



MARICOPA
HEALTH PLAN

Count on us to care.

managed by



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Phoenix, AZ 85034

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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:

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Phoenix, AZ 85069

www.mbpaz.com

www.mcareaz.com



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in touch

A newsletter for Providers associated with Maricopa Health Plan



Spring 2009

clinical corner

Detecting Medication Non-adherence in Your Practice



You may recognize one or more of these patients. Consider medication non-adherence as an underlying cause in the following situations:

The patient who never fills the first prescription

- Was the patient unable to pay for the medication?
- Were they unable to get to the pharmacy?

The patient who uses chronic disease medication as needed

- Do they know that certain chronic disease medication needs to be taken every day?
- Are they too busy? Do they forget to take it every day?

The patient who repeatedly calls back

- Are they taking their medication consistently and correctly?
- Do they understand your instruction on how to take the medicine?

The patient who frequently asks for medication changes

- Do they understand medications may take time to work?
- Are they worried about possible side effects?

Up to 50% of patients do not receive optimal benefit from their medications.

Non-adherence plays a significant role.

(Gottlieb H. Medication non-adherence: finding solutions to a costly medical problem. *Drug Benefit Trends*. 2000;12(6):57-62.)

To detect medication non-adherence in your practice:

- Ask questions. Explore your patients' barriers to adherence.
- Start the conversation by having your patient complete the ASK-20SM.
 - ASK-20 helps to quickly identify a patient's specific adherence barriers.
 - ASK-20 takes only minutes to complete and can be completed on paper or online.
 - ASK-20 can help you save time and focus on improving adherence.

For additional information, go to: www.takingmeds.com or contact Suzanne Campbell at (520) 874-5238.

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Childhood Obesity Referrals and Treatment

When a child under the age of 21 has a BMI over the 75th percentile they qualify for childhood obesity related services. The referrals for services below are documented on the EPSDT form. They can include lab work, nutritional and lifestyle counseling done by the PCP and referrals to a nutritionist, physiologist and/or behavioral health. Maricopa Health Plan asks your office to use the following codes when billing for these services:

Diagnosis Codes

- V85.52** BMI, pediatric, 5th percentile to < 85th percentile for age
- V85.53** BMI, pediatric, 85th percentile to < 95th percentile for age
- V85.54** BMI, pediatric, ≥ 95th percentile for age
- V65.3** Dietary surveillance and counseling
- V77.8** Special screening for endocrine, nutritional, metabolic, and immunity disorders (obesity)

CPT Codes

- 99078** Physician education services rendered to patients in a group setting (e.g. prenatal, obesity, or diabetic instructions)
- 99401** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual 15 min.
- 99402** approximately 30 min
- 99403** approximately 45 min
- 99404** approximately 60 min

HCPC Codes

Included are the codes noted previously as they are “non-physician provider” classes

- S9470** Nutritional counseling, dietitian visit
- S9451** Exercise classes, non-physician provider
- S0315** Disease mgmt program; initial assessment & initiation of program
- S0316** Disease mgmt program, f/u; reassessment

Always remember to reference any handout materials or education you provide these members on the EPSDT form.

It is our goal to increase the referrals for childhood obesity related services, recruit providers in the network to provide these services and reduce the high incidence of childhood obesity as reported on the EPSDT forms.

Cultural Corner

Maricopa Health Plan appreciates that we serve members of many cultures and that speak different languages. Our desire is to make sure that our providers and members receive the assistance that they are seeking without any barriers.

One of the ways we accomplish this is by removing language barriers by providing quick access to translation services. We can do this by partnering with our **new** translation vendor – **Cyacom**. Cyacom is based in Southern Arizona and has translators available only a telephone call away. Cyacom is committed to working with us to ensure excellent translation services.

If you are assisting one of our members that requires translation services, the process is easy. Simply call Member Services at 1-800-582-8686 and a Member Services Representative will guide you through the process. Just provide the language needed and the Representative will initiate a confidential conference call. If unable to identify the language, Cyacom can assist us in identifying the language needed.

Additional points of interest about Cyacom:

- Cyacom can be used to assist members with Limited English Proficiency (LEP)
- Services are available 24 hours a day
- A male or female interpreter can be requested
- All translators are Certified Medical Translators
- All translations are confidential

We look forward to partnering with you to provide the best service possible to our members. Please don't hesitate to call Member Services @ 1-800-582-8686 if you have any questions about this valuable service.

Important Claim Submission Information

Providers Submitting Manual (Paper) Claims

As you are aware, the paper claims submission requirements changed. Effective October 1, 2007 all AHCCCS providers are required to submit paper claims on "red forms." This includes both UBs and 1500s. Maricopa Health Plan's imaging system accepts the "red forms" which require less manual intervention resulting in less keying errors and more timely adjudication.

Forms indicating "OCR Approved" at the bottom are the best! Thanks so much for your cooperation.

Maricopa Health Plan's address to submit your CMS and UB04 claims is:

**Maricopa Health Plan Claims
PO Box 37169
Phoenix, AZ 85069**

If you have any questions regarding claims submission, please feel free to call Claims Customer Service at 1-800-582-8686.

Improving Disparities in Adolescent Well-Care Visits

The Arizona Health Care Cost Containment System (AHCCCS) has selected Improving Disparities in Adolescent Well-Care Visits as a Performance Improvement Project (PIP) for acute care health plans.

The purpose of the PIP is to increase the rate of annual well-care visits among members 12 to 21 years of age, and to reduce disparities in preventive care visits between non-Hispanic White members and members of other races.

AHCCCS data show that Native American adolescents enrolled under Medicaid are significantly less likely than non-Hispanic White adolescents to have a well-care visit, with both Black and Native American members less likely to have any visits to Primary Care Practitioners (PCPs).¹

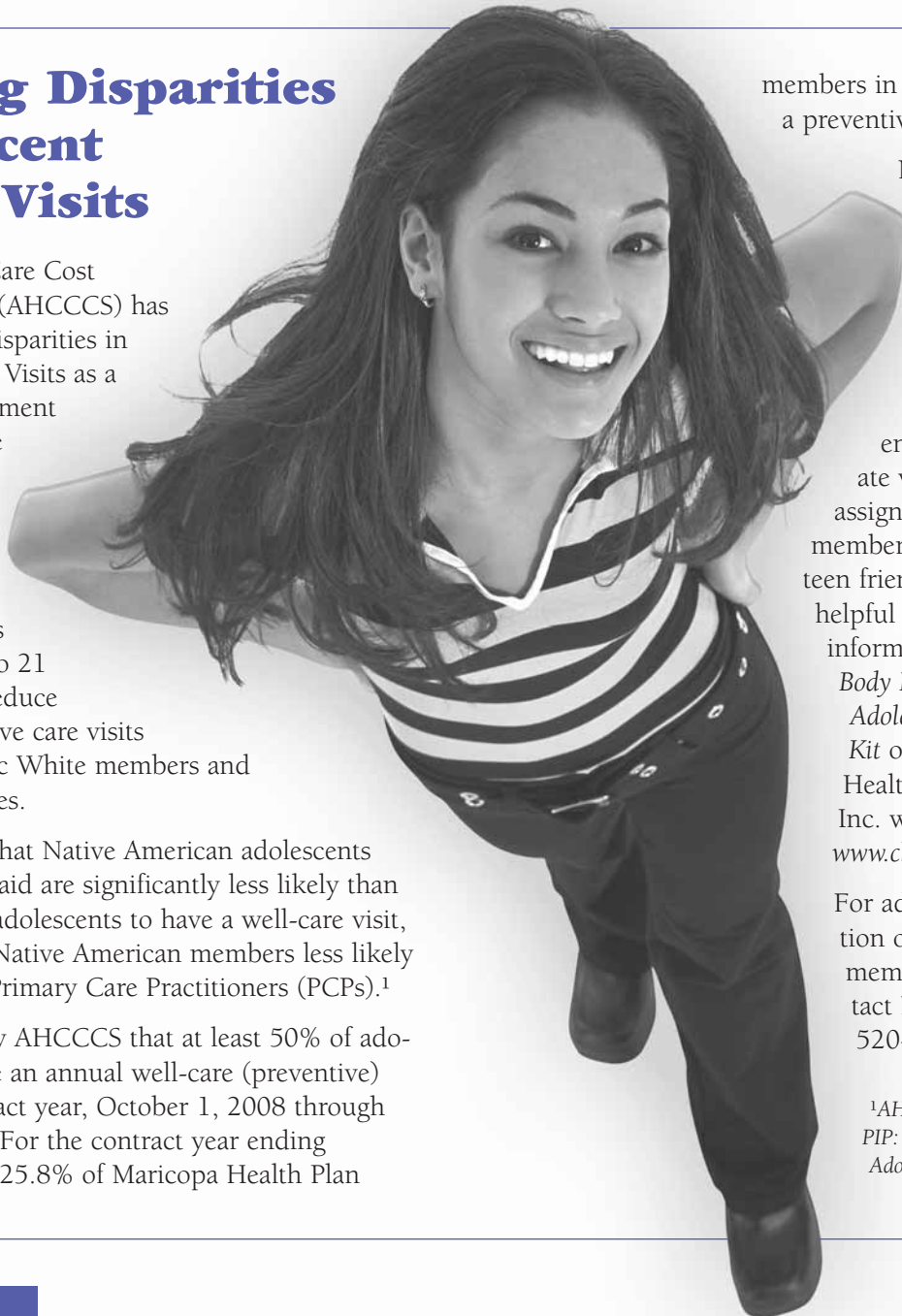
A goal has been set by AHCCCS that at least 50% of adolescent members have an annual well-care (preventive) visit during the contract year, October 1, 2008 through September 30, 2009. For the contract year ending September 30, 2007, 25.8% of Maricopa Health Plan

members in this age range had a preventive visit.

Maricopa Health Plan has several interventions planned including member incentives for preventive visits. PCPs are encouraged to initiate visits with assigned adolescent members and to promote teen friendly services. For helpful and innovative information, look for *Body Basics: An Adolescent Provider Tool Kit* on the Center for Health Care Strategies, Inc. website: www.chcs.org.

For additional information or a list of assigned members, please contact Diane Gamble at 520-874-5237.

¹AHCCCS 2008 Acute-Care PIP: Improving Disparities in Adolescents Well-Care Visits



New President and CEO: **Larry Aldrich**



University Physicians Healthcare (UPH) Board of Directors is pleased to announce it has named Larry Aldrich president and chief executive officer (CEO) of UPH. Larry has served as interim CEO since the resignation of Norman Botsford in June. He now heads all three divisions of UPH: a 350-member physicians' group practice affiliated with The University of Arizona (UA) College of Medicine, University Physicians Health Plans and University Physicians Hospital. His duties include managing strategic planning, corporate

direction and relationships with the UA, University Medical Center, local and state governments and the community.

During Larry's tenure as interim CEO, he provided great direction and leadership that has enabled UPH to make multiple, significant improvements in its business functions. The board unanimously agreed to place Larry in the permanent CEO position. In addition, there has been overwhelming support for Larry by senior leadership, faculty and staff. Please help us in welcoming Larry Aldrich.

New UPHP Medical Director: **Mark Nanney, MD**

University Physicians Health Plans (UPHP) is pleased to have Mark Nanney, MD, join our medical director staff. Dr. Nanney comes to UPHP with a varied background in the healthcare field. Being trained as a family practice physician, he practiced in the community for more than nine years. He then completed his law degree from the University of Arizona's College of Law in 1996. He spent nine years as an attorney and taught at the law school. After his time at the University of Arizona's College of Law he worked as the Medical Director for the Arizona Medical Board. Dr. Nanney will be based in our Tucson office.

We need your help to stay current

Have you added a new provider to your office? Has someone left? In the fast pace of the medical field, change occurs all the time. We depend on you to help us keep our systems updated. When a new provider joins your practice or facility, please let your Provider Relations Representative know right away. We want to make sure that your new provider is credentialed promptly (when necessary) and loaded into our systems so that we can pay your claims and direct members to you for care. Notifying us in advance when a provider is leaving will enable us to update our directories and provide your patients with the most current information. Please ensure that you provide adequate notice when a PCP joins or leaves your practice. We will use this information to assist members with establishing care and reassigning them to another PCP if your provider leaves.

So remember, when you have a staffing change, let us know. Your Provider Relations Representatives enjoy the working relationship that we have with you. We are always available to assist you with any transition or issue you may have.

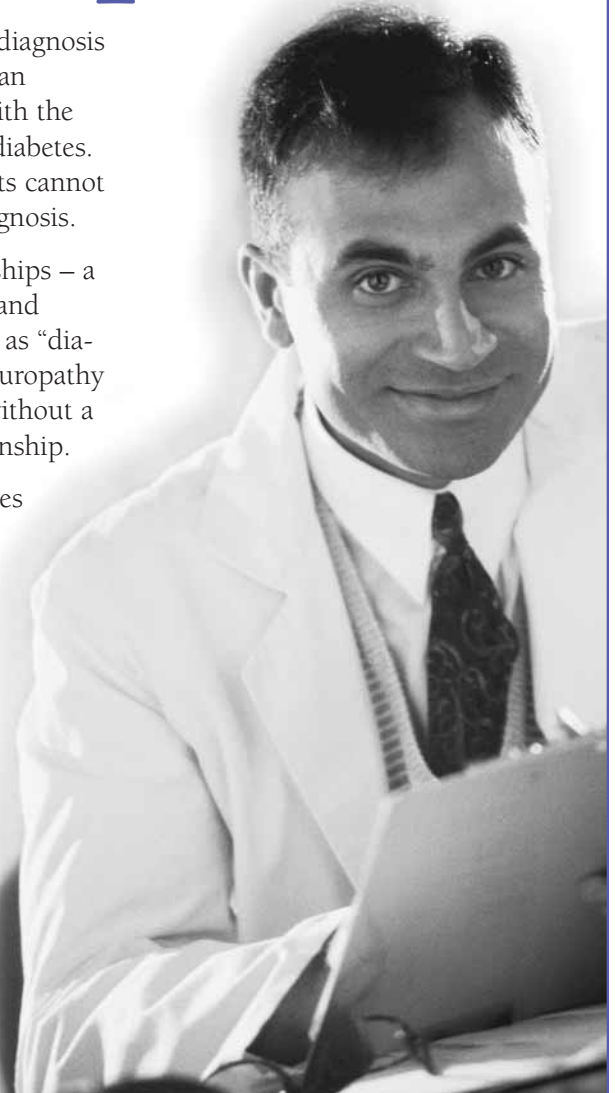


Documentation Tips

Your documentation provides communication, coordination and continuity of care. It also serves as a basis for clinical reimbursement. The following tips can help you maximize your reimbursement:

- Check the basics (e.g. patient name/date on each page, signature & credentials).
- Document/code all conditions evaluated each visit.
- Avoid writing “past history of” for a disease that currently exists – using “history of” means that the patient no longer has this condition.
- Be specific. Attribute a finding to the (potential) cause (e.g. rather than “anemia”, state “acute blood loss due to hemorrhage from bleeding duodenal ulcer...”).
- Code all complications and manifestations (e.g. diabetic ulcer, diabetic neuropathy).
- Document the status of each condition (e.g. cancer plus any metastases).
- Connect lab results to a diagnosis – for example, associate an abnormal blood sugar with the supportive diagnosis of diabetes. Notes from previous visits cannot be used to support a diagnosis.
- Spell out causal relationships – a note with both diabetes and neuropathy doesn’t code as “diabetic neuropathy” or “neuropathy secondary to diabetes” without a note of the causal relationship.
- Document status (v) codes and assess all chronic conditions at least once per year.

Thank you for your ongoing documentation efforts. We want to support you in any way we can as you provide care to our members. If you have any questions or need clarification related to this information, please contact us at 1-800-582-8686.



Electronic Health Records Program

Have you been thinking about Electronic Health Records for your office? We would like you to know about an exciting new program that will help make the transition to electronic health records for small and medium-sized practices both affordable and user-friendly.

Slated to begin early 2009, **Arizona Electronic Health Record (EHR) Collaborative Purchasing Program (CPP)** is being led by AHCCCS, in collaboration with the Arizona Health-e Connection and Arizona’s provider organ-

izations. It will feature a CCHIT-certified, web-based electronic health record product that is currently being selected through the State competitive proposal process.

Do you want more information about the **Arizona Electronic Health Record (EHR) Collaborative Purchasing Program (CPP)**? Go to www.azhealthrecord.gov or contact Brent Bizik 602-417-6971, Brent.Bizik@azahcccs.gov, or call your Provider Relations Representative.