PROVIDER NEWSLETTER

April 2018

CAHPS Survey

CAHPS survey stands for Consumer Assessment of Healthcare Providers & System Survey. The CAHPS survey ask consumers and patients to report on their experiences with health care services in different settings.

Measuring patients' experiences of care using a standardized CAHPS survey is one way to assess the patient-centeredness of care. The Institute of Medicine's (IOM) widely accepted framework regards patient-centeredness as one of six domains of health care quality:

- Patient-Centered
- Safe
- Timely
- Effective
- Efficient/equitable
- The CAHPS survey is an anonymous survey sent to a random sample of members
- The CAHPS Survey asks members to rate the following about their providers:
  - Personal doctor
  - Specialist seen most often
  - How well doctors communicate
  - Shared decision making
  - Getting needed care
  - Getting care quickly
  - Coordination of care

What providers can do to help: Performance Improvement - Member Experience

At Health Choice we want our members to feel comfortable visiting their providers. Making a patient feel comfortable and understood improves their overall health by increasing their willingness to schedule visits.

Here are some things you can do to improve member experience:

- Introduce all people on the team and in the appointment and offer to shake hands
- Sit at eye level to the member or parent when communicating
- Position your EMR screen so that you can still make easy eye contact with the member
- Ask a member if all of their questions have been answered
- Summarize the discussion and ask the member to confirm understanding of the plan including the next steps
- Provide a visit summary

24/7 Nurse Advice Line

Remember, Health Choice offers a 24/7 Nurse Advice Line for our members, providing the peace of mind in knowing that medical questions can be answered at any time.

Members can call anytime at:
800-322-8670 (TTY 711), 24 hours a day, and 7 days a week. We are ALWAYS happy to help you.

Fraud Training

Under the Deficit Reduction Act of 2005 (Public Law 109-171 Section 6032), any employer who receives or makes $5 million or more per year in Medicaid payments is required to provide information to its employees about the Federal and State False Claims Act.

The Fraud & Abuse and Deficit Reduction Act (DRA) Compliance Training presentation was created by the Office of Program Integrity at AHCCCS, and meets all the requirements of the Act for Arizona Providers. AHCCCS has given its health plans permission to use this presentation for both employees and their contractors.

As a provider, you may also be required to provide this information to your employees. Health Choice strongly recommends that you provide this information to your employees as a best practice.

Please note that if you provide the information or training to employees outside of Arizona, you may need to update the slides on state laws. A signature list should be kept of all individuals who have received the information or training in order to show compliance to the Act.

To access the training and for more details, please visit our website: http://healthchoiceaz.com/providers/fraud-abuse/

Provider Online 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.

Visit us online for provider specific resources!
Provider Manual(s)
Prior Authorization
Provider Notices

HCA: http://www.healthchoiceaz.com/providers/overview/
HCG: http://www.hcgenerations.com/providers/provider-information
HCIC: http://www.healthchoiceintegratedcare.com/providers/provider-resources/

Provider Portal - Get direct access to member eligibility, claims status, PA status and more!
https://www.healthchoicearizona.com/ProviderPortal/login/

Did You Know?

Health Choice Provider Update: Referral options for Autism Spectrum Disorder (ASD)

Did you know that primary care providers can refer directly to a Specialized ASD Diagnosing Provider?

1. **Health Choice Integrated Care**
   (Apache, Coconino, Gila, Mohave, Navajo, Yavapai and Counties)
   - Refer directly to HCIC Specialized doctors or contact HCIC Member Services at 1-800-640-2123
   - Provider list can be found: http://www.healthchoiceintegratedcare.com/wp-content/uploads/2015/07/HCIC-ASD-Providers.pdf

2. **Cenpatico Integrated Care**
   (Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma Counties)
   - Send a "One Time Consultation" referral on PM Form 3.3.1.
   - Process for ASD Diagnosis can be found: https://www.cenpaticointegratedcareaz.com/providers/provider-resources/provider-forms.html
   - Provider list can be found: https://www.cenpaticointegratedcareaz.com/content/dam/centene/cenpaticoaz/Provider%20Forms%2C%20Attachments%2C%20and%20Deliverables/PMA/PMA_3.3.2.pdf

3. **Mercy Maricopa Integrated Care**
   (Maricopa County)
   - Refer directly to HCIC Specialized doctes.healthchoiceintegratedcare.com/wp-content/uploads/2015/07/HCIC-ASD-Providers.pdf
   - Refer directly to providers for an intake to be assessed.
   - Provider list can be found: https://www.mercymaricopa.org/assets/pdf/members/directories-guides/AutismSpectrumDisorderProviders.pdf

4. **Health Choice Integrated Care**
   (Coconino, Mohave, Navajo, Yavapai, Gila, and Apache Counties)
   - Refer directly to HCIC Specialized doctors or contact HCIC Member Services at 1-800-640-2123
   - Provider list can be found: http://www.healthchoiceintegratedcare.com/wp-content/uploads/2015/07/HCIC-ASD-Providers.pdf

Medicare Beneficiary Identifier (MBI) Changes

Medicare will be assigning all Medicare members a new identification number called a Medicare Beneficiary Identifier. This will replace the previous Medicare identification of Health Insurance Claim Number (HICN). The new Medicare ID has letters and numbers and is referred to as their Medicare Beneficiary Identifier (MBI). The MBI will have 11 characters, unlike the Health Insurance Claim Number (HICN), it will be replacing, which has 10 characters.

Medicare will be mailing new Medicare cards to members between April 2018 and April 2019. There will be geographical waves of successive mailings, Arizona mailings are scheduled to occur after June 2018. This new card will include a new Medicare Number that will be unique to the member by removing Social Security Numbers from Medicare Cards.

Once members receive their new card, they are instructed to destroy their old card and start using their new card right away. Members are also reminded that the new Medicare card doesn't replace their plan card. Because they are enrolled in Health Choice Generations, they must continue using their plan membership card to receive covered services and prescription drugs.

To locate important information on what providers can do to get ready for the new Medicare cards and MBIs, please visit the NMCP provider website at: https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html.

Has any of your information changed?

We like to keep our records up to date.

Please contact your Network Provider Representative if you have changes to your roster, address, and fax or phone number.

Billing with 59 Modifier

Modifier 59 must be attached to a component code to indicate that the procedure was distinct or separate from other services performed on the same day and was not part of the comprehensive service. Claims submitted to HCA utilizing modifier 59 will be subject to Medical Review. Medical records must reflect appropriate use of the modifier. Modifier 59 cannot be billed with evaluation and management codes (99201-99499) or radiation therapy codes (77261 -77499) Claims billed with a 59 modifier incorrectly will be denied.