

Provider Update – First Quarter 2019

Turnaround time for Medical Prior Authorizations is 14 business days

Please allow adequate time for completion of Medical Prior Authorizations to assure your patient's care proceeds smoothly. Per your ACOM Chapter 14, please keep the following in mind:

- Life threatening emergencies do not require a Prior Authorization.
- Per your contract, please allow 14 business days from submission to the date of determination for most requests.
- As noted on the Prior Authorization form, please do not schedule your patient's services until the authorization determination has been made.
- Please don't call to accelerate the review unless there are extreme circumstances that should be considered.
- On future requests, terms like "urgent," "stat," "ASAP" and "expedited" should **ONLY** be used for services that protect life or limb. Please utilize the Date of Service space on the referral form to accurately reflect the patient's medical situation. For expedited requests that meet this criteria, the authorization decision is prioritized and will be completed in the expedited timeframe.
- We are reliably providing a 14-day turnaround for Prior Authorizations and look forward to serving your patients.

Stay tuned! Changes to the BUHP Prior Authorization grid are coming soon!

Credentialing Quick Tips: Please make sure your CAQH is up to date

Keeping your CAQH profile up-to-date is important to ensure that your credentialing process is without delay to allow you to see members as quickly as possible. Be sure to re-attest every 120 days and include your most current practice information, licensure and insurance on CAQH.

It is easy to update your CAQH profile. You can access it through E-services on the provider website. If your information is not updated, the credentialing process may be delayed or stopped altogether, which will result in a delay in seeing members.

Blood lead testing is covered through EPSDT Program

Did you know that the AHCCCS Early and Periodic Screening Diagnosis and Treatment (EPSDT) program covers blood lead screening? Required blood lead screening for children younger than 6 years is based on the child's risk as determined by presence of known risk factors as specified in the Arizona Department of Health Services (AHDS) Targeted Lead Screening Plan for the Prevention of Childhood Lead Poisoning.

At a Glance:

- Children living in a targeted high-risk zip code must have a blood lead test at 12 and 24 months of age. This list of zip codes is included in the link below.
- Children between 3 – 5 years (36 and 72 months of age) must receive a screening blood test, if they have not been previously screened for lead poisoning.
- Children must receive an individual risk assessment according to the AHCCCS preventive care screening recommendations (when the child is 6, 9, 12, 18 and 24 months of age, then annually through age 6).
- A blood lead test result, equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick, must be confirmed using a venous blood sample.
- A verbal blood lead screening risk assessment must be completed at each EPSDT visit for children 6 through 72 months of age (6 years old) to assist in determining risk.

All providers are required to report blood lead levels equal to or greater than 10 micrograms of lead per deciliter of whole blood to ADHS.

For more information, visit the link below:

<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/lead-poisoning/2018-targeted-lead-screening-plan.pdf>

Encourage members to be current on their Childhood/Adolescent immunizations, screenings

With the recent rise in cases of measles across the US, it is an important reminder about ensuring that Arizona children and teens are up-to-date on their immunizations. Have you pulled a list of your BUFC-ACC members to ensure that they've received the vaccinations recommended for their age? We encourage you to take this significant step to protect the health of our community. And when you do see them in your office, be sure to document the immunizations (or refusal) in their medical records and in ASIIS. Visit the CDC website for Immunization Schedules: <https://www.cdc.gov/vaccines/schedules/index.html>.

As you may know, BUFC-ACC reports immunization rates to AHCCCS each quarter. Your documentation ensures that our reports are accurate and that we are meeting AHCCCS standards. **Note: A current list of Performance Measure Rates is included as the last page of this newsletter.**

In addition to immunizations, it is important to complete other screenings as part of the EPSDT program. It is particularly important to identify health issues that can lead to early intervention and treatment that may prevent serious complications later in life. We would like to focus on three EPSDT quality measures: BMI, Developmental Screening before age three and overall screening participation.

It is important for you to complete these preventive screenings and document their completion in medical record.

- **Weight Assessment for Children/Adolescents – BMI:** By completing and documenting this calculation for patients, you can identify those who might be at risk for weight-related illnesses and provide nutrition education or referral to other community programs.
- **Developmental Screening in the First Three Years of Life:** Performing an assessment using a standardized screening tool before age three can identify options for treatment and support for the patient.

In addition to immunization rates, BUHP also reports screening participation rates to AHCCCS. By documenting all screenings that you perform, you play a key role in ensuring that the data is accurate and we are meeting AHCCCS quality measures.

Compliance Corner: No offshore activities for Medicaid, Medicare requires notification

Health Plan Activities that involve protected health information (PHI) must not to be completed offshore for Medicaid. If used for Medicare, we must notify the Centers for Medicare & Medicaid Services (CMS) of the offshore activities. Common examples of offshore activities are, but not limited to: billing company, call center, clearinghouse, coding company, transcription services, etc.

The term “Offshore” refers to work not performed within one of the fifty United States or one of the United States Territories. AHCCCS does not allow any Medicaid activities involving PHI to be performed offshore. This includes the accessing, receiving, processing, transferring, handling or storing of BUHP Medicaid member PHI offshore.

The following information is contained in AHCCCS’s minimum subcontract provisions:

19. OFF-SHORE PERFORMANCE OF WORK PROHIBITED

Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or “overhead” services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by Subcontractors at all tiers.

As a reminder, if you enter into a contract with another entity, you are required to enforce AHCCCS’s Off-Shore prohibition.

For Medicare, we are required to report offshore activities to CMS. If you engage in off-shore activities, you must complete and submit an offshore attestation to the BUHP Compliance Department. This attestation is CMS's assurance that you have taken the appropriate steps to address the risks associated with the use of subcontractors operating outside of the U.S. Organizations must submit one attestation for each offshore subcontractor that you have engaged to perform Medicare-related activities. Given the unique risks associated with the use of subcontractors operating outside of the US, you must take extraordinary measures to ensure that offshore arrangements protect PHI, including oversight requirements and audits of the offshore activities.

If you identify or suspect offshore activities, immediately notify BUHP Compliance Department:

24-hour hotline (anonymous reporting): (888) 747-7989

Email: BUHPCompliance@BannerHealth.com

Secure Fax: (520) 874-7072

Contact the Medicaid Compliance Officer Terri Dorazio via phone (520) 874-2847 or email Theresa.Dorazio@BannerHealth.com

Contact the Medicare Compliance Officer Linda Steward via phone (520) 874-2553 or email Linda.Steward@BannerHealth.com

AHCCCS Performance Measure Rates: 10/1/17 – 9/30/18

Please review the measures below and ensure that you are reaching out to members to complete the preventative care described below. This will help to improve current AHCCCS Performance Measure Rates. We are falling below the Minimum Performance Standard (MPS) on all the measures below. The current measurement period is 10/1/18 – 9/30/19.

As we closed the AHCCCS contract year ending September 30, 2018 our rates were as follows:

Performance Measure	Minimum Performance Standard (MPS)	UFC Rate
Children’s Access to Care (12-24 mo.) Percentage of children ages 12 to 24 months who had a visit with a primary care practitioner (PCP)	93%	89.55%
Children’s Access to Care (25 mo. – 6 yrs.) Percentage of children ages 25 months to 6 years who had a visit with a primary care practitioner (PCP)	84%	74.86%
Adults Access to Preventive/Ambulatory Health Services Percentage of members 20 years and older who had an ambulatory or preventative care visit	75%	68.92%
Well Child Visits (6+ visits by 15 mo. of age) Percentage of children who turned 15 months old during the measurement period and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life	65%	56.38%
Well Child Visits (3-6 yrs.) Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP)	66%	45.72%
Adolescent Well Care Visits Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner	41%	31.72%
Annual Dental Visits (2-20 yrs.) The percentage of members 2-20 years of age who had at least one dental visit	60%	55.42%
Developmental Screening in the First Three Years of Life Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday	55%	12.72%
Cervical Cancer Screening Percentage of Medicaid-enrolled women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years • Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years 	64%	48.81%
Chlamydia Screening Percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia	63%	50.21%