

# PROVIDER NEWSLETTER

Spring/Summer 2017



## WE HEARD YOU. PROVIDER PORTAL UPGRADES ARE HERE!

Health Choice is committed to providing useful and innovative resources and tools for our providers.

We have rolled out a new provider portal for our Health Choice plans that aims to streamline your access to important information.

Updates include:

- More information about the status of claims
- More information about the status of appeals
- Improved access to provider rosters and paneled member information
- More information about member eligibility status
- Improved functionality and appearance

- Improved training information for providers and their staff

Our portal is available under the Provider tab of our website ([healthchoiceaz.com](http://healthchoiceaz.com)). We invite you to log in to our provider portal to experience these new or improved functions and services. **If you already have an account, your existing credentials will work on the new portal.** If you do not have an account, we have easy instructions for creating an account on the portal log in page.

If you have any questions about the provider portal, please contact our Customer Service team at 1-800-322-8670 or e-mail your provider representative. ■

## CHANGE IN LAB SERVICES

In our ongoing efforts to ensure the provision of quality care and services for our members, Health Choice now only provides qualified contracted lab services—specifically reference lab, specialty lab, and non-Physician Office Lab Testing (POLT) services—through LabCorp, effective 1/15/2017.

In order to ensure that appropriate services are being rendered to our members, we ask that you utilize ONLY LabCorp.

For additional information please contact your Network Representative or contact Customer Service at 1-800-322-8670. We are committed to working with you to ensure the greatest potential to improve member outcomes. ■

## CALL FOR PROVIDER DIRECTORY UPDATES

Has any of your information changed?

We like to keep our records up to date. Please contact your network representative or fax 480-760-4952 if you have changes to your roster, address, fax, or phone number. You can also send an email with the changes to AZNetworkLeadership@iasishealthcare.com. ■

## UPDATE TO ICD-10 CODES FOR MEDICALLY NECESSARY DELIVERIES LESS THAN 39 WEEKS

Per AHCCCS' Medical Policy for Maternal and Child Health Chapter 400 Policy 410, page 410-1:

"According to ACOG guidelines, cesarean section deliveries must be medically necessary. Inductions and cesarean section deliveries prior to 39 weeks must be medically necessary. Cesarean sections and inductions performed prior to 39 weeks that are not found to be medically necessary based on nationally established criteria are not eligible for payment."

Health Choice is providing a reminder to providers that all obstetric deliveries require a diagnosis condition code (ICD-10-CM) to identify the weeks of gestation along with a medical necessity diagnosis code if delivery is <39 weeks gestation. Failure to provide the appropriate codes will result in denial of your claim.

Tips to ensure your claims process timely and accurately:

The following procedure codes 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612,

59614, 59618, 59620 or 59622 will require appropriate ICD 10 codes. All "O" diagnosis codes in ICD-10-CM require a code from Z3A category, indicating weeks of gestation.

**Contract Terms and Provisions:** This does not affect your contract with Health Choice Arizona.

**Claim Rejections and Denials:** Claims received that are not billed as outlined above will receive an upfront rejection and/or denial. In order to be considered for reprocessing, corrected claims will need to be resubmitted and subject to the timely filing limitations. The timely filing limitations also apply should you go through the appeal process for additional diagnosis other than those indicated on the list attached.

**Updated Code Sheet:** An updated sheet of ICD-10 OB Diagnosis Codes can be found on the Provider Notices section of our website at [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com). This sheet includes an updated list of diagnoses that meet medically necessary criteria for delivery. ■

## E-PRESCRIBE

At Health Choice, we encourage you to utilize electronic medication prescribing for our members.

Why e-prescribe? E-prescribing is a recognized and proven effective tool to improve members' health outcomes and reduce costs. Arizona Health Care Cost Containment System (AHCCCS) implemented an initiative with its health plans to increase e-prescribing. The goal is for prescribers to use e-prescribing for at least 70 percent of all original prescriptions.

Advantages of e-prescribing include:

- Creates one workflow for all electronic prescriptions – controlled and non-controlled substances

- Reduces fraud and abuse by preventing forgeries and stolen prescription pads
- Eliminates phone calls and inaccuracy due to illegible hand-written prescriptions
- Decreases adverse drug interactions and events (e.g., allergic reactions)
- Condenses record keeping for patients' prescription history
- Decreases therapeutic duplication
- Increases patient adherence

Available resources, additional information and e-prescribing resources are available at [azhec.org/information-center/e-prescribing/](http://azhec.org/information-center/e-prescribing/). Email [info@azhec.org](mailto:info@azhec.org) or call Arizona Health-e Connection at (602) 688-7200 for assistance. ■



## CASE MANAGEMENT REFERRAL PROCESS

Our comprehensive disease and case management programs are designed to improve the quality of life for members with chronic diseases and complex conditions. Programs include:

- **Asthma/COPD** – The goal of the Asthma/COPD Program is to improve the quality of life for qualifying members age five years or older.
- **Behavioral Health** - The Behavioral Health Program assists member with identifying and securing behavioral health services through contracted providers.
- **Complex Case Management** – The Complex Case Management Program is designed to provide high quality case management to members with multiple and/or complex, and/or catastrophic injuries, the frail and elderly, members in Special Needs Plans (SNP) and other members with high risk health conditions.
- **Diabetes** – The Diabetic Program is designed to improve HbA1c testing and levels among diabetic members. Members

will also increase disease awareness and self-management of their medical condition(s).

- **Hepatitis C** – This program was developed to improve medication adherence for members diagnosed with Hepatitis C and to improve overall compliance with the member's care plan.
- **High Risk OB** - The goal is to assist members with entry into early prenatal care and to have a healthy baby.
- **Pediatric** - The Pediatric Case Management Program assists families who have children with chronic medical conditions get needed services.

Case management referrals can be made by calling Member Services and requesting case management services. Member Services will complete a case management referral form and forward to the appropriate department. Providers can also complete a referral form and email/fax it in. This form can be found at [www.healthchoiceaz.com/providers/medical\\_management.aspx](http://www.healthchoiceaz.com/providers/medical_management.aspx) ■

## EVICORE

Utilizing the eviCore healthcare web portal is the quickest, most efficient way to initiate authorizations and check the status of an existing case.

- Create authorization request in minutes
- 24/7 access

- Save your progress
- Print information

Go to [www.evicore.com/pages/ProviderLogin.aspx](http://www.evicore.com/pages/ProviderLogin.aspx) and click "Register" to begin initiating authorizations online today. ■

## MAKENA PRIOR AUTHORIZATION IS NO LONGER SUBMITTED TO MEDIAL PA DEPARTMENT

Effective 1/1/2017, Health Choice Arizona (HCA) requires that prior authorization requests for the medication Makena be submitted to our Pharmacy Department and not our Medical Prior Authorization Department. Additionally, the medication will need to be billed via a pharmacy transaction.

Please see the Pharmacy Medication Prior Authorization Request Forms available on our website, [HealthChoiceAZ.com](http://HealthChoiceAZ.com). Please be sure to attach all pertinent clinical documentation with your requests.

Once the medication is approved, the process for administration of the medication has not changed. Health

Choice continues to utilize Optum for any member who needs to have the medication administered at home. If you have further questions about this process change, please contact our Customer Service team at 1-800-322-8670 or e-mail our Maternity Department at [HCH\\_MCH\\_CM@iasishealthcare.com](mailto:HCH_MCH_CM@iasishealthcare.com). ■

# 7-DAY SUPPLY LIMIT FOR SHORT-ACTING OPIOIDS- EFFECTIVE APRIL 1, 2017

Arizona has the 9th highest rate of opioid deaths in the nation. In 2015 alone, 401 people lost their lives due to prescription opioid overdose. Per an Executive Order signed by Governor Ducey, Health Choice Arizona (HCA) will be implementing the changes outlined below to ensure short-acting opioids are initiated and continued appropriately. If you have any questions or concerns, please contact our pharmacy department at 800-322-8670 (HCA).

## The following changes will be effective 4/1/2017:

- All short-acting opioid prescriptions are limited to a 7 day initial fill (exceptions listed below)
- Members under 18 years of age may only receive 7 day fills of short-acting opioids (initial fills and subsequent refills)
- Prior authorization is required when any of the following apply:
- Initial fill for a formulary short-acting opioid greater than a 7 day supply for members 18 years of age and older
- Initial fill or refill for a formulary short-acting opioid greater than a 7 day supply for members under 18 years of age

- All non-formulary short-acting opioids will continue to require prior authorization and are subject to the non-formulary opioid criteria. The most up-to-date formulary and criteria can be found on our websites.

**Definition of an initial fill:** Member has not previously filled a prescription for an opioid medication within 60 days of the date the pharmacy is processing the current prescription as evidenced by the member's fill history within our database.

**If the member has one of the conditions listed below, the prescription may be exempt from this mandate. Prescribers are required to add the designated wording to the prescription or e-script:**

- **Active Oncology diagnosis:** Prescriber is required to notify the pharmacy the short-acting opioid is used to treat Neoplasm related pain (ICD-10 code G89.3).
- **Post-Surgery:** Prescriber is required to notify the pharmacy the short-acting opioid is used to treat "Post-Surgical Care", which may be allowed for a maximum of a 14 day supply.

- **Traumatic Injury (not including Post-Surgical procedures):** Prescriber is required to notify the pharmacy the short-acting opioid is for a traumatic injury and provide the applicable ICD-10 trauma code.
- **Palliative care:** Prescriber is required to notify the non-Hospice pharmacy the short acting opioid is for "Palliative Care".
- **Hospice Care:** Members enrolled in Hospice care are exempt from this policy. Prescriptions for these members may be obtained from the Hospice Provider's designated pharmacy and they are not billed through point-of-sale as a pharmacy benefit.
- **End-of-life care (other than hospice):** Prescriber is required to notify the pharmacy the short-acting opioid is for "end-of- life care".
- **Child on opioid wean at time of hospital discharge:** For members under 18 years of age meeting this condition, the prescriber is required to notify the pharmacy the short-acting opioid is for "a child on opioid wean at time of hospital discharge". ■

## WE ARE HERE FOR YOU!

Should you need anything, we are here for you. Please contact your network representative. If they are unavailable, we have a team dedicated to helping you. You should have received communication from your Network Representative on additional points of contact. In case you haven't, we have included them below for your convenience:

**Dania Wales**  
Network Operations Manager  
602-829-3380

**Vicki Johnson**  
Senior Director Network Operations  
480-760-4645

**Patrick Hansen**  
VP Network Services  
480-350-2204

