PROVIDER NEWSLETTER

📣 What's New!

Star Light, Star Bright

This month's article will shine a light on Complaints about the Plan and Members Choosing to Leave the Plan. Two measures that both have a measure weight of 1.5. Complaints about the plan is measured by how many complaints Medicare received about the health plan. Members Choosing to Leave the Plan is measured by the percent of plan members who chose to leave the plan.

These measures performance data comes from several sources. Complaints about the plan come from Medicare's Complaints Tracking Module (CTM). The information in CTM gives us the number of complaints received by CMS for every 1,000 people enrolled based on the Medicare enrollment records. Members Choosing to Leave the Plan is from Medicare Beneficiary Database Suite of Systems (MBDSS) which is Medicare's enrollment system, this shows us what percentage of members who decided to leave the plan in the calendar year.

How does this affect Stars?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plans. It is important to know that when dissatisfied members contact CMS to complain about any aspect of their health care, including prescription issues, it affects our Star Rating. When our members contact CMS to complain, their complaint is logged into Medicare's Complaint Tracking Module (CTM) and the Plan is notified of the complaint and must resolve the issue; these complaints negatively affect our Star Rating.

What can you do?

It is imperative, while communicating with our members, to recognize when they are dissatisfied about any aspect of their health care. In these types of circumstances, please send an email to HCH.GrievanceForms@ steward.org notifying the Grievance Team of the issue(s) and the Grievance Team will follow up to help resolve any concerns.

Steward Health Choice is committed to being the premier health plan and this commitment includes Star Ratings. Last year we hit 3 Stars in each of these measures. Together this year we are looking to shoot for the stars and hit 4 stars in both measures! ■

Say Hello to Steward Community Connection!

Steward Community Connection
GOES LIVE
in Arizona and Utah on April 15, 2019!

Exciting happenings in our Arizona Markets for our **members** went Live April 15, 2019!

Through Steward Community Connections (SCC) mobile, desktop and tablet platforms, our members can search for low to no cost programs near where they live and work.

Access is easy through our Member Portal, where members select the SCC link, enter zip code, click and search. Programs and resources include everything from food, housing, health, employment programs and more! Members can search in a multitude of languages and schedule appointments!

We wanted to take SCC to the next level; to not only improve member engagement but also provide us with valuable social determinants of health data to identify any gaps in care, network sufficiency and unmet member needs as a mechanism to improve member health outcomes and satisfaction.

SCC serves as another example of Steward Health Care's commitment to caring for the whole health of our members, more than integrating health care, this is whole person health with all the factors that impact the life of our members and their families. ■

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HEALTH|CHOICE

Did You Know?

Behavioral Health Corner

Steward Health Choice Arizona (SHCA) 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).

Substance Abuse Block Grant (SABG)

The Substance Abuse Block Grant (SABG) provides funding for uninsured or under-insured Non-Title XIX members who need treatment for a diagnosed Substance Use Disorder. Through SHCA health homes and contracted providers, members can receive Residential Treatment, Outpatient Treatment, Medication-Assisted Treatment, Detox & Stabilization Services, Individual & Family Counseling, Peer Support, and many other services at little-to-no cost out of pocket. SABG funding may be used for pregnant or parenting women, IV drug users, or any other substance users as funding is available. SABG funding is also used for Primary Prevention programs that involve education and community collaboration.

SMI Benefits

The Serious Mental Illness (SMI) designation entitles the individual to specialty services through a Behavioral Health Home. These services include visits with a Behavioral Health Medical Practitioner, case management, nursing, group and individual therapy, vocational services, life skills training, peer support, and medically-necessary transportation. Physical Health Practitioners can encourage patients with SMI to engage in these services.

People with SMI have a behavioral health diagnosis that causes substantial negative impacts on functioning in their home, relationships, and/or the community. Some of the diagnoses that can result in SMI include: Bipolar Disorder, Depressive Disorders, some Personality Disorders, Post-Traumatic Stress Disorder (PTSD), and Schizophrenia or psychosis. SHCA members can be evaluated for SMI through their assigned Behavioral Health Home.

Additional resources:

Resource	Contact (phone/website)
Behavioral Health Crisis Hotline	1-877-756-4090
SHCA Member Services	1-800-322-8670
SHCA Website	www.stewardhealthchoiceaz.com
Non-Emergency medical Transportation (NEMT) Provider	1-800-322-8670
SHCA Nurse Advice Line	1-855-354-9006
Warmline by NAZCARE	1-800-404-5530
Medication Disposal	www.azdhs.gov/gis/rx-drop-off-locations/index.php
AHCCCS Contact Information	www.azahcccs.gov

Recover Wellness Program:
Integrated Care Management

For top high-risk, high-need adults with SMI. SHCA Integrated Care Managers develop and distribute Integrated Care Management Plans to the member's Care Team and provide intervention support. Care Plans include:

- The high risk/high cost criteria met
- Contact information for all Care Team Providers
- Recent treatment history, with admission dates and diagnoses
- Alerts about member's care
- Recent SCHA prescription fill history

Recover Wellness Program:
Disease Management

Adult members with SMI and chronic health conditions receive additional resources through SHCA's Disease Management Program. Members with Asthma, CAD, CHF, COPD, Diabetes, Hepatitis C while on antivirals, High Cholesterol, HIV/AIDS, Hypertension, an unhealthy weight, and high chronic opiate or benzodiazepine fills are eligible for this program. Available resources include an annual member educational mailing and toolkits for PCPs and Behavioral Health Homes.

Benzodiazepine and Opiate Warning Signs (BOWS) Prevention Protocol

Steward's BOWS Prevention Protocol aims to prevent benzodiazepine and opiate overdoses and deaths by coordinating care for members showing warning signs of a potential overdose. Since its initiation in December 2016, this evidence-based care management process has shown positive outcomes, including lives saved and decreases in prescribed dosages of benzodiazepines and opiates. When a member is identified as showing warning signs (examples: slurred speech, falling, altered mental status, sleeping in appointments, drug-seeking, positive UDS, etc.), Steward care management staff work with providers to ensure that all care team members are alerted to the risk, that safety measures are put in place, and that the member is offered increased intensity of services.

Steward is now expanding the protocol to serve members in both the Northern and Central regions of Arizona. ∎

For more information on the BOWS Prevention Protocol, or to refer members showing Warning Signs, providers may call the **SHCA Customer Service Line** (**1-800-322-8670**), submit an Incident Accident Death (IAD) Report, or email us at **HCH.HCICICM@steward.org**.

Maternal and Child Health Corner

EPSDT Reminders

Your Role in Preventative Care

Please work with us to ensure each of your empaneled pediatric patients receive their well-child visit. The well-child visit serves to assist in the early identification of children with developmental delays, autism spectrum disorder, BH disorders, hearing, dental, vision, and nutritional deficits.

Our goal is to collectively provide access to preventative care and the coordination of integrated care services for at risk and high risk children.

If you feel a child is in need of a referral for care management please email or fax our CM referral form to: HCH_PediatricsCM@steward.org or (480) 317-3358.

The CM form can be found at the following link: www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Pediatric-NICU-Case-Management-Referral-Form.pdf

EPSDT Tracking Forms:

Keep sending us your tracking forms for your Well Child Visits! Please submit EPSDT Tracking forms and EHR's directly to the EPSDT department, either by email or fax. It is not necessary to attach tracking forms to claims submissions.

Email: HCH.EPSDTCHEC@steward.org
Fax: (480) 760-4716

Verbal and Blood Lead Screening

Blood lead screening is now required for all children in Arizona at 12 and 24 months of age. Children ages 36 to 72 months should be tested if they have not been previously tested. In addition, please make verbal lead screening a part of your normal well child checks.

BMI Screening and Education

A BMI Screening is required at well child checks. We at Steward Health Choice are supporting our pediatric members who may be overweight or underweight. We identified families who are not sure what their child's high or low BMI means or whether they should be concerned. We need your assistance in reviewing this score with your families and helping them understand how they can help their child be as healthy as possible.

Immunizations:

Vaccines are important for your patients! Be sure they are aware serious disease is still out there and adhering to an immunization schedule provides the best protection. Please work with us to keep your patients on schedule and report immunizations to ASIIS.

Maternal Reminders

Postpartum Visit

You can be paid separately from the OB package for your postpartum follow up with a member. Please schedule members for their postpartum visits on or between 21 to 56 days after delivery. You can submit a claim for this visit. Please contact your Provider Performance Representative with questions.

Family Planning - Long Acting Reversible Contraception (LARC)

Steward Health Choice Arizona provides the option for our members to use LARC as a birth control option. Please remember to mention this option to your patients when discussing family planning. LARC services are billable separate from a visit and can be started right after a mother delivers her infant.

Syphilis Outbreak continues in Arizona!

Please increase your member screenings. Steward Health Choice Arizona covers all member screenings. Members are not required to be on the list of recommended populations to have their screening covered. Codes are: 86592, 86593, 86780, 87166.

Current recommendations include:

1. All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk

2. Opt-out screening in both men and women who use hard drugs

3. Sexually active men who have sex with men, testing annually and every 3-6 months if at increased risk

4. Sexually active, persons with HIV, testing at least annually and every 3-6 months if at increased risk

Please help us support our population during this outbreak by performing screenings. ∎

We're Here to Help!

Tips & Tricks – Diabetes Mellitus (DM)

The most common manifestations of DM have combination code assignments to include the type of DM and the complication. Sometimes these codes can stand alone, other times they require an additional code to elaborate the condition. These combination codes can be seen with hyperosmolarity, kidney, ophthalmic, neurologic, circulatory, skin, oral and glycemic disorders.

Within these combination code sets there may be an "other" coding option. This allows a more specific diagnosis within the code set to be made with a second code detailing the condition.

In the case where there is not a pre-defined combination code, there is E11.69 available, DM with other *specified* complication. This is where a complication attributed to DM can be reported but needs further reference. The key here is to document the complication and link it to the DM. This will require two codes for the proper reporting of the diagnosis.

Many diabetic codes can be assigned as needed to fully report the manifestations linked to DM. Additionally, there is E11.65 to report DM out of control or poorly controlled and of course E11.9, DM without manifestation. Uncontrolled diabetes must be further specified or it would be coded as regular DM.

Example:

A/P: Type II DM with PVD, stable, A1C is 7.8, on ASA and pravastatin. Patient is a current smoker and education was provided on the benefits of stopping.

Diagnoses:

- E11.51 DM w/angiopathy without gangrene.
- F17.210 Nicotine Dependence

It should be noted here that this code includes the diagnosis of DM as well as PVD and no secondary code is required. It would not be necessary to code PVD again separately.

Contact Us

Steward Health Care Network
Risk Adjustment Department
410 North 44th Street, Suite 900
Phoenix, AZ. 85008
(480) 968-6866 ext. 5034
Email: hchperformanceimprovement@
    steward.org

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.

Credentialing - Az+AHP Forms

Visit our website, www.StewardHealthChoiceAZ.com , click on the "Providers" tab and then "Overview" from the main menu and then click on the applicable form:
AzAHP Practitioner Data Form
AzAHP Organizational Data Form
AzAHP Facility Application ■

Has any of your information changed?

We like to keep our records up to date! Please contact your Network Provider Performance Representative if you have changes to your roster, address, and fax or phone number.

Now Available Online Through Your Provider Portal!

Sign-in to your provider portal and click "Provider Demographic Summary" under the "Provider Tools" section on the Home page.

Add a new provider or facility, update demographic information or submit a termination.

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HEALTH CHOICE