



MARICOPA  
HEALTH PLAN

*Count on us to care.*

*managed by*



# in touch

*A newsletter for Providers associated with Maricopa Health Plan*



Fall 2008

## welcome

I would like to welcome all of our new providers to Maricopa Health Plan (MHP). I would also like to thank all the loyal providers who have been with MHP for so many years.

MHP is dedicated to customer service. We utilize a program called the "Ultimate Care Model". The Ultimate Care Model is more than just a program, it is a philosophy in the way we do business. Through this philosophy, it is our commitment to you to be the easiest, most effective and efficient AHCCCS Plan with which you work. This is accomplished by partnering with our providers and members to identify barriers and solutions to those barriers.

MHP has a host of E-Services applications to provide you with quick up to date information. You can check member eligibility and claims inquiry through our E-Services web page. If you have not already registered, please visit [www.mhpaz.com](http://www.mhpaz.com) and register for E-Services. You will need your Tax Identification and NPI numbers to register.

We have a large staff to assist you and members. Each provider office is assigned a Provider Relations Representative (Provider Rep) who is committed to resolving your issues. Your Provider Rep will visit your office to give you important information about AHCCCS and MHP. If you are encountering issues with MHP, please feel free to contact your Provider Rep at any time. In addition, claims customer service, prior authorization, pharmacy, case managers, behavioral health coordinators and our medical directors are here to help you and your members.

If there is anything we can do to help you, please feel free to contact your Provider Rep or you may call 1-800-582-8686 to receive help from staff in other departments. You can also visit our website at [www.mhpaz.com](http://www.mhpaz.com) for more information.

Again, welcome to Maricopa Health Plan and thank you for partnering with us to serve the needs of MHP members.

Kathleen Oestreich  
CEO



# Seven Reasons to Ask Your Patients about Behavioral Health Care

1. Many patients are self-conscious about behavioral health care and may not offer the information, if you don't ask.
2. Coordination of care with a patient's psychiatrist can prevent harmful medication interactions, including over-dose.
3. Your openness helps build rapport with your patient that can be beneficial when dealing with other medical issues.
4. You gain a better understanding of your patient and his/her behavior.
5. A resource within the behavioral health system is identified, if concerns arise.
6. Consideration of the whole patient for treatment may help you formulate your treatment plan.
7. Networking with behavioral health colleagues can improve outcomes for your patients who are part of the behavioral health system.

Bridge the gap; ask your patients about behavioral health care today. Call our Behavioral Health Care Coordinator today for assistance, if you have questions about behavioral health benefits or the behavioral health system for Maricopa Health Plan members.

- Call Member Services and ask to speak to the Behavioral Health Coordinator (800) 582-8686
- Call (520) 874-5214, direct line at the Health Plan

# Bridge the gap; ask your patients about behavioral health care today.

## Behavioral Health Care Resources

- For general information, call Maricopa Health Plan's Member Services line at (800) 582-8686, and ask to speak with a behavioral health case manager.
- For behavioral health emergencies (if the patient is a danger to self or others), please **call 911 and have the patient taken to the nearest emergency room.**
- Behavioral health crisis lines (24 hours / 7 days each week):

Magellan of Arizona  
Maricopa county  
(800) 631-1314

Cenpatico  
Gila, Pinal counties  
(866) 495-6735

Maricopa Health Plan can assist with behavioral health referrals, questions, or other aspects of behavioral health care. Call our Behavioral Health Coordinator at (520) 874-5214 for assistance.

## New Chief Medical Officer: Barbara A. Chase



University Physicians Health Plans is pleased to announce the addition of Barbara A. Chase, M.D. as the new Chief Medical Officer. Dr. Chase recently served as the Interim Chief Medical Officer at Fallon Community Health Plan in Worcester, Massachusetts. She comes to UPH having spent fifteen years in managed care. She is a pediatrician with a background in informatics. Dr. Chase has previously practiced in rural Maine, in an academic medical center, and in a community hospital setting. She will be based in Tucson. Dr. Chase is excited to be with UPH and looks forward to enhancing our relationship with our members and providers.

# Breast Cancer Screening UPDATE

Approximately one year ago, the assistance of Primary Care Providers was requested for an intervention aimed at increasing the Breast Cancer Screening Performance Measure rate for women 52–69 years of age.

Primary Care Providers were encouraged to initiate visits with empanelled members. Then as part of the visit, order a mammogram for the member and if possible, even help the member schedule an appointment. We are now able to send providers a biannual list of assigned members who, according to our records, are due for mammogram.

## In addition, Maricopa Health Plan is:

- Sending biannual letters to members due for a mammogram
- Featuring periodic articles in the member newsletter
- Conducting Breast Cancer Awareness Month activities
  - Targeted mailing to members with a comprehensive brochure
  - Automated phone calls

We are pleased to report that according to internal measurement, the performance measure rate has increased by approximately 3% over the past year.

We would like to request your continued support of this valuable project. If you have any questions, or would like to offer assistance, please contact the Performance/Quality Improvement Coordinator, Diane Gamble, at 520-874-5237.



## Electronic Claims Submission

In an effort to better serve you, Maricopa Health Plan managed by University Physicians Health Plans (UPHP) and Maricopa Care Advantage accepts electronic claims submissions from the following clearing houses:

- Emdeon
  - Medifax, [www.medifax.com](http://www.medifax.com)
  - Envoy/NEIC (previously known as WebMD), [www.emdeon.com](http://www.emdeon.com)
- The SSI Group, [www.thessigroup.com](http://www.thessigroup.com)

### If you already have a clearing house other than Emdeon or SSI:

- Contact your clearing house representative and inform them that you would like to begin submitting electronic claims to UPHP. Your clearing house will notify Emdeon, who in turn will notify us.

#### **Emdeon (Medifax/WebMD) Identification Number:**

- 09908 Maricopa Health Plan, managed by UPH
- 09908 Maricopa Care Advantage

### If you do not already have a clearing house:

- Contact Emdeon Sales and Marketing at (800) 444-4336, Option 3.

SSI Clients should contact their Customer Service Contact for assistance at (800) 820-4774. If you would like to become an SSI client, contact The SSI Group Sales and Marketing Department at (800) 881-2739.

#### **SSI Identification Number:**

##### **Payor ID/Sub ID**

- 99999 0651
- 0651 Sub-identification Number

For All Maricopa Health Plan Dental Providers... Contact Doral Dental Customer Service at 1-800-417-7140 for assistance in setting up your electronic claims submission system.

# Critical Care Documentation

University Physicians Health Plans currently reviews medical documentation for critical care codes 99291 and 99292 prior to processing the claim for reimbursement. The description in the *CPT 2008 Professional Edition* published by the AMA, states that “Critical care is the direct delivery by a physician of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient’s condition.”

Additional information in the *CPT 2008 Professional Edition* provides a listing of services that are included in reporting critical care and allows that any service performed that is not listed can be reported separately.

Critical care codes are time based, and are used to report the total duration of time spent by a physician, even if the time spent by the physician on that date is not continuous. For any given period of time providing critical care services, the physician must devote

his/her full attention to the patient and therefore cannot provide services to any other patient during the same time period.

Time spent with the individual patient should be recorded in the patient’s record. The time that can be reported as critical care is the time spent engaged in work directly related to the individual patient’s care, either at the immediate bedside or elsewhere on the floor or unit.

Critical care rendered that is less than 30 minutes should be coded using the appropriate E/M code. Code 99291 would be used for 30 to 74 minutes of critical care time. Each additional 30 minutes of critical care time should be coded using 99292. This is listed separately in addition to 99291. As an example, critical care time on one day by the same physician for 120 minutes would be coded as 99291 (first 74 minutes), 99292 (first additional 30 minutes), and 99292 (an additional 16 minutes).

Please refer to your *CPT 2008 Professional Edition* published by the AMA for additional information.

## Revised Influenza Vaccination Guidelines for 2008-09

New Vaccine Information Statements (VISs) have been produced by the Centers for Disease Control and Prevention (CDC) for Live, Intranasal Influenza Vaccine and Inactivated Influenza Vaccine.

### Recommendations for annual vaccination against influenza now include:

- All children and teens ages 6 months through 18 years<sup>1</sup>
- All persons age 50 years or older<sup>1</sup>
- All persons, including school-aged children, who want to reduce their risk of becoming ill with influenza or of spreading it to others<sup>1</sup>

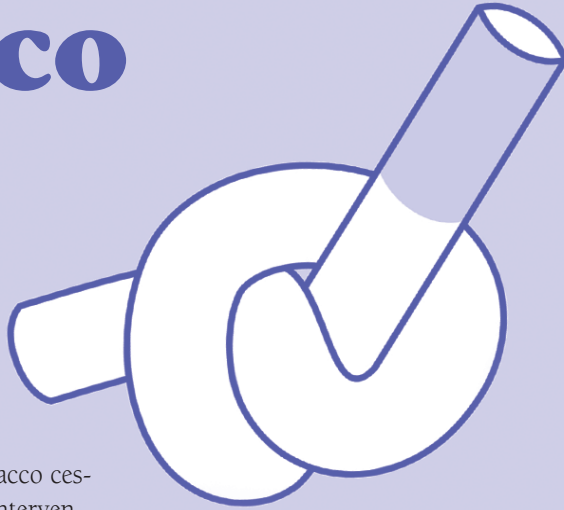
Please refer to the VISs for a complete list of indications, contraindications, precautions, and side effects; which have been posted on the CDC website: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

<sup>1</sup> Immunization Action Coalition



# Tobacco Cessation Program

Beginning October 1, 2008, treatment for tobacco cessation will be covered for Maricopa Health Plan members. To qualify for the program, the member must be at least 18 years of age. Both tobacco cessation medications and behavioral interventions will be available to members.



Behavioral intervention will be provided by the Arizona Smokers' Helpline (ASHline). Enrollment in this program is highly encouraged. The member can enroll at (800) 556-6222. Studies show that the combination of medication and counseling significantly improves abstinence rates over either treatment alone. Even a few minutes spent counseling your patient during a visit can have a significant impact. A three minute intervention increases quit rates by 30% while a three to ten minute intervention increases rates by 60%.

Nicotine transdermal patches and bupropion SR 150 mg will be covered without prior authorization. Members may receive a 30 day supply of one medication for a total of eight weeks. A prior authorization may be obtained if the member needs an additional four weeks of therapy. The member is eligible for treatment every six months if necessary.

We appreciate your willingness to participate in our efforts to curtail tobacco use in our members.

## Cultural Considerations: Kleinman's Questions

**How do cultural beliefs affect health care? Dr. Arthur M. Kleinman from Harvard University identified these questions for your consideration:**

1. Do individuals in this culture feel comfortable answering questions?
2. When the physician or nurse asks questions, does the patient or family perceive this as a lack of knowledge?
3. Who should be told about the illness?
4. Does the family need a consensus or can one person make decisions?
5. Does more medicine mean more illness to the patient?
6. Does no medication mean healthy?
7. Do they prefer to feel the symptoms, or mask them?
8. Does the patient prefer ONE solution or choice of treatment?
9. Does the patient want to hear about risks?

## UPHP now Using Milliman Care Guidelines

UPHP transitioned from Interqual to Milliman Care Guidelines this past quarter.

Milliman adheres to the most rigorous evidence-based methodology. The guidelines were produced by full time clinical physician staff reviewing over 100,000 articles which were validated by epidemiologists to cover the United States population.

Nationally recognized quality measures are integrated within the guidelines. (CMS Hospital Quality Alliance, NCQA HEDIS and the Joint Commission)

Products and software are developed and supported by health-care professionals with extensive Medicaid experience. They address the unique issues confronted by those managing Medicaid populations.

The medical professionals who prepare the guidelines understand the goals and objectives of better management for patients.

UPHP will use this evidence to identify opportunities to integrate best practices and facilitate communication between payors and providers.





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[www.mbpaz.com](http://www.mbpaz.com)



**Maricopa Health Plan (MHP)**  
**University Physicians Healthcare Group (UPHCG)**  
**Maricopa Care Advantage (MCA)**  
2502 E. University Drive, Ste 125  
Phoenix, AZ 85034

**Grievance & Appeals Submissions**

2701 E. Elvira  
Tucson, AZ 85756

**Claims Addresses**

**MHP**

PO Box 37169  
Phoenix, AZ 85069

**UPHCG**

PO Box 37279  
Phoenix, AZ 85069

**MCA**

PO Box 38549  
Phoenix, AZ 85069



MARICOPA  
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[www.mcareaz.com](http://www.mcareaz.com)

DEPARTMENT	PHONE	FAX
*Behavioral Health	(602) 344-8777 or (866) 466-8777	(602) 344-8372
Case Management	(602) 344-8777 or (866) 466-8777	(602) 344-8372
Claims Customer Service	(800) 582-8686 or visit website	(520) 874-7046
Contracting/Provider Relations	(602) 344-8777 or (866) 466-8777	(520) 874-7142
Credentialing	(520) 874-5535	(520) 874-7027
Grievance and Appeals	(800) 582-8686	(866) 465-8340
Hospital Admission Notification	(602) 344-8777 or (866) 466-8777	(866) 349-1107
Maternal Child Health	(877) 874-3933	(520) 874-7056
Member Eligibility	(800) 582-8686 or (520) 874-5290	
Member Services	(800) 582-8686	
Pharmacy	(602) 344-8777 or (866) 466-8777	(866) 349-0338
Prior Authorization	(602) 344-8777 or (866) 466-8777	(866) 210-0512
*Translation Services	(800) 582-8686 or (520) 874-5290	
*Transportation	<b>Ambulatory (Taxi/Van)</b> (800) 582-8686 <b>Stretcher &amp; Wheelchair</b> <b>(602) 344-5245</b>	
Utilization Management	(602) 344-8777 or (866) 466-8777	(602) 344-8372
Utilization Manager	(602) 344-8364	(602) 344-8372

\* MHP only

Revised 12/08



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**UNIVERSITY PHYSICIANS HEALTH PLANS  
PRIOR AUTHORIZATION FORM**

**ALL SECTIONS OF THIS FORM MUST BE  
COMPLETED & MEDICAL DOCUMENTATION  
MUST BE PROVIDED**



Visit our Web site at [www.uph.org](http://www.uph.org) to view the current formulary, to verify eligibility and much more...

**FAX Form to: (866) 210-0512**

Date: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_

PCP (if different): \_\_\_\_\_

Office PA Contact:  
Phone#:  
Fax #:

**PRIORITY** Mark One:  
 **Standard** (up to 14 days for approval)  
 **Expedited\*** (up to 72 hours for approval)  
 \* Providers must use "Expedited" *only* when medically necessary!  
**Please Note: Inappropriate Expedited requests may be down graded to Standard by UPHP**

Member Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 UPHP ID# \_\_\_\_\_

Specialist Consult To: \_\_\_\_\_  
 Specialist Location: \_\_\_\_\_  
 Name of Procedure(s): \_\_\_\_\_  
 Contracted facility to be used: \_\_\_\_\_  
 Date Scheduled (if known): \_\_\_\_\_  
 Ancillary Service Request: \_\_\_\_\_  
 Physical Therapy    Occupational Therapy    Speech Therapy  
 Number Visits \_\_\_\_\_ / \_\_\_\_\_  
 Diagnosis/ICD-9 code \_\_\_\_\_ / \_\_\_\_\_  
 Diagnosis/ICD-9 code \_\_\_\_\_ / \_\_\_\_\_  
 Diagnosis/CPT code \_\_\_\_\_ / \_\_\_\_\_

**COMMENTS:**

**Response to Provider: UPHP has considered the above request and has made the following determination:**

Approved

Denied for the Following Reason(s): # \_\_\_\_\_

1. Requested service is not an AHCCCS covered benefit.
2. No notes were received with the request by UPHP in order to evaluate for medical necessity.
3. No documentation of medical necessity based on the information received for review by UPHP.
4. No documentation of trial / failure of conservative medical treatment(s) by the referring provider.

Denial letter type: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Comments: \_\_\_\_\_



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2502 E. University Dr., Ste 125  
Phoenix, AZ 85034

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US POSTAGE  
**PAID**  
TUCSON, AZ  
PERMIT NO. 2843

## Important Contact Information

Provider Relations Representatives are always ready to address your questions and concerns. Let us know what's important to you! Please note our telephone and fax numbers:

**Deb Singpradith**

*Provider Relations Representative*  
(602) 344-8391  
[dsingpradith@uph.org](mailto:dsingpradith@uph.org)

**Gail Vanko**

*Provider Relations Representative*  
(602) 344-8392  
[gvanko@uph.org](mailto:gvanko@uph.org)

**Jennifer Claver**

*Associate Contract Negotiator*  
(602) 344-8387  
[jclaver@uph.org](mailto:jclaver@uph.org)

**Monica Hamilton**

*Associate Contract Negotiator*  
(602) 344-8387  
[mhamilton@uph.org](mailto:mhamilton@uph.org)

**Fax number:**

(602) 344-8358

**Mailing address:**

2502 E. University Drive, Suite 125  
Phoenix, AZ 85034

**Claims addresses:**

Maricopa Health Plan  
PO Box 37169  
Phoenix, AZ 85069

Maricopa Care Advantage  
PO Box 38549  
Phoenix, AZ 85069



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