid prescribing and patient risks. These interactions build trusting relationships with providers, inform adherence to evidence-based opioid prescribing practices, and reduce patient risks related to opioid over-prescribing and opioid use disorder





### Patient-Level Insight through the Opioid Risk Report



Generated for all opioid prescribed patients who are also flagged for high-risk notifications, multimodal Opioid Risk Reports have proven to offer actionable, patient-specific snapshots of key clinical information coupled with tailored clinical considerations

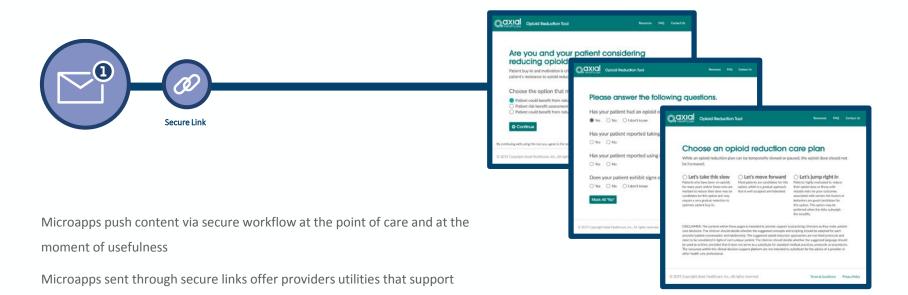
Our clinical consult team focuses their outreach efforts on the highlighted member risk and draws from their personal expertise to relay and coach providers on the most appropriate next steps to drive better patient outcomes

### Feedback from providers indicates high engagement and perceived usefulness of patient notifications

"This information has been very useful"	"Very grateful for the info"	"Wasn't aware of another provider prescribing benzo.
"further discuss with the patient"	"ED overdose office was not aware"	"Didn't have any of this in their chart!"



## Interactive Clinical Decision Support through Outreach + Microapp Utilities





#### **Opioid Reduction**

Supports a safe and patient-centric opioid reduction

clinical decisions tied to patient risk notifications

conversation or Opioid Risk Report being sent.

Across clients, 34% of all outreach is associated with a member



#### Benzodiazepine Reduction

Interactive workflow to personalize a benzo reduction plan for high risk patients



#### **Patient Intervention Readiness**

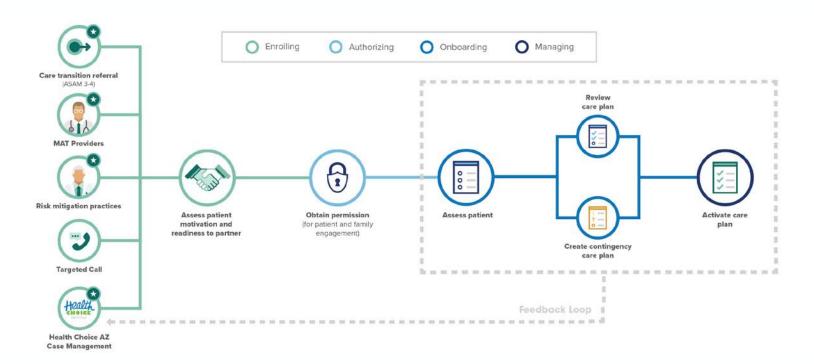
Toolkit of visual aids, content, and videos to educate patients on risks vs. benefits of opioids/benzos as well as SUD treatment options







Beginning with four primary intake points, axialHealthcare will deploy Recovery Partners and Peer Recovery Specialists to create patient contingency plans and activate care plans for patients with OUD to promote sustained recovery







#### **Recovery Partner**

The recovery partner is a patient's connection to clinical support. They will onboard patients into the recovery program, perform initial intake assessments, find peer advocate matches, and help develop care and contingency plans. They help remove medical barriers.



#### **Peer Recovery Specialist**

The peer recovery specialist acts as a guide. They have life experience in getting to recovery. They know the challenges patients face and the encouragement they'll need. They're there to coach, check in regularly, and respond to patient needs.

#### Intake Points and Goals

- ASAM Levels 3-4: Facilitate care transition support and direct member engagement in partnership with ASAM levels 3-4 facilities, with focus on high-cost providers with known Health Choice member volume
- 2 MAT Providers: Leverage relationships with MAT providers to offer recovery support that promotes MAT adherence and retention
- Physician Practices: Identify key physician practices to engage diagnosed OUD members and connect them to quality outpatient care / MAT
- Health Choice Case Management: Establish cross-referral relationships with Case Management to connect patients with Health Choice Arizona's network of treatment providers while providing member management and ongoing support



### Thank You

For additional questions please contact Ranna Ardebili, PharmD at <a href="mailto:rardebili@axialHealthcare.com">rardebili@axialHealthcare.com</a>

# Behavioral Health Services Referral Training



# VOICE and CHOICE Health Choice Arizona Provider Manual

Chapter 18, Section 18.13.2 - Service Planning (p. 54)

### States that the provider:

- Identifies the covered services that are medically necessary based on an assessment and the member's preferences and needs
- Honors the culture, preferences, and values of the member and their family/natural support system
- Informs the member as to what services they can expect to receive, by whom and at what frequency



# VOICE and CHOICE Health Choice Arizona Provider Manual

Chapter 18, Section 18.13.2 - Service Planning (p. 54)

- Allows members to choose among in-Network service providers and to be informed of alternate locations for receiving covered services
- Documents which services and referrals the Health Home will coordinate and cover financially (as indicated)
- Communicates the member's diagnoses, needs, treatment goals and expected services to non-Health Home providers who are also treating the member, for the purposes of coordination, billing and reassessment



# VOICE and CHOICE Health Choice Arizona Member Handbook

### Member Rights (p. 70-71)

As a Health Choice Arizona Member, you have the right to:

- Choose a primary care physician (PCP) and other providers from the Health Choice Arizona network list. This also includes the right to refuse care from providers.
- You also have the right to a second opinion.
- You have the freedom of choice among providers within the Health Choice Arizona network.



Chapter 18, Section 18.13.2 - Service Planning

Interim Services Provided by Non-Behavioral Health Home Providers (p. 54)

Providers who are contracted by Health Choice Arizona to do crisis, outreach, engagement and reengagement may provide and bill contracted services for up to 10 business days while attempting to complete a member referral to <u>initial evaluation (intake)</u>, assessment or services at a health home, without the services being on the health home's interim or completed service plan.



Chapter 18, Section 18.13.2 - Service Planning

Interim Services Provided by Non-Behavioral Health Home Providers (p. 54)

Applies to contracted providers including Peer Run Organizations,
 Family Run Organizations and crisis providers

 Allowable services are as per the provider's contract with Health Choice Arizona and may include crisis services, case management, family support and peer support



Chapter 18, Section 18.13.2 - Service Planning

Interim Services Provided by Non-Behavioral Health Home Providers (p. 54)

### Non-allowed services include:

- All prior authorized services such as non-emergency hospitalizations, behavioral health inpatient facility admissions and ECT
- Behavioral health residential facilities
- Chemical dependency residential facilities
- Therapeutic Foster Care Respite



Chapter 18, Section 18.13.2 - Service Planning

Interim Services Provided by Non-Behavioral Health Home Providers (p. 55)

- Members who self-refer to the non-behavioral health home services must be directed to the behavioral health home for assessment and service planning at the time of first contact with the non-behavioral health home provider.
- All reasonable efforts to engage the member to complete the initial evaluation or assessment need to be demonstrated in the provider's medical records.



### **Contact Information**

#### Veronica Welch

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Administrator

Health Choice Arizona

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### Maria Esposito

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Maria. Esposito@healthchoiceaz.com



For Assistance with referrals please contact:

# Joshua Napoleon (assigned to FIC, MIKID & Caring Connections)

Child Behavioral Health Member Liaison Health Choice Arizona 928-774-7128

Joshua. Napoleon@healthchoiceaz.com

# Denise Cox (assigned to NAZCARE & Hope Lives)

Adult Behavioral Health Member Liaison Health Choice Arizona 928-774-7128

<u>Denise.Cox@healthchoiceaz.com</u>

# QUALITY PERFORMANCE TELEHEALTH



## Expanding Telehealth: HCA

Subject to updates by AHCCCS – Please continue to review and refer to AHCCCS FAQs: https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html

- Service type restrictions for telehealth have been removed; all services that can be performed via telehealth are now covered
  - Use modifier GT for synchronous and GQ for asynchronous

### Other changes:

- Remote telemonitoring is available for all members
- All prior auths for services in the next 60 days have been extended 6 months
- All refill-too-soon requirements have been removed
  - For controlled substances, the pharmacy will contact the provider for approval before filling



## Expanding Telehealth: HCG

Subject to updates by CMS – Please continue to review and refer to CMS FAQs: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

- CMS has expanded telehealth allowances:
  - Telehealth visits are now permitted for all members, both new and established, regardless of member's location
  - Allowable visit types: Office visits, consultations, AWV
  - Allowable provider types now include MD, DO, NP, PA, LCSW, CNM, clinical psychologists, and certified dietitians/nutrition professionals
  - For established patients, providers can now bill for:
    - Virtual check-in: 5-10 minute remote evaluation/consultation
    - E-visit: Provider/patient communication via provider portal



## CMS Telehealth Guidance 2020

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS VIRTUAL CHECK-IN	A visit with a provider that uses telecommunication systems between a provider and a patient.  A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	Common telehealth services include:  99201-99215 (Office or other outpatient visits)  G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)  G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  For a complete list:  https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes  HCPCS code G2012  HCPCS code G2010	For new* or established patients.  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency  For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul><li>99421</li><li>99422</li><li>99423</li><li>G2061</li><li>G2062</li><li>G2063</li></ul>	For established patients.



## Resources for Expanding Telehealth

- AHCCCS
  - FAQ: <a href="https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html">https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html</a>
  - Telehealth Webinar: <u>https://azahcccs.gov/ahcccs/downloads/AHCCCS\_TelehealthWebinarMach202020.pdf</u>
  - Telephonic Code Set: <u>https://azahcccs.gov/AHCCCS/Downloads/COVID19/Table I AHCCCS T elephonicCodeSetTemporary.pdf</u>
- CMS Guidance on Telehealth/Telemedicine:
  - Telehealth Services: <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf</a>
  - Telemedicine Fact Sheet: <a href="https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet">https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</a>
  - Telehealth FAQ: <a href="https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf">https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf</a>
- HHS Emergency Preparedness Bulletins:
  - <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html</a>



## **PROVIDER PORTAL**



### PROVIDER PORTAL

Enhancements with YOU in mind

### 3/1/20 Medical Prior Authorization Online Submission

2019 Pharmacy Online Submission – PromptPA Hub

### 3/1/20 Quality Reporting

- Performance Reports
- Member Rosters

### **Provider Demographic Summary**

 2019 Submit requests to update, add new/terminate providers or locations.

#### !!!!COMING SOON!!!!

Dental PA Submission
Claim Reconsideration Request



### PROVIDER PORTAL

# Are you registered for the Provider Portal? Sign-up today!

Get access to secure member eligibility, claim status, submit prior authorization requests and much MORE!

Our portal is available under the 'Providers' tab of each of our plan websites:

www.healthchoiceaz.com

www.healthchoiceGenaz.com

Easy to follow portal training video(s) on our websites

'Providers' tab -> 'Provider Education'



## **PROVIDER RESOURCES**



# Online Resources and Education Health Choice:

www.healthchoiceaz.com/

**Health Choice Generations:** 

www.healthchoicegenaz.com/

- ➤Increase Provider Communication and Outreach
  - Provider Manual(s)
  - Important Notices Announcements
  - o PA Guidelines
  - Prescription Drug Formulary
  - Provider Education Resources
    - Provider Newsletters



## Online Provider Resources Secure Provider Portal View

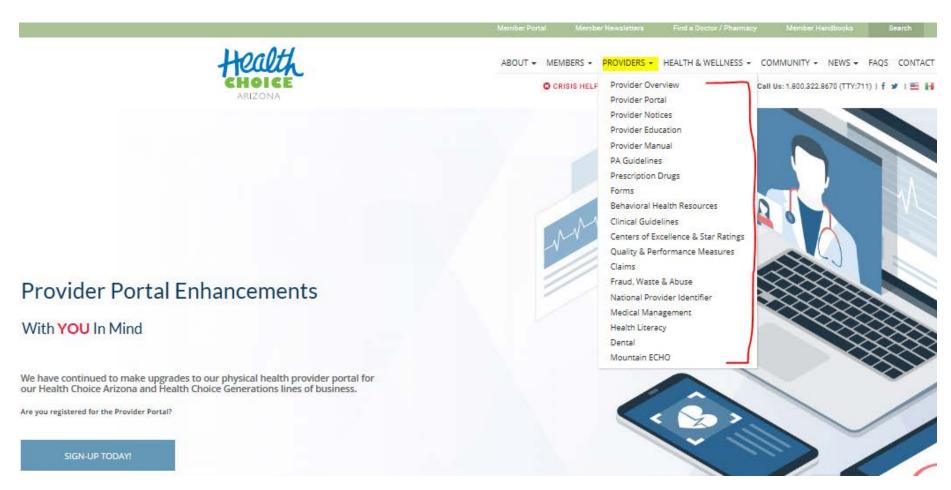


HOME ELIGIBILITY CLAIMS - MEMBER ROSTER QUALITY PRIOR AUTHORIZATIONS DOCUMENTS LOG OFF

Welcome to Health Choice Provider Portal		
Member Eligibility  Use the form below to look up the eligibility status for one of our members.		
First Name	Last Name	Date Of Birth
OR Member Id		SEARCH
Claims  Use one of our convenient tools to learn more about our services.	Authorizations  Need information regarding authorizations? Choose one of the following options below.	Provider Tools  Use one of our convenient tools to manage your account or look up answers in our document library
Claims Lookup Dental Claims History Vision Claims History  Vision Claims History	View Your Medical Prior Authorization Status Health Choice - Pharmacy Prior Authorization Request Health Choice Arizona - Prior Authorization Grid Health Choice Generations - Prior Authorization Grid (Arizona) Health Choice Generations - Prior Authorization Grid (Utah) Health Choice Utah - Prior Authorization Grid	Provider Member Roster Notices Forms Newsletters Dental Newsletters Internet Explorer Compatibility View Instructions Health Choice Integrated Care Provider Portal Provider Demographic Summary EFT/ERA Setup Request Form Education Links to External Tools



# Online Provider Resources Our Public Website





# Health Choice Generations 2020 Model of Care(MOC)

Health Choice Generations HMO Special Needs plan is a Dual Eligible Special Needs Plan (D-SNP).

The MOC is designed to ensure the provision and coordination of specialized services that meet the needs of the dual eligible beneficiaries by:

- ✓ Improving member Health Outcomes
- ✓ Improving Seamless Transitions of Care Across Healthcare Settings, Providers, and Health Services
- ✓ Improving Access to Preventive Health Services
- ✓ Assuring Appropriate Utilization of Services

\*Chrome Web Browser is Optimal\*

Visit: www.HealthChoiceGenAZ.com

'Providers' -> 'Provider Education'



### Reimbursement Services – Claim Submission Reminders

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

Health Choice Arizona (AHCCCS)

Health Choice Arizona Payer ID# 62179

P.O. BOX 52033, PHOENIX, AZ 85072-2033

Health Choice Generations Arizona (Medicare Advantage)

Health Choice **Generations' Payer ID# 62180** 

P.O. BOX 52033, PHOENIX, AZ 85072-2033



## **COVID - 19**



### COVID 19

- Status update
- Regional collaborations
- Care management coordination
- Community testing and screening
- Telehealth
- Behavioral Health
- Pharmacy
- Provider communications



# **COVID 19 Recommendations for Provider Preparedness**

- Due to the rapidly evolving nature of this disease that began in the Chinese city of Wuhan in December 2019, Health Choice Arizona urges all healthcare providers to stay up to date on the spread of the virus and take steps to prepare for the possibility of caring for infected patients.
- Help us educate members
- The CDC has prepared several communication resources that can be used to help patients understand COVID-19. These free videos, fact sheets, and posters can empower people to be proactive about preventing the spread of this virus and know what to do if they are concerned about symptoms. Visit the <u>Communications Resources</u> page to select the tools that make sense for your practice.
- If you have questions or need additional information, please contact your county public health department.
- Please visit our websites to view this notice and embedded links:
- HCA: <a href="https://www.healthchoiceaz.com/providers/provider-announcements/">https://www.healthchoiceaz.com/providers/provider-announcements/</a>
- HCG: https://www.healthchoicegenaz.com/providers/provider-information/



### **Recommended Resources**

To support providers, ADHS has created a <u>one-page reference</u> for providers that includes criteria for evaluating patients under investigation in association with the COVID-19 outbreak, as well as guidance for providers caring for patients with fever and/or acute respiratory symptoms. ADHS has also issued <u>key points for infection control</u>. Visit the <u>Provider Resources</u> page on the AZDHS.gov website for state and local information.

The Centers for Disease Control and Prevention (CDC) posted a <u>healthcare professional</u> <u>preparedness checklist</u> and a <u>hospital preparedness tool</u> as part of its comprehensive <u>Healthcare Professionals</u> resources. Topics include: healthcare personnel with potential exposure, guidance for EMS, clinical care, inpatient obstetric healthcare, infection control, personal protective equipment, home care, a provider webinar (includes a PDF of the slides), FAQs for providers, as well as several links to valuable external resources.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS and CMS have developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

AHCCCS COVID-19 Information Page (FAQ link on this page):

https://azahcccs.gov/AHCCCS/AboutUs/covid19.html

AHCCCS COVID-19 FAQs (direct link to FAQ):

https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html



# **Questions?**

