

DIABETES MANAGEMENT PROGRAM

Capstone has implemented a new Disease Management Program this year for our members with diabetes. The goal of this program is to measurably reduce complications associated with this chronic disease and to improve the overall quality of life for our members with diabetes. This will be accomplished through:

1. *Telephonic interview with the member and/or caregiver regarding the following information:*

- ❖ General member information including demographics (who member lives with), cultural influences, type of diabetes, etc.
- ❖ Physician visits (PCP, endocrinologist, podiatrist, ophthalmologist, dentists)
- ❖ Diabetic Education
- ❖ Meal Planning
- ❖ How the member monitors blood sugar, symptoms and trouble shoots highs and lows
- ❖ Medications
- ❖ Activity Level
- ❖ Other risk factors (smoking, alcohol use, obesity, comorbid conditions including psychiatric disorders)

2. *Monitoring outcomes:*

- ❖ Lab results (i.e., HbA1c, lipid panel, cholesterol profile, albumin, serum creatinine, urinalysis, fasting glucose, liver function tests)
- ❖ ER visits
- ❖ Hospitalizations
- ❖ Weight and BP management

3. *Follow up reporting/feedback that may include communication with the member, caregiver, physician, and ancillary providers.*

If you are treating a Capstone member who has diabetes and would like to talk to the nurse case manager for this program, please contact **Cindy Gullede, RN at x104**. Your input and communication will be greatly appreciated.

CLAIMS ADVICE

Timely Filing – Please be sure to submit all claims encounters within 90 days of the date of service. If the member has Medicare or other insurance, Capstone recommends that you submit the initial claim prior to receiving an EOB and then resubmit after receiving the EOB to avoid having your claims denied for “claim submit time exceeded”. You have 1 year from the date of service to submit a clean claim.

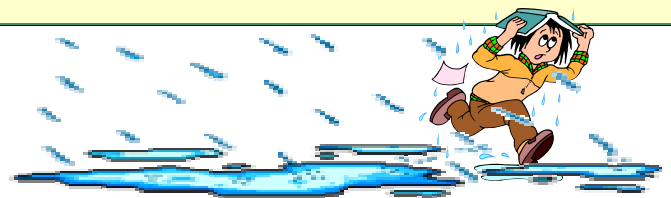
Claims Correction Request Form – Capstone has initiated the use of a form to help simplify the reprocessing of claims. The Claim Correction Request Form can be used to resubmit claims that have been previously *denied, reversed or not paid as expected due to inaccurate or omitted information* on the original claim submission. This form can be faxed to the claims department instead of resubmitting the claim via the postal service.

You may request this form by calling the claims department at x108 or writing providerclaims@nazcap.com.

Provider AHCCCS ID# - Please be sure to put the 6 digit AHCCCS ID# in the bottom left of Box 33 of the HCFA1500 next to PIN# for the provider of service listed in Box 31. Your claim may be denied if the ID# is not available.

Claim Filing Address – Please be sure to submit your claims to the correct address for Capstone members. Be sure to check the members ID card for the enrollment information. Capstone claims should be submitted to:

**Capstone Health Plan, Inc.
914 N. San Francisco St., Suite A
Flagstaff, AZ 86001**



EMERGENCY CONTRACEPTION

Capstone Health Plan covers “Plan B” for post-coital emergency contraception. Plan B is available when prescribed by a licensed physician or practitioner. It does not require prior-authorization. This medication should be utilized within 72 hours after unprotected sexual intercourse.

AHCCCS PROVIDER REGISTRATION

Provider Participation - As a subcontractor with DES/DDD, Capstone Health Plan, Inc. can only pay providers who have an active registration with AHCCCS Administration. Please be sure that your provider registration is active with AHCCCS if you are providing services for Capstone members.

Provider Type & COS – AHCCCS issues each provider a provider type to control what categories of service (COS) they can be assigned. A provider may not be issued all the possible categories of service for that provider type. The categories of service assigned depend on what the provider requested when completing their application. Please be sure you have the necessary COS assigned by AHCCCS to enable you to bill for all services you perform. Capstones can only pay claims for services provided that are included in the COS assigned to the provider by AHCCCS Administration. To verify your provider type and the assigned COS, you may contact the AHCCCS Provider Registration department at:

(800) 794-6862 or (602) 417-7670

VISION & DENTAL REFERRALS



Vision – Just a reminder to PCPs that members up to age 21 need a referral from their PCP for an eye examination prior to making an appointment with a vision provider.

Dental – The PCP needs to make a referral for dental services for any member under age 3 years old. Routine dental for ages 3 to 20 years old no longer requires an authorization.



REVISED EPSDT FORMS

Please be sure to use the AHCCCS EPSDT Tracking Form. Capstone’s form is no longer acceptable. Tracking forms can be found at: www.ahcccs.state.az.us

Behavioral Health Screens & Referrals

The **revised** EPSDT Tracking Forms have changed the “behavioral health screen” wording. Instead of asking if a “referral is indicated”, it now asks if the child is “age appropriate”. In many instances this would be marked “no” for the DD population due to the existing developmental disability and not due to a behavioral problem. AHCCCS is trying to determine whether or not the child needs a referral to a behavioral specialist? Capstone is required by AHCCCS and the Division of Developmental Disabilities to follow up on all members referred by the PCP to a behavioral health specialist. Due to the wording on the new forms, it is difficult to tell when the PCP wants a behavioral health referral. Please be clear when completing this section of the EPSDT form whether or not the child needs a “new” referral to a behavioral health specialist. Simply check the referral box for “Behavioral” at the bottom of the form.



Cindy Gullede, RN, x104 (behavioral health coordinator for Capstone) can assist you with making referrals to your local Northern Arizona Regional Behavioral Health Authority (NARBHA).

Anticipatory Guidance

The AHCCCS EPSDT Tracking Forms have also changed their box for “Anticipatory Guidance”. Where there used to be a box to check off when the area of review was discussed with the patient/parent, there is now only a dot. It is still expected, however, that each area be circled, checked, or in some way indicated that the area of education was reviewed with the patient/parent.