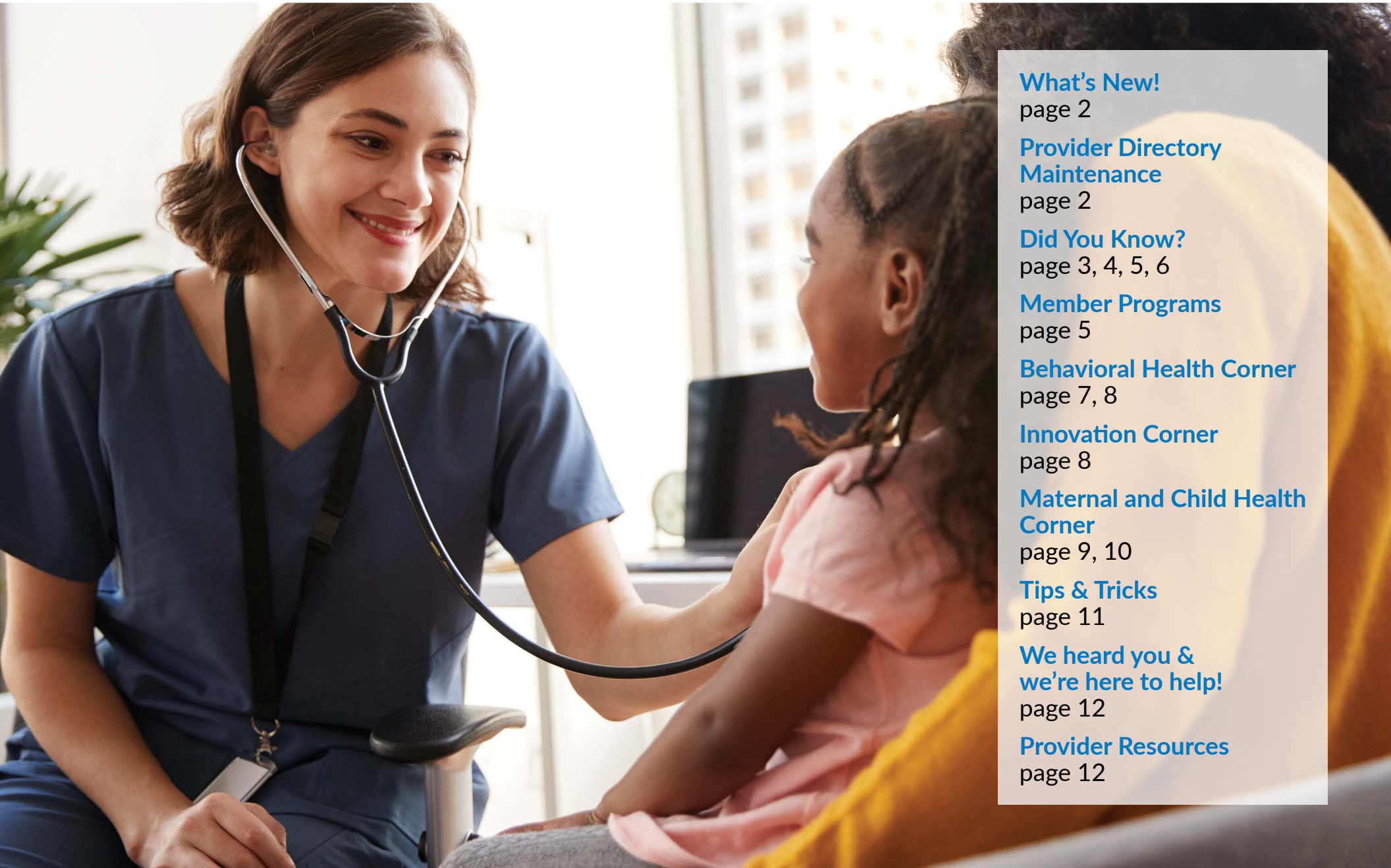




Provider Newsletter

May - June 2021



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What's New!

Crisis Response Network announces name change to Solari Crisis & Human Services



Crisis Response Network announces a corporate rebranding effective April 15, 2021, the organization will be known as Solari Crisis & Human Services.

As the company has grown and expanded its service offerings beyond its 24/7/365 crisis line, the name "Crisis Response Network" no

longer conveyed the breadth and depth of the services offered and the work performed by the organization. "Crisis Response Network" will become one of two Solari subdivisions along with "Community Support Network". The newly-branded organization's mission of "Inspiring Hope" and vision of "Empowering transformation from HOPE to HEALTH" remain the same and it will continue to provide the same services and connections to resources as before. Only the name has changed. Crisis Response Network is now Solari Crisis & Human Services.

Health Choice Q2 All Provider Forum

Health Choice Arizona and Health Choice Pathway will be hosting our second All Provider Forum of the year. Due to the COVID19 outbreak in Arizona, we have made the decision to hold this event via Zoom, ONLINE ONLY.

Please Join Us!

Zoom Webinar
Wednesday June 30, 2021,
11:30 A.M. - 1:00 P.M.

Link to join Webinar:
zoom.us/j/97333846872

You can participate by joining us online:
From your PC, Mac, Linux, iOS or Android:
zoom.us/j/97333846872

AND By calling: **(253) 215 8782** or **(346) 248 7799** or **(669) 900 6833** or **(301) 715 8592** or **(312) 626 6799** or **(646) 876 9923**

Webinar ID: 973 3384 6872

If you plan to attend please RSVP to Jadelyn.Fields@healthchoiceaz.com with your name, office name (TIN) and number of anticipated guests.



Provider Directory Maintenance

Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please login to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH, it is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

Did You Know?



Prior Authorizations

Health Choice Arizona is committed to making the prior authorization process as efficient and streamlined as possible in partnership with the requesting provider. It's important to submit a complete prior authorization request form and provide clinical documentation to facilitate an effective review process. Health Choice maintains a list of services/codes which require prior authorization. This list is referred to as the Prior Authorization Grid (PA Grid). The Health Choice Chief Medical Officer (CMO), Medical Director(s), or their designees make medical necessity determinations based upon nationally recognized, evidence-based standards of care, the Centers for Medicare and Medicaid (CMS) and the AHCCCS program benefits [NCQA HPA 2021, UM 4A-1, UM 4C, UM 4D]. Accurate and prompt medical necessity determinations depend upon the comprehensive content and the quality of medical documentation Health Choice (or its delegated entities) receives with each request.

Special considerations and information regarding Medical Prior Authorizations

- The Primary Care Physician/Provider (PCP) should initiate the prior authorization request (see Prior Authorization Grid).
- Members should be instructed not to self-refer to specialists without the express recommendation of their PCP.
- Health Choice will provide notice of approval/denial within the allowable time frames via fax and/or phone to the requesting provider.
- If a service requires prior authorization and an authorization was not approved, or if 16 | Health Choice Arizona Provider Manual -

Chapter 6 the member was ineligible at the time of service, the claim will be denied.

- The authorization number or denial should be noted in the member's medical record.
- Prior Authorization approval number(s) should be provided BY the requesting provider TO the Specialist/Facility/Vendor PRIOR to the member's appointment.
- The Specialist, facility or vendors are responsible to ensure that necessary authorizations have been issued prior to rendering service.
- The PCP (or ordering Provider) is responsible to facilitate coordination of care and assist/alert the member to make the necessary appointments for approved services.
- When difficulty arises in coordinating and/or facilitating care, the referring provider should contact the plan for additional assistance.
- Authorization is NOT a guarantee of payment for services.
- Authorizations are valid for 90 days, except for Diabetic Supplies which are valid for 365 days. Some of the J codes are approved for longer than 90 days based on review.
- Contracted health professionals, hospitals, and other providers are required to comply with Prior Authorization policies and procedures.

For additional guidance please refer to Chapter 6 of the Health Choice Arizona or Health Choice Pathway Provider Manual.

Outpatient Laboratory Services - LabCorp

Health Choice has a statewide capitated contract with LabCorp of America to provide a full array of laboratory services. Please refer to the prior authorization grid regarding laboratory services that require prior authorization.

Please visit www.labcorp.com for service locations.

Electronic Visit Verification (EVV)

The below notice is only applicable to providers subject to EVV requirements.

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2021 and for in-home skilled nursing services (home health) by January 1, 2023.

We recognize the importance of sharing timely information about the EVV initiative, and our goal is to update our provider community on AHCCCS posted materials and communicate developments.

continues on next page

Did You Know?

continued from previous page

New Provider Onboarding

AHCCCS and the health plans have created two documents to help guide new providers coming into the network or existing providers that are planning to provide EVV services. The one-pager onboarding document has tips on how to get started and the attestation form used by the health plans during the credentialing process are now available on the AHCCCS website under the Information for Providers and MCOs tab.

Quick Tip - Understanding Client Pending Status

In partnership with Sandata, AHCCCS will be periodically posting “quick tips” to help

providers using the Sandata system. The first in the installment is a “quick tip” to help providers understand and resolve clients showing up in a pending status. This quick tip is now available on the AHCCCS website under the "Sandata EVV System Resources and Technical Assistance" tab.

Soft Edit Claims and Policy Grace Period

The soft edit claims and policy grace period are still in effect. At this time, AHCCCS has not yet established a new timeline for the hard claim edits to begin. AHCCCS is currently undertaking a number of activities in partnership with CMS and Sandata to create a plan and timeline for the transition from the soft claim edits to the hard claim edits.

In June, AHCCCS is preparing a large scale communication that will outline:

- A list of known system issues and the plans and timelines for resolution.
- Expectations for providers during the soft edit claim and policy grace period
- Update on the plan and timeline for the transition from the soft claim edits to the hard claim edits

Stay Informed

Please sign up for the AHCCCS Constant Contact email list to receive any and all EVV notices like this one from AHCCCS under the “Stay Informed” tab on the AHCCCS website www.azahcccs.gov/EVV.

Cultural Competency – Language Services

Health Choice is proud to serve over 200,000 diverse members in the Central GSA and Northern GSA. Our providers are critical in supporting the diversity of our members along with their cultural and language needs. These services are necessary to facilitate communication between providers and their patients. These services must be provided at no cost to the member.

Language services may include various modalities: interpretation services (over the telephone, telehealth, in-person), translation services, American Sign-language,

services for the blind, deaf, hard of hearing, or speech-impaired, auxiliary aids and alternative formats.

It is part of the federal requirements that providers and subcontractors ensure access to oral Interpretation, translation, sign language, disability-related services, and provide auxiliary aids and alternative formats upon request, and at no cost to the member.

- The provider should check the patient’s language needs prior to scheduling an appointment to make the appropriate language arrangements to satisfy their needs.
- These services must be accurate,

timely, and protect the privacy and independence of the individual with limited English proficiency.

- The translation/interpretation services shall be provided by a qualified interpreter/translator.

* Members are not permitted to rely on a minor child for translation/interpretation except in an emergency when there is no qualified interpreter immediately available.*

Visit us online to view this provider job aid in full and for Cultural Competency specific content and education-related material: www.healthchoiceaz.com/providers/cultural-competency/

Did You Know?

Member Programs

Healthy Rewards Program

Did you know Health Choice Pathway has a member rewards program? It is called Healthy Rewards and it encourages members to get healthy and stay healthy.

Eligible members can earn rewards by completing healthy activities such as an annual wellness visit with their primary care provider. Members can get rewarded with a \$25.00 gift card for completing important health care activities such as:

- Annual wellness exams
- Breast cancer screenings
- Colon cancer screenings

Here's how it works – in just three easy steps!

1. Check with your doctor to see what preventive screenings or visits you are due for
2. Complete an eligible Healthy Reward service
3. Once Health Choice Pathway receives a claim for the service, we will mail you your gift card(s).

Please allow up to 8 weeks to receive your gift card.

Questions? Call or email us. **1-800-656-8991 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week comments@HealthChoiceAZ.com

Health Choice Arizona members can also earn rewards by participating in specific

healthy activities! Members can get a \$25 gift card by completing the following activities:

- Child and Adolescent Well Visits (under 21 years of age)
- Mammograms to check for breast cancer

Here's 2 steps to get the reward:

1. Schedule an appointment with the provider for the above-mentioned health activities.
2. Members can then let us know what screening has been completed and notify Health Choice by sending us an email at comments@HealthChoiceAZ.com or call us at **1-800-322-8670 (TTY 711)**, 6 a.m. to 6 p.m., Monday through Friday, with the following information:
 - Date of the visit
 - Provider/Clinic name

Diaper Bag Program

Health Choice Arizona also has a Diaper Bag Program. This program began October 1, 2020, and will be offered to members who have recently had a baby and completed their postpartum visit. The diaper bag will be mailed to each members' home after they have completed their postpartum visit.

The contents in the diaper bag include:

- Diapers
- Wipes
- Baby lotion
- Diaper paste
- Diaper bag



Here's how it works! Members will need to complete the following steps:

1. Schedule an appointment with the provider for their postpartum visit.
2. Let us know when they have completed this visit by sending us an email at comments@HealthChoiceAZ.com or calling us at **1-800-322-8670 (TTY 711)**, 6 a.m. to 6 p.m., Monday through Friday, with the following information:
 - Date of the visit
 - Provider/Clinic name

Remind members to get their flu shot today!

Health Choice members (HCP and HCA) can also earn a **\$10 gift card** for getting their flu shot. Once they have gotten their flu shot, and we have the information from the administering provider, Health Choice will send the member a gift card. If a member needs to update their mailing address, they should call Member Services.

Health Choice Pathway members should call us at **1-800-656-8991**, TTY **711**, 8 a.m. to 8 p.m., 7 days a week.

Health Choice Arizona members should call us at **1-800-322-8670**, TTY **711**

If they have gotten the flu shot, but not the gift card, please have them contact Member Services or send us an email at comments@HealthChoiceAZ.com and include the following information.

- Date of getting your flu shot
- Provider/Pharmacy/Clinic name

Did You Know?

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider.

AHCCCS Extends ROPA Registration

Due to the continuing public health emergency and in an effort to ensure that no AHCCCS member experiences disruptions in care, AHCCCS has announced they will

further extend the registration deadline for referring, ordering, prescribing and attending (ROPA) providers to **January 1, 2022** or the end of the COVID-19 public health emergency, whichever comes later.

In order to ensure that providers meet this extended deadline, AHCCCS will release additional guidance specifically for referring and ordering providers, prescribing providers, and attending providers in June 2021.

For additional information about ROPA, visit the AHCCCS ROPA web page.

Health Choice encourages all providers who are not currently registered with AHCCCS, but who are referring, ordering,

prescribing or attending providers, to register as an AHCCCS provider as soon as possible. You can check your current registration with AHCCCS as the following link; www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/.

If you are not enrolled and need to be, click here to begin www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html

Service providers whose claims include referring, ordering, prescribing or attending providers who are not registered with AHCCCS should work with these providers to complete their registration.

Help Your Patients Quit Smoking

Tobacco is the leading cause of preventable and premature death, killing an estimated 480,000 Americans each year. It has been reported, that among adults who have ever smoked daily, 87% had tried their very first cigarette before reaching age 18 and 95% had done so by age 21. On a daily basis, 2,500 children under the age of 19 will have tried their first cigarette.

Should current patterns of tobacco use continue as they are, it is estimated that 5.6 million of today's youth under the age of 18 will die prematurely from a smoking related disease.

Not only does smoking have serious oral health implications but it causes significant problems with respiratory illnesses, lung growth and function and decreased physical fitness.

In 2019, 57.8% of youth (middle and high school students) who currently used tobacco products (3.3 million) reported that they were seriously thinking about quitting the use of all tobacco products. Because of the Oral Health implication of tobacco use, dental practices may provide a uniquely effective setting for tobacco use recognition, prevention, and cessation.

The five major steps for Health care professionals to use when engaging patients who are dependent on nicotine are called the "5A's". The five steps are as follows:

1. **Ask every patient** about current tobacco use at every visit
2. **Advise** your patients to quit
3. **Access** their willingness to quit

4. **Assist** your patients if they are ready to make a quit attempt by providing:
 - Counseling
 - Medication, if appropriate
 - Refer to additional resources for support, for example, Arizona Smoker's Helpline (ASHLine) **1-800-556-6222** or ashline.org. The ASHLine can provide free samples of nicotine replacement therapy. It can also give your patients counseling and support to help them quit.
5. **Arrange** a follow-up appointment (in-person or by phone), preferably within the first week after the quit date

Dental providers can also visit the CDC website for free tools and materials to help their patients quit www.cdc.gov/oralhealth/publications/features/dental-pros-help-your-patients-quit-tobacco.html

Behavioral Health Corner

Health Choice Arizona (HCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, & Gila Counties. We ensure access to and are the payer for behavioral and physical health services for adults with Arizona Health Care Cost Containment System (AHCCCS) title XIX coverage and Serious Mental Illness (SMI).

Please visit us online for Behavioral Health specific content and education-related material: www.healthchoiceaz.com/providers/behavioral-health-resources



AHCCCS Bed Capacity Survey

Behavioral Health Residential Facilities and Residential Treatment Centers

AHCCCS in partnership with its contracted health plans, has developed a survey for providers who manage Behavioral Health Residential Facilities (BHRFs) and Residential Treatment Centers (RTCs). The purpose of the one-time survey is to obtain information about the capacity of these providers to service individuals with complex health care needs. The information you provide will contribute to an assessment of Arizona's capacity to care for individuals with complex needs and help in long term system planning as well as to EMResource, a database that will be accessible to AHCCCS health plans, their staff and Arizona providers seeking to find placements for AHCCCS members.

Please complete the survey by no later than June 15th 2021.

You may be contacted by other AHCCCS health plans about this survey. However, *you only have to complete the survey once for each of your facilities.*

1. To begin the survey, you will need the following organization and facility information:
 - a. Organization Name and Tax ID

- b. Contact information such as name, title, phone number and email
- c. BHRF and RTC location information including AHCCCS provider ID, AHCCCS provider type, service address, Total Bed Capacity and Current Bed Capacity, contracted health plans, and specialized populations.
 - i. If there are multiple BHRF and RTC facilities, at the end of the survey there will be an opportunity to include the additional location information
 - ii. The AHCCCS ID is a 6-digit number assigned by AHCCCS and the AHCCCS Provider Type is the two character the organization selected (i.e. B1, B5)
 - iii. If you do not know your AHCCCS Provider ID or Provider Type for the facilities, go to the AHCCCS Provider Portal at azweb.statedemedicaid.us/Account/Login.aspx?ReturnUrl=/

2. After you have the information, please go to the following link and complete the survey: www.surveymonkey.com/r/M9JT27Y

This announcement includes more information and details. To view this notice for the full announcement and for embedded links and content specific to education-related material, please visit us online at www.HealthChoiceAZ.com under our "Providers" tab.

Workforce Development - Training Offerings

Your HCA Workforce Department is excited to announce and rollout the *HCA Clinical Team Training Series!* Since April of this year, HCA has provided clinical trainings via a webinar based platform (Zoom/Eventbrite), and recorded each of these sessions for you and your staff to view and learn from in Relias. If you have additional questions or needs, please reach out! We are always looking for ideas to deliver new trainings to the network, so send your thoughts/needs our way.

Also, if you are interested in joining us for a live session, please visit our Eventbrite page for a list of future trainings: www.eventbrite.com/o/health-choice-arizona-18029430714

Substance Use Disorder Behavioral Health Facilities (SUD BHRF) H0018

As a reminder from our email notification sent December 11, 2020, effective January 4, 2021, Health Choice Arizona will require prior authorization for all Substance Use Disorder Behavioral Health Residential Facilities (SUD BHRF) HCPCS H0018.

BHRF Prior Authorization request forms are available on the Health Choice website www.healthchoiceaz.com/providers/forms/

BHRF request can be submitted by fax to: [480-760-4732](tel:480-760-4732)

Thank you for your continued commitment to serving our members and ensuring the provision of quality of care. If you have questions or need for additional information, please email HCHHCICAuthorization@healthchoiceaz.com or Robert Fleet at [928-699-1580](tel:928-699-1580) robert.fleet@healthchoiceaz.com

Long Term Psychiatric Implications in COVID Patients

Survivors of COVID-19 experience increased anxiety after recovery for acute infection, according to a neurological and psychiatric outcome study recently published in the journal. Over 6 months following COVID illness, almost 17% of 236,379 survivors experienced increased panic attacks or generalized anxiety and 14% of survivors had a new mood disorder, such as depression. Compared to 105,600 of those diagnosed with influenza during this same time period those that survived Covid-19 had a 44% higher risk of developing neurological and psychiatric illnesses. This new study demonstrates important physical health and psychological consequences of contracting Covid-19, making ongoing monitoring and support for COVID survivors vital to optimal wellbeing and health.

Wellth

Health Choice Arizona had partnered with Wellth to implement a new digital health approach to medication adherence for people with both serious mental illness (SMI) and a chronic physical health condition (such as diabetes, COPD, or asthma) Members Thus far, the program is demonstrating important improvements in medication adherence through a person-centered program that offers members incentives for medication adherence. In the months ahead, we will also monitor clinical outcomes for members participating in the program, to help members control their health conditions, avoid emergency visits and inpatient stays when possible, and improve their overall health.

Innovation Corner

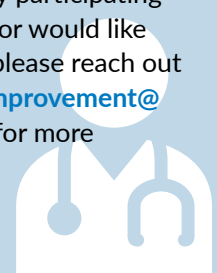
Best Practices

Medicare Annual Wellness Visits

Did you know that Medicare encourages all beneficiaries to have a Medicare Annual Wellness Visit (AWV) once a year? AWVs focus on preventive care and advanced planning. Helping patients focus on prevention can help keep them healthier. There is no copay for patients to complete these visits.

Many providers appreciate the emphasis on reviewing and addressing social, environmental, and personal health risks during AWVs. The visits also provide an opportunity to discuss or review advanced directives.

In addition to claims payments for AWVs, Health Choice Pathway offers a Comprehensive Health Evaluation (CHE) program. This program allows your practice to earn extra dollars for completing Annual Wellness Visits while increasing preventive screenings and services for your patients. If your practice is not already participating in the CHE program, or would like assistance doing so, please reach out to hchperformanceimprovement@healthchoiceaz.com for more information.





EPSDT Reminders

The Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the individual with Disabilities Education Act, which provides eligible children, and their families access to services to enhance the capacity of families and caregivers to support the child's development. A total of 11,429 children were served through the AzEIP program in 2019.

A child, birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services:

- Physical (Fine, or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic Disorders
- Cerebral Palsy
- Severe auditory or visual impairment

- Failure to thrive/undernutrition
- Severe attachments disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential developmental delays, they may request an evaluation by a specialist by submitting the clinical information s and request for evaluation and services to HCA. To initiate the referral process, contact AzEIP directly at [602-532-996](tel:602-532-996), or via the AzEIP website at des.az.gov/services/disabilities/developmentalinfant

For additional information, please contact the EPSDT department at [480-760-4821](tel:480-760-4821).

Well-Child Visits During the Pandemic

Well-child visits and vaccinations are essential preventive care services for children and adolescents.

PCPs are required to ensure all newborns, infants, children, and adolescents are up to date on their well-child visits, inclusive of appropriate screenings, including complete physical exams, laboratory tests, fluoride varnish, and vaccines. Providers are also required to:

- Conduct well-child visits in person whenever possible and supplement with telehealth. Identify children who

have missed their well-child visits and recommended immunization and work with their families to bring children up to date as quickly as possible.

- Assess the immunization status of all children and adolescents at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up. All vaccines due or overdue should be administered according to the recommended CDC immunization schedules during that visit to provide protection as soon as possible and minimize the number of health care visits needed to complete vaccination.
- Continue surveillance and screening for social, emotional, and behavioral concerns and provide appropriate anticipatory guidance as part of the well-child visit.
- Inform families about the strategies already implemented in their office to reduce the risk of viral transmission. For example.
 1. The requirement of mask/face coverings and promotion of physical distancing while in the office
 2. Scheduling well visits and sick visits at different times of the day or using telehealth
 3. Asking patients to remain outside until they are called into the facility to reduce crowding in the waiting room
 4. Offering sick visits and well-child visits in different locations

We thank our provider community for their commitment and caring for our members during the pandemic.

Pediatric Care Management:

If you feel a child is in need of a referral for care management please email or fax our Case Management (CM) referral form to: HCH_PediatricsCM@healthchoiceaz.com or fax **480-317-3358**. The CM form can be found under the Providers section of our website under Forms: www.healthchoiceaz.com

EPSDT Tracking Forms:

Please keep sending us your tracking forms in a timely manner for your Well Child Visits! As a reminder, please include the AHCCCS ID on the tracking form and EMR's and verify your sending a complete file. Please submit EPSDT Tracking forms and EMR's directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed with fax or mail. All EPSDT information is logged into the members file for tracking and reporting purposes as required by AHCCCS. Age appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults. Email: HCH.EPSDTCHEC@healthchoiceaz.com Fax: **480-760-4716**

Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs. For medical

please fax the log to **480-760-4708** or email comments@healthchoiceaz.com For dental please fax the log to **480-350-2217** Appointment log forms are located on our website under Providers -> Provider Manual -> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN

Maternal Reminders

Pediatric Care Management

Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents

to facilitate educational and coordination of care interventions for high risk infants, children, and adolescents

Please email our Care Management (CM) referral form to: HCH_PediatricsCM@healthchoiceaz.com or fax **480-317-3358**.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

OB Care Management

Did you know Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high risk moms. High risk conditionals are often identified from the timely submission of TOB forms. If you have a pregnant member with high risk medical or BH conditions, please refer to our OB CM team.

Please email our Care Management (CM) referral form to: HCHHCACaseManagement@healthchoiceaz.com or fax **480-317-3358**.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

Syphilis Testing

Prenatal Syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (Congenital Syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

Tips & Tricks – Guidelines for Behavioral Health Related HCCs



HCC 54 Substance Use with Psychotic Complications

- These are all SUD (Substance use disorder) related dx that must include a Psychotic feature
- These will likely include delusions and hallucinations
- Will include ETOH, Cannabis, Opioids, Sedatives/Hypnotics/Anxiolytics, and Psychoactives
- If these dx are made in the PCP office, they should include a referral to BH team for SUD evaluation and referral
- Likely candidates for detox/rehab/interventional services
- Mild= presence of 2-3 DSM criteria symptoms
- Moderate= presence of 4-5 DSM criteria symptoms
- Severe= presence of 6 or more DSM criteria symptoms

HCC 55 Substance Use Disorder, Moderate, or Substance Use disorder w/ complications

- These are all SUD related dx that do not include a current Psychotic feature.
- Will include ETOH, Cannabis, Opioids, Cocaine, Stimulants, and Psychoactives
- Symptoms and severity will define this HCC
- Complications may include sleep disorders, sexual dysfunction, anxiety, or delirium
- May also include mood disorders and perceptual disturbances
- If these dx are made in the PCP office, they should include a referral to BH team for SUD evaluation and referral
- Likely candidates for detox/rehab/interventional services and/or behavioral health services
- This HCC now includes poisoning; either accidental or undetermined

- Will include opium, heroin, rx opioids, methadone, cocaine, and synthetics
- These will primarily be ER or IP dx
- Examples of EMR issues:
 - Some EMR records insert ICD 10-CM codes with descriptions into the assessment section of the office note rather than a provider-stated final dx
- Mild= presence of 2-3 DSM criteria symptoms
- Moderate= presence of 4-5 DSM criteria symptoms
- Severe= presence of 6 or more DSM criteria symptoms

HCC 56 Substance Use Disorder Mild

*This is a new HCC

- These will exclude Cannabis and ETOH
- Will include Opiates, Sedatives/Hypnotics/Anxiolytics, Stimulants, Inhalants, Hallucinogens (and other Psychoactives)
- All dx are “uncomplicated” (see DSM-V for definitions) (F xx10) or “in remission” (Fxx11)
 - These dx were previously unclassified under HCC

HCC 57 Schizophrenia

- Remains unchanged

HCC 58 Reactive and Unspecified Psychosis Limited to F23, F28, and F29

- Brief Psychotic event, Unspecified Psychotic event not due to substance or physiologic condition
- Will primarily be ER dx's
- If PCP were to be presented w/a Psychotic event, patient will likely be referred to ER or 911

HCC 59 Major Depressive, Bipolar, and paranoid disorders

- This is the dx included in prior HCC 58
- No changes

HCC 60 Personality disorders

These codes were never previously included in prior HCC

- Includes both Cluster A; Paranoid, Schizoid, Schizotypal personality disorders, Cluster B; Antisocial, Borderline, Histrionic, Narcissistic Personality disorders, and Cluster C; Avoidant, Dependent and Obsessive-Compulsive Personality Disorders
- Also includes dissociative amnesia/identity disorder
- Unlikely these will be made by the PCP, but DSM V criteria

As always, the most specific documentation in order to code appropriately is very important.

Contact Us:

Health Choice Arizona
Risk Adjustment Department
410 North 44th Street, Suite 900
Phoenix, AZ. 85008
480-968-6866 ext. 5034
hchperformanceimprovement@healthchoiceaz.com

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and the best interests of the patient. ICD-10-CM, CPT and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charged and modifiers for services rendered.

We heard you & we're here to help!

Provider Portal

The Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

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

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

<https://providerportal.healthchoiceaz.com/ProviderPortal>

If you do not have an account, we have easy instructions for creating an account on the portal log in page. If you have any questions about the provider portal, please contact our Provider Services team at **1-800-322-8670** or contact your Provider Performance Representative.

Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing.

Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better and less invasive mechanisms for the delivery of the care they provide. We are provider-owned and we understand both the rewards and difficulties of managed care and health plan/provider relationships.

Health Choice Arizona:
www.healthchoiceaz.com

Health Choice Pathway:
www.healthchoicepathway.com

Visit us online for provider specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

Provider Services call center: 1-800-322-8670
Open Monday-Friday, 6:00 A.M. - 6:00 P.M.
Provider Portal: 480-760-4651

Please take advantage of additional resources available online on the 'Provider' tab of our websites

****MEMBER PRIVACY NOTICES**** are included in the Health Choice Member Handbook and can be located on the Health choice Website at: www.healthchoiceaz.com/privacy-notice

