Reminder – Pharmacy Benefit Manager Change Effective 1/1/13 *NEW*

December 28, 2012

The University of Arizona Health Plans (UAHP) embarked on an extensive evaluation of the PBM services being offered to our members and providers. As a result, effective January 1, 2013, UAHP will change PBMs from Express Scripts to MedImpact. The MedImpact pharmacy network is quite extensive. This network will provide excellent access and convenience to our members.

Members have received a personalized notification regarding the change in the pharmacy network. They have also been provided with several options on how to receive more information related to this change, including a toll-free number to call for assistance. Information related to this change will be included in upcoming member newsletters and posted on our websites. You will also see updates and information related to this change in forthcoming provider newsletters and the provider section of our websites, as well.

We are committed to making this transition as smooth as possible. If you have any additional questions or we can provide further clarification, please don’t hesitate to contact your Provider Relations Representative.

NDC Requirements - Clarification *NEW*

December 21, 2012

Please be aware that the requirements for NDC’s are for drugs only. DME and supply codes are not valid for this requirement. If you have any questions, please contact your Provider Relations Representative.

Enhanced Payments to Primary Care Providers *NEW*

December 17, 2012

Services eligible for the enhanced fees include Evaluation and Management (E/M) services (CPT codes 99201 – 99499) and vaccine administration procedures (CPT codes 90460, 90461, 90471, 90472, 90473 and 90474) provided to Medicaid members between January 1, 2013 and December 31, 2014. CMS is requiring changes in the way claims for vaccine administration services are submitted to state Medicaid programs. A separate memo outlining those changes will be issued and posted on the AHCCCS website.

CMS defines qualified providers for purposes of the enhanced fees for primary care services, as physicians who practice internal medicine, family practice medicine, or pediatric medicine, or any subspecialty of those three specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties who meet one of the following criteria:

1) Physicians who are board certified in one of those specialties or subspecialties, or
2) Physicians who engage in the practice of one of the specialties or subspecialties described above, but are not board certified, who submit claims for services provided to Medicaid members during calendar year 2012 for which 60% of the CPT codes reported are E/M and/or vaccine administration codes described as eligible services. For newly eligible physicians, the 60% billing requirement will apply to Medicaid claims for the prior month.

Nurse practitioners (NPs) and physician assistants (PAs) who practice under the supervision of a qualifying physician will also be eligible for enhanced payments under these rules. However, in order for the NP or PA to receive the enhanced payment, the qualifying physician must submit forms to AHCCCS identifying these practitioners. CMS specifically notes that NPs who practice independently are not eligible for the enhanced fees under the ACA. CMS does not recognize other specialties, such as obstetrician/gynecologists, as primary care providers for purposes of the enhance fees.

Actions Providers Must Take to Qualify for the Enhanced Fees

AHCCCS will post attestation forms on its website in January 2013. Physicians who practice internal medicine, family practice medicine, or pediatric medicine, or any subspecialty of those three specialties recognized by one of the professional bodies above who qualify for the enhanced fees by either being board certified in one of the qualifying specialties/subspecialties or by meeting the 60% threshold for E/M and vaccine administration code submission rates must complete the attestation form in order to receive enhanced
providers whose attestations are received by March 31, 2013 will qualify for enhanced payments for dates of service retroactive to January 31, 2013. For attestations received on or after April 1, 2013, enhanced payments will be available for dates of service that are prospective. CMS requires that AHCCCS conduct random, statistically valid retrospective audits of the physicians who submit attestations to confirm that they meet either the board certification requirements or the 60% code requirements. Providers subjected to such audits that fail to show they meet the requirements to which they attested are subject to recoupment of funds paid at the enhanced rates and possible other sanctions.

CMS is in the process of developing guidance for States to implement this final rule, which will not be available until January 2013, thus AHCCCS will provide additional information regarding the enhanced primary care payment process in the near future. The methodology and payment of the enhanced rate is predicated upon CMS approval, which could be delayed to March 31, 2013 or later. Therefore enhanced payments for qualifying claims with dates of service on or after January 1, 2013 will not begin January 1 but will be made retroactively once CMS approval is received.

AHCCCS will continue to post information on its website at: www.azahcccs.gov as it becomes available.

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**New Requirements for Submission of Claims for Vaccine Administration** *NEW*
December 17, 2012

Effective January 1, 2013, AHCCCS will require all providers to submit two CPT codes for vaccine services: one code to identify the vaccine administration service and the other to identify the actual vaccine administered. AHCCCS currently requires all providers billing vaccine administration services, to bill utilizing the CPT code for the vaccine with the SL modifier that identifies the immunization as part of the VFC program. AHCCCS has instructed providers to not bill using the administration codes listed above. AHCCCS uses the vaccine code to identify the specific vaccine provided, but establishes its payments on the vaccine administration fee amount. Additional information regarding this rule can be found on the AHCCCS website at www.azahcccs.gov.

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**Compliance - Rendering Providers** *NEW*
December 13, 2012

The AHCCCS Office of Inspector General has identified a number of claims and/or encounters that are in violation of AHCCCS Rules and Policy related to "Rendering Providers". All claims and/or encounters submitted MUST list the appropriate rendering provider. The AHCCCS Participating Provider Agreement, #19 states that "No provider may bill with another provider's ID number, except in locum tenens situations". Additionally, the AHCCCS Fee for Service Provider Manual states that "Hospitals and clinics may not bill AHCCCS Administration or its Contractors for physician and mid-level practitioner services using the hospital or clinic NPI number. Physicians and mid-level practitioners must register with AHCCCS and bill for services under their individual NPI numbers". The Office of Inspector General will continue auditing claims and/or encounters to identify this improper activity which may result in the denial of claims, recoupment of funds or the issuance of Civil Monetary Penalties. Please visit our website to review this notification at www.ufcaz.com or www.mhpaz.com.

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**Remark Codes**
December 11, 2012

As a reminder, UAHP requires a Primary Payer Explanation of Benefits (EOB), when applicable, in order to properly adjudicate claims. The EOB must include remark codes when the primary payer is reporting non-covered charges.

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**Member Renewals**
December 7, 2012

The Outreach and Retention team has been trained by AHCCCS to submit member renewals using the Health-e-Arizona online application system. If you have members that need assistance in completing their renewal application, please send an email to MemberResourceCenter@uahealth.com with the member’s name, AHCCCS ID and telephone number.

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**Children’s Rehabilitative Services**
December 4, 2012

For those providers who are contracted with Children’s Rehabilitative Services (CRS), if you have submitted a Provider Service Requisition Form (PSR) or a Coverage Request Form (CRF) to CRS and it has been denied, please include a copy of the denial letter you received along with the Prior Authorization Form and medical documentation you submit to the Health Plan. Also, if you have submitted a Prior Authorization Form to the...
Health Plan and a PSR or CRF to CRS and you happen to receive an approval notification from CRS, please let the Health Plan know that it has already been approved by CRS so that we are aware of this and we can proceed accordingly.

Pharmacy Benefit Manager (PBM) Change  
November 26, 2012

Just a reminder, UAHP is changing PBMs from Express Scripts to MedImpact effective January 1, 2013. Members will receive a personalized notification regarding the change in the pharmacy network, as well as a toll-free number to call for assistance. If you have any questions, please contact Customer Care or your Provider Relations Representative.

EPSDT Electronic Health Records  
November 6, 2012

The University of Arizona Health Plans accepts EPSDT documents from electronic health records (EHR), as long as the EPSDT visit information meets the criteria or components included on the AHCCCS EPSDT form (specific to age). Data or forms from these systems, as long as they are complete in relation to AHCCCS EPSDT form components, are encouraged. Please contact your Provider Relations Representative if you have any questions.

Meaningful Use Attestation Portal Grand Opening November 5th  
November 2, 2012

AHCCCS announced the grand opening of the Meaningful Use Attestation Portal on November 5, 2012. This is the second phase of the Arizona Electronic Health Record (EHR) Incentive Program, which began in 2011. This portal will allow eligible professionals (EPs) the opportunity to submit EHR-generated data and attest to the “meaningful use” of the data as part of their practice operations. Once attestations are reviewed and approved for payment by AHCCCS, EPs receive an incentive payment ($8500.00 for second year participation and beyond). Details related to the opening can be found on the Regional Extension Center Bulletin. The REC has many resources to assist with these important processes. Contact the REC at ehr@azhec.org or 602-688-7200 for assistance.

Some providers may already be aware of this program; however, our data indicates that many providers have yet to take advantage of this opportunity. Please forward this information on to providers in your network. For more information, providers should visit the Arizona EHR Incentive Program website at: http://www.azahcccs.gov/EHR/default.aspx. Providers can also contact EHR Program staff by calling 602-417-4333 or emailing EHRIncentivePayments@azahcccs.gov.

KidsCare II Re-Opens 11/1/12  
October 31, 2012

Beginning on November 1, 2012, KidsCare II will re-open to all applicants, including those on the wait list. Eligibility requirements for KidsCare II will remain the same and applications will be considered until the program reaches maximum enrollment based on available funding. For more information, please go to http://www.azahcccs.gov/shared/news.aspx#kids2.

PEDS Tool Training Reminder  
October 31, 2012

UAHP provides training on the PEDS Tool in our Provider Manual and Resource Guide. The PEDS Tool is designed for use in conjunction with the well-child (EPSDT) visit for further assessment of developmental milestones including social, emotional and cognitive development for NICU graduates. Providers must be trained prior to using the Tool and will be reimbursed for using the PEDS Tool. Contact the Arizona Academy of Pediatrics at 602-532-0137 or go to www.azpedialearning.org and click on Web-Based Non CME Courses and choose PEDS Tool to become certified online. This training is free.

Important Claims Processing News – Red and White Claim Forms  
October 31, 2012

As part of our continuing efforts to improve claims processing efficiency, effective 12/1/2012, The University of Arizona Health Plans will only accept paper claims submitted on the approved red and white printed CMS 1500 and UB-04 forms. This includes University Family Care, Maricopa Health Plan, University Healthcare Group and University Care Advantage.

We strongly suggest that providers utilize electronic submission for more efficient and timely processing of claims. You may contact your Provider Relations Representative or refer to your Provider Resource Guide for information on submitting claims electronically.
AHCCCS requires that immunization claims submitted for children from birth through age 18 years be submitted with the appropriate antigen code and the SL modifier. The modifier indicates that the claim should be paid strictly for the administration of the vaccine as the antigen must be provided through the VFC program. When an AHCCCS member has primary private pay insurance, providers often submit the claim without the SL modifier. If denied, the claim is then billed to the AHCCCS Contractor as the secondary payer. The provider is able to add the SL modifier to the claim prior to submitting to the AHCCCS Contractor for payment.

Updated EFT Field
October 2, 2012

EFT’s will now include the payment number in the addendum field of the updated ACH files. The new files will allow providers to match the EFT payment to the remittance advice using the payment number.

VFC Program Change
October 1, 2012

Starting October 1, 2012, county health departments, birthing hospitals and other public providers will not be able to use public vaccine on privately insured children. If you have any questions, please contact the Arizona VFC Program at 602-364-3642 or your Provider Relations Representative.

Translation Vendor Change
September 20, 2012

Language translation services will be transitioned from Cyracom International to Language Services Associates for Maricopa Health Plans and University Family Care, over the next sixty days.

The process for setting up language translation services for both member and provider communications with MHP or UFC is managed through the Customer Care Center. Customer Care Representatives access the translation line on behalf of our callers and thus the service is seamless to our members and providers.

Please contact your Provider Relations Representative if you have any questions or require further clarification regarding this change.

University Care Advantage Flu Shot Reminder
September 20, 2012

Reminders will be sent this month to UCA members recommending that they get a flu shot. This reminder will review symptoms, prevention and where they can get a flu shot – their PCP, Mollen Immunization Clinics and participating pharmacies. Members can call a Customer Care Representative at 1-877-874-3930, TTY 711, 8:00 a.m. – 8:00 p.m., seven days a week if they need assistance.

Cultural Competency Provider Tips: Communication is a Two-Way Street (Courtesy of Merck)
September 20, 2012

Providers can lead a respectful two way conversation with their patients to ensure that they have communicated effectively and the patient understands their health situation and how to care for their health. Here are two simple actions:

1. Provide information in a plain, simple and clear language.
2. Check for understanding before ending the conversation.

Providers show respect and support for the patient’s right to get information by creating an open, comfortable environment. Office staff can help! They are the first and last to see the patient. Share everything you know about cultures, health literacy and creating an open environment with your staff.

Everyone Benefits

Everyone benefits from clear communication. Don’t assume anything about your patient’s ability to understand medical information or navigate the health care system. We all could use help. Members have the right to talk with their PCP to get complete and current information about their health care condition so that they can make informed decisions about their health care.
Facts about your patients!

It is the provider’s responsibility to make sure that they get this information and understand it completely. Providers, who are sensitive to the fact that their patients may not have good feelings about their ability to understand or read information, will have better outcomes than those who disregard this aspect of patient care and safety.

• Up to 90% of patients forget what their doctor tells them as soon as they leave the doctor’s office.
• Nearly 50% of what patients DO remember is recalled incorrectly.
• Patients don’t ask questions because they are ashamed to admit they don’t understand instructions.

Practicing good health literacy tips/techniques may assist you to:

• Treat your patients with respect and dignity while engaging them in their own health management.
• Improve health care delivery and outcomes.
• Decrease repeat office, ER and hospital visits.
• Decrease unnecessary lab tests.
• Increase adherence to medical regimen.
• Improve office staff cultural and linguistic competency.
• Start solving problems related to member non-compliance with treatment and appointment schedule.

For UAHP provider information only - not for distribution.