



Quarterly Provider Newsletter

APRIL, 2017

ATTENTION PROVIDERS ~ COME JOIN OUR NETWORK!

Banner – University Family Care Receives Contract for the Arizona Long-Term Care System (ALTCS) Program from the Arizona Health Care Cost Containment System (AHCCCS) for Central and South Geographic Service Areas for Oct. 1 launch

Join Our Network

Banner – University Family Care welcomes the participation of new providers in our ALTCS plan. We are seeking to expand our network to contract with physicians, Skilled Nursing Facilities, Assisted Living Facilities, Home & Community Base Services, Durable Medical Equipment providers and other specialty health care professionals to form provider networks essential for the delivery of quality, accessible and affordable health care services to our ALTCS members.

If you are interested in becoming a contracted provider with Banner – University Family Care you may contact our contracting department at the following:

Email: UAHNContractingMailbox@bannerhealth.com

Phone: 623.385.0909

Fax: 520.874.7144

March 15, 2017 – The Arizona Health Care Cost Containment System (AHCCCS) has awarded an ALTCS contract to the successful Managed Care Organization, Banner – University Family Care. The health plan will provide services to AHCCCS members who are elderly (65 and over), blind or disabled and are at risk of institutionalization.

Arizona Long Term Care System (ALTCS) Elderly/Physical Disability (E/PD) members receive all their medical care under the long-term care program, including doctor's office visits, hospitalizations, prescriptions, lab work, long-term services and supports, and behavioral health services. The ALTCS E/PD Program is recognized as a national model for its success in supporting a high percentage of individuals who receive services in their own home or a community setting rather than in institutional settings.

The contract, which becomes effective October 1, 2017, was awarded for up to seven years.

The Geographic Service Areas for Banner – University Family Care are:

- **Central GSA** (Maricopa, Gila, and Pinal Counties)
- **South GSA** (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties)

The new contract award impacts approximately 9,000 members who will be transitioning to this new health plan. AHCCCS will work closely with Banner - University Family Care to ensure a seamless transition for all members.

GOVERNOR DUCEY TAKES ON OPIOID MANAGEMENT:

Limit on Short-acting Opioids Effective April 1, 2017

Specific requirements include:

Members Under 18 Years of Age

- The prescriber shall limit the **initial*** and **refill** prescriptions for any short-acting opioid to no more than a 7-day supply unless member meets one of the exclusion criteria.
- Exclusions
 - The initial and refill 7-day supply limit does not apply for the following conditions and care incidents:
 - Active oncology diagnosis
 - Hospice care
 - End-of-life care (other than hospice)
 - Palliative care
 - Children on opioid wean at time of hospital discharge
 - Skilled nursing facility care
 - Traumatic injury, excluding post-surgical procedures
 - Chronic conditions for which the provider has received prior authorization through University Family Care
 - Post-surgical procedures: initial prescriptions are limited to no more than a 14-day supply; refills are limited to no more than a 7-day supply

Members 18 Years of Age and Older

- The prescriber shall limit the **initial*** prescription for any short-acting opioid to no more than a 7-day supply unless member meets one of the exclusion criteria.
- Exclusions
 - The initial and refill 7-day supply limit does not apply for the following conditions and care incidents:
 - Active oncology diagnosis
 - Hospice care
 - End-of-life care (other than hospice)
 - Palliative care
 - Skilled nursing facility care
 - Traumatic injury, excluding post-surgical procedures
 - Post-surgical procedures: initial prescriptions are limited to no more than a 14-day supply

*An initial prescription is one in which the member has not filled any prescription for a short-acting opioid within the 60 days preceding of the current fill date.

Prescriber Instructions for Exclusions

- The prescriber is responsible for communicating the excluded diagnoses to the pharmacy. This can be completed by writing the required information on the hard copy of the prescription or communicating it telephonically, electronically, or via fax to the pharmacy.
 - Active oncology diagnosis
 - Include ICD-10-CM code of G89.3 *Neoplasm related pain* on the prescription.
 - Hospice care
 - Write “hospice care” on the prescription. This medication should be covered through the hospice benefit.
 - End-of-life care (other than hospice)
 - Write “end-of-life care” on the prescription.
 - Palliative care

- Write “palliative care” on the prescription.
- Children on opioid wean at time of hospital discharge
 - Write “child on opioid wean at time of hospital discharge” on the prescription.
- Skilled nursing facility care
 - Write “SNF care” on prescription. This medication should be covered under the SNF per diem payment.
- Traumatic injury, excluding post-surgical procedures
 - Enter the applicable ICD-10-CM trauma code on the prescription. Please see www.ufcaz.com for a list of codes.
- Post-surgical procedures
 - Write “post-surgical care” on the prescription.

Please see link to more information on the AHCCCS Website

https://www.azahcccs.gov/Shared/Downloads/prescription_opioid_initial_fill_limitation.pdf

UPDATING CAQH FOR CREDENTIALING

CAQH is utilized by all Arizona AHCCCS health plans. Many times during the credentialing process, we find that the following have not been updated in CAQH:

1. Malpractice Insurance
2. Board Certification information
3. Office locations
4. Hospital Affiliations/or information who admits on a provider’s behalf
5. Detailed explanations regarding all malpractice claims within the past 5 years
6. Expired attestations
7. All Licensure including DEA’s

Outdated information on any of the above can cause long delays in the credentialing process and/or termination of the initial credentialing process, and termination of practitioners that are ACTIVE PROVIDERS and due for re-credentialing.

University Family Care and University Care Advantage want to ensure the fastest credentialing turnaround times possible for your practice. With your assistance confirming that your practitioners or their delegates update the above mentioned portions of CAQH, we can deliver those faster times.

THE UNIVERSITY OF ARIZONA HEALTH PLANS PARTNERSHIP WITH CHANGE HEALTHCARE

The University of Arizona Health Plans (University Family Care, University Care Advantage, Maricopa Health Plan and Maricopa Care Advantage) partnership with Change Healthcare (formerly known as Emdeon) and Echo is now Live.

Effective **Monday, February 13, 2017**, providers should be receiving your payments and explanation of benefits as noted below:

- You may sign up for electronic funds transfer (EFT) via Automated Clearing House, (ACH) which will also provide you with ERA. The SENDER of your funds that will show on remittance will be **HNB-ECHO**.
- Change Healthcare will be working in conjunction with other clearinghouses you may be contracted with, who will continue to receive ERA’s as they have previously.
- If you are not enrolled with a clearinghouse for ERA but still receive EFT, retrieval of the Provider EOB or ERA will be available at www.providerpayments.com OR you may

continue to receive your paper checks and EOB's.

- You will have the three payment options listed below:
 - #1. Electronic EFT with ERA, with 835 through clearinghouse
 - #2. Electronic EFT with online printable ERA in PDF Format
 - #3. Paper Check with Paper EOB

1. If you are not seeing your payments in their customary delivery system, please call **ECHO** at **844-586-7463**.
2. If you are not receiving your ERA's in their customary delivery system, please contact **Your Clearinghouse to open a ticket with Change Healthcare (Formerly EMDEON)**
3. If you are unable to address your concerns with your clearinghouse or ECHO, please contact our **Customer Care department at 800-582-8686**.

UAHP strongly recommends that you contact Change Healthcare to confirm that your ERA and EFT are set-up as expected. You may call **844-586-7463** or **888-834-3511**, or on the internet: <https://view.echohealthinc.com/EFTERADirect/UAHP/index.html>. Enrollment can occur beyond the February 13th "Go Live" date.

2017 PRIOR AUTHORIZATION CODE GRID UPDATE

There are three PA grids to reference on our web sites; UAHP Medical Prior Authorization Grid, UAHP Pharmacy Prior Authorization Grid and the UAHP Behavioral Health (BH) Prior Authorization Grid. *Be sure to also look for relevant attachments for the BH grid specific to neuropsychological testing and the Notice of Pregnancy (NOP) form required by AHCCCS.*

Summary of code changes for 2017:

- Fewer codes require PA for CMS than AHCCCS lines of business. There will be more resources devoted to retrospective review of medically necessary services than prospective review in order to facilitate provider services for our members;
- OB delivery codes have been removed from PA and replaced with the mandatory need to complete the Notification Of Pregnancy (NOP) form;
- Eighteen (18) 2017 Category III codes have been added to the medical PA grid for AHCCCS reimbursement consideration. Those same codes are not necessarily covered for CMS prime lines of business;
- Continued focus will be on DME and other HCPCS level II codes/services;
- The Notification of Pregnancy (NOP) Form is for Maternal Child Health to systematically monitor routine and high risk pregnancies utilizing, in part, the NOP form.

You may review the UAHP Prior Authorization Code Grids on the Provider Resources page of our websites at:

- University Family Care:
<http://www.ufcaz.com/ProviderResourcePage.aspx>
- University Care Advantage:
<http://universitycareadvantage.com/ProviderResourcePage.aspx>

DATE CHANGE & PHASED ENFORCEMENT of PART D PRESCRIBER ENROLLMENT

CMS published a final rule in May 2014 and an interim final rule in May 2015 addressing prescriber enrollment requirements in Medicare. Prescribers must be enrolled in an active status or validly opted out, except in very limited circumstances, in order for their written prescriptions to be covered under Part D. CMS previously announced that enforcement of the prescriber enrollment requirement would begin on February 1, 2017. While CMS is committed to the implementation of the prescriber enrollment requirements, CMS also recognizes the need to minimize the impact on the beneficiary population and ensure beneficiaries have access to the care they need.

While the full enforcement date is January 2019, CMS encourages all physicians and eligible professionals who prescribe Part D drugs, but are not yet enrolled or validly opted out of Medicare, to enroll in the Medicare Program. Enrollment information is available at:

For more information, please visit: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-About.html>

Provider directory requirements

The Centers for Medicare & Medicaid Services (CMS) has issued new requirements regarding online provider directories. The requirements are designed to ensure that members have information about and access to contracted providers that are accepting new patients.

Requirements:

- Health plans must have regular, ongoing communications/contacts (at least quarterly) with providers in order to verify their availability and acceptance of new patients.
- Contracted providers must inform the plan of any changes that affect availability including street address, phone number and office hours.

Notifying us of changes to your availability

Updates to your Open/Closed Panel status, to inform us of location changes, or to make other demographic changes please contact your assigned Provider Representative or fax the changes to 520-874-7144.

Questions?

If you have questions about this new requirement, or how to ensure your compliance and avoid penalties, contact your UAHP Provider Representative directly or if you do not know who your assigned rep is, please contact our Customer Care Department at 800-582-8686 or 520-874-5290.

EPSDT DEVELOPMENTAL SCREENING & FLUORIDE VARNISH TRAINING

On August 1, 2014, AHCCCS began reimbursing qualified medical professionals for performing the services listed below with proof of certification. All qualified medical professionals must provide proof of certification to the [Council for Affordable Quality Healthcare \(CAQH\)](#). The certifications should be uploaded to the CAQH site. University of Arizona Health Plans will conduct random audits to ensure provider compliance with the AHCCCS training requirement. Certificates dated before August 1, 2014 **will** be accepted. All providers are required to complete a developmental screening for all EPSDT members at the 9, 18, and 24 month appointment using one of the AHCCCS approved tools:

- [Parents' Evaluation of Developmental Status \(PEDS\)](#)
- [Modified Checklist for Autism in Toddlers \(M-CHAT\)](#)
- [Ages & Stages Questionnaire \(ASQ\)](#)

Fluoride varnish may be applied to members between 6 months and two years with one tooth eruption.

- [Fluoride Varnish Application Training](#)

Training Location - [Arizona PediaLearning Resource Center](#)

Description - Users "click through" a slideshow presentation. After the last slide, you will be prompted to complete a post test. Finally, a certificate is generated for you to print for your records.

Schedule - This online training is available 24 hours a day.

Fee - This training is provided by the Arizona Chapter of the American Academy of Pediatrics (AzAAP) for a fee of \$30.00.