

Insights



Network Management Services

We are pleased to announce the addition of Kathy Taylor-Laws to the Network Management Service Department (NMS). NMS is the liaison between the contracted provider network and SCAN® Long Term Care/SCAN® Health Plan Arizona (SCAN) and is responsible for the development and maintenance of our comprehensive provider network. Below is a list of NMS staff.

- Kathy Taylor-Laws** (602) 778-3315
VP of Network Management
- Sharon Hawn** (602) 778-3352
Network Manager
- Mary Ward** (602) 778-3355
Network Representative
- Donna Warner** (602) 778-3353
Network Representative (Internal)
- Jason Winfrey** (602) 778-3354
Senior Network Representative
- Justin Sibiski** (602) 778-3356
Contract Specialist

IF YOU NEED ASSISTANCE TO:	CONTACT:
Schedule provider training	Mary Ward
Inquire about a SCAN policy and/or process	Mary Ward
Request printed materials (SCAN Operations Manual, Provider Directory, auth/referral forms)	Mary Ward
Request participation in the network	Justin Sibiski
Notify SCAN of demographic changes and/or updates	Donna Warner
Unresolved claims issues • Claims issues should first be directed to the Claims Inquiry Line at (877) 235-7226. If the issue cannot be resolved through this process, please inform NMS.	Jason Winfrey

SCAN Health Plan Arizona Welcomes Scottsdale Healthcare to the Network

SCAN continues to strive to develop a network of contracted providers which offers the most choice of quality providers to our members. As such, we are pleased to announce the addition of the three Scottsdale Healthcare hospitals to the SCAN network. As of October 1, 2009, SCAN members can now receive services from any of the three locations.

- Scottsdale Healthcare Osborn—is a 337-bed, full-service medical center. It is noted throughout the region as a leader in the fields of trauma, cardiovascular medicine, radiologic technology, neurosurgery and orthopedics. The hospital's expanded, 55,000 sq. ft. Emergency Department and Trauma Center opened in September 2004. A Total Joint Replacement Center, specializing in minimally invasive procedures, opened in 2006.
- Scottsdale Healthcare Shea—is a 405-bed full-service medical center providing medical/surgical, critical care, obstetrics, pediatrics, surgery, cardiovascular and oncology services. All patient rooms are private.
- Scottsdale Thompson Peak—is located near the northeast corner of Scottsdale Road and Thompson Peak Parkway, providing convenient access to high quality medical care for residents of the Northeast Valley. The community medical-surgical hospital opened with 64 inpatient beds and shelled space for 120 additional future beds. Services include an emergency department, inpatient and outpatient surgery and a full range of support services, diagnostic imaging and non-invasive diagnostics.

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OPEN ENROLLMENT

November 15th is the start of the Open Enrollment Period for Medicare Advantage plans. January 1, 2009 SCAN Health Plan Arizona launched a Medicare Advantage Prescription Drug Plan (MA-PD).

The MA-PD has great benefits, with \$0 premium, low co-payments for doctor and specialist visits, a low hospital admission copayment and generic prescription drug coverage through the “donut hole”.

We know that people have a lot of choices when it comes to their health coverage. We believe that SCAN’s MA-PD provides the benefits that seniors need to keep them healthy and independent. If you know someone that would benefit from SCAN Health Plan Arizona please have them call 1-866-490-7226.



MESSAGE FROM MARC LATO, M.D.

Flu Season is Coming!

Remember to **TOSS**:

T = Talk to your patients, our members, about the seasonal flu vaccine. The recommendation of a personal physician is a powerful message and a key factor of ensuring flu vaccination to those most needing it.

O = Order your seasonal flu vaccine early so you’ll have an adequate supply for the upcoming season.

S = Schedule a seasonal flu shot for your SCAN patients. Also, members will be receiving a reminder from SCAN to schedule an appointment to receive a seasonal flu shot.

S = Send your SCAN patients to an available immunization clinic for the flu seasonal vaccine if you are not administering flu shots in your office.

The clinics are:

- Mollen Immunization Clinics (www.flushotsusa.com)
- Maxim Health Systems (www.findaflushot.com)

Or, members can contact Community Information and Referral at 602-263-8856 to locate flu shot clinics within their area.

The H1N1 virus, “Swine Flu” has been omnipresent. Stay informed and recommend common sense flu precautions to your patients. It is hoped that an H1N1 flu vaccine will be available for use this winter. For updated information about the H1N1 virus and seasonal flu visit our website at www.scanhealthplan.com.

Please contact me by email at mlato@scanhealthplan.com or by telephone at 602-778-3325. Remember, you can help prevent the flu!

ADVANCE DIRECTIVES

Are you and your patient prepared?

SCAN® Long Term Care/SCAN® Health Plan Arizona strongly encourages its adult members to prepare advance directives. As part of the initial interview with their case manager, new members are given a packet containing detailed information on the different types of advance directives with copies of the necessary forms to fill out. In addition, the SCAN Member Handbook provides information on the importance of advanced health decisions and the different types of advance directive documents.

Since October 1, 2007, AHCCCS is requiring contracted health plans to collect information on member advance directives as part of their performance improvement program. The goal is to increase the use of advance directives by ALTCS members to guide treatment decisions at the end of life or under other specified conditions.

Federal and state law, and SCAN medical record standards, requires that PCPs are to provide written information to adult members about their rights to make decisions about medical care, to determine whether an advance directive has been exercised and to document and prominently display in the medical record whether the member has been provided the information and whether a directive has been completed.

We are asking for your cooperation and assistance in reinforcing the importance of advance directives to our members.



MEDICARE POWER MOBILITY DEVICE (POWER WHEELCHAIR OR SCOOTER) GUIDELINES

All power mobility devices (power wheelchairs and power scooters) are regulated by the CMS Guidelines. These guidelines were started in 2005 and have three major components that a physician must send to a Durable Medical Equipment (DME) Provider.

The combination of a written prescription and supporting documentation replaces the Certificate of Medical Necessity (CMN) that was previously required.

1) FACE TO FACE

The face to face evaluation and documentation should include the following three issues:

- The patient's mobility problem limits their activities of daily living in the home.
- The patient cannot use less costly equipment.
- The use of a scooter can be ruled out (possibly) because it is too large to maneuver in the home; the patient cannot safely transfer on/off a scooter, poor upper extremity function limiting the use of the tiller of a scooter, etc.

2) PRESCRIPTION

The physician must submit a written prescription for the power mobility device to the supplier. This prescription must be received by the supplier within 45 days after the face-to face examination, or in the case of a recently hospitalized member, within 45 days after the date of discharge from the hospital. The prescription must include the following:

- Members name
- The date of the face to face examination.
- The diagnoses
- The conditions that support the claim for the power mobility device.
- A description of the specific type of power mobility device required.
- The expected length of time the member will need the equipment.
- The prescription must be signed and dated by the physician or treating practitioner.

3) SUPPORTING DOCUMENTATION

In addition the physician who performed the face to face examination must submit to the DME supplier the written prescription accompanied by supporting documentation of the member's need for the power mobility device.

The supporting documentation should have the following:

- Pertinent parts of the medical record that clearly supports the medical necessity for the power mobility device in the member home.
 - This should include the patient history
 - Physical examination
 - Diagnostic Test
 - Summary of the finding
 - Diagnoses
 - Treatment plan

COMMUNITY WATER DRIVE

SCAN challenged its business partners to a community water drive. SCAN agreed to match, case-for-case, water donated by each organization. As a result, more than 1,000 cases of bottled water have been distributed to local community organizations and senior centers.

In July, SCAN delivered hundreds of cases to Set Free Ministries and The Heat Relief Efforts. Organizations that stepped forward to donate water for the community water drive include:

- Comfort Keepers
- Synergy Home Care
- Preferred Home Care
- AccentCare at Home, Inc.
- Professional HomeCare Services
- Urgent Home Care
- Sonora Quest
- At-Home Solutions.

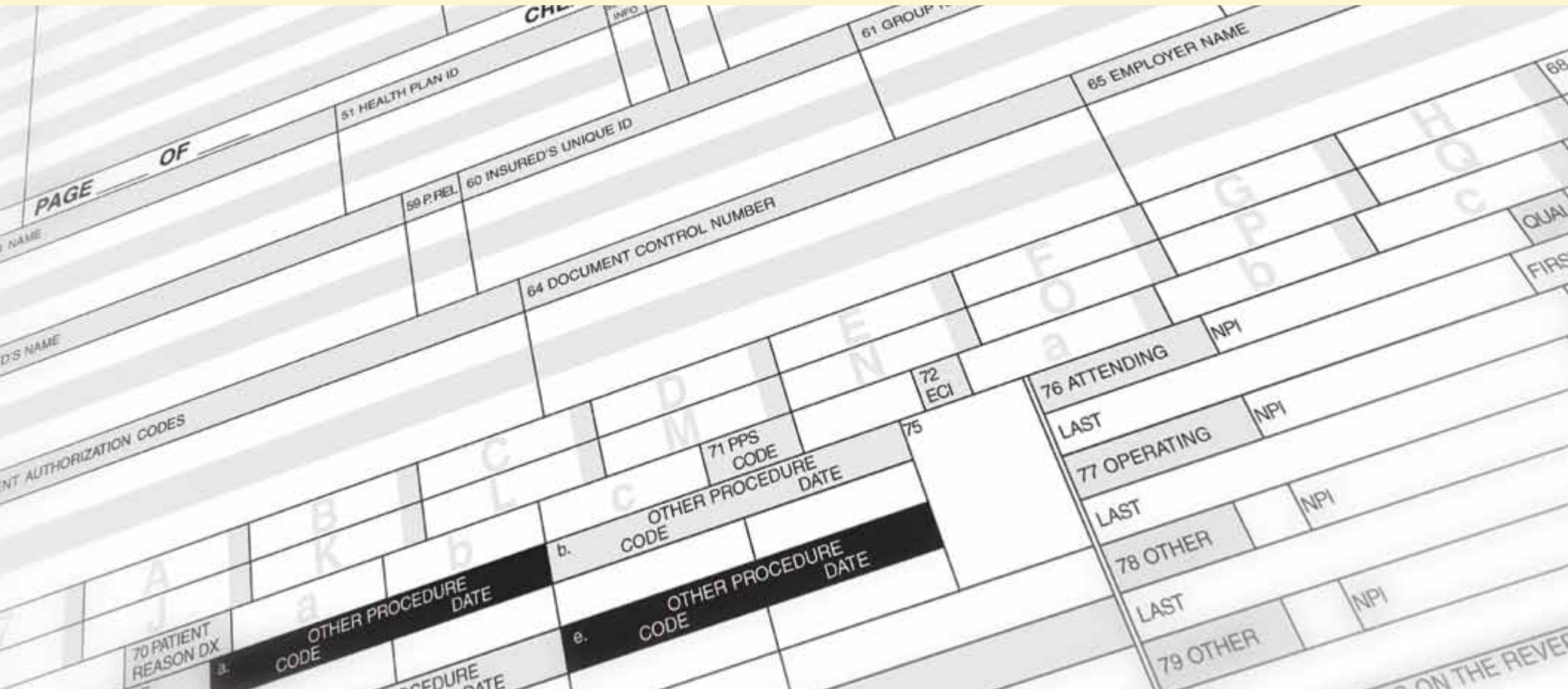


PRIOR PERIOD COVERAGE & PRIVATE PAY REIMBURSEMENT

Prior Period Coverage, is defined by Arizona Health Care Cost Containment System (AHCCCS) as the period prior to the member's enrollment, during which a member is eligible for covered services. The time frame is from the effective date of eligibility to the day a member is enrolled with an AHCCCS health plan.

According to Federal law, AHCCCS providers must accept payment from SCAN as payment in full for covered services (42 CFR § 447.15). AHCCCS providers cannot collect payment from Medicaid members for AHCCCS covered services (ARS 36-2948 & AAC R9-22-702). Further, the AHCCCS provider registration agreement requires providers to comply with these provisions and indicates that the agreement is also enforceable by SCAN.

As a contracted residential provider, you have agreed to accept the member's room and board and any balance due paid by SCAN, as payment in full for covered dates of service. Any private pay monies should be *refunded in full*, back to member and/or family. Should you have any questions regarding prior period coverage, please speak with the member's case manager or contact Network Management Services at 1-866-406-0937.



SCAN LONG TERM CARE'S EFFORTS TO INCREASE DIRECT CARE WORKFORCE

In 2004, Governor Janet Napolitano acknowledged the need to address the issues of the growing aging population of Arizona by appointing a Citizens Work Group on the Long-Term Care Workforce. The goal of the group was to address the current and future gap between the demand for, and supply of, direct care workers. In 2005, the Work Group's final recommendations included a number of suggestions for public policy change and actions to strengthen and support informal and family caregivers and direct care workers.

SCAN Long Term Care (SCAN) recognizes the critical role the direct care worker plays in the long term care system and the challenges faced by home and community based agencies in recruiting and maintaining qualified and trained paraprofessionals. In support of this, SCAN hosted a focus group lunch meeting in March 2008, for a number of agencies that employ direct care workers.

To become a direct care worker, specific trainings are required, which CPR/First Aid is one such requirement. After reviewing feedback from the providers, the recommendation by SCAN's Executive team was for SCAN to offer quarterly CPR/First Aid trainings at no cost to the direct care workers or agencies. This relieves the direct care worker or the agency of some of the financial burden for this required training.

The first class was held July 16th by SCAN and Workplace Action Services, who provided the instructors for the class. We had an overwhelming response to the class, even having to add a second instructor to accommodate the number of attendees. Stay tuned for information on future classes.

CORRECT CODING & ENCOUNTER VALIDATION STUDIES

SCAN Health Plan (SCAN) is committed to partnering with our providers in offering high quality geriatric care to our members. A significant part of that effort is to assist our providers in the provision of accurate coding that will contribute to the quality of care and support the expected revenue from both Arizona Health Care Cost Containment System (AHCCCS) and Centers for Medicare and Medicaid Services (CMS).

As a provider for AHCCCS and CMS, SCAN is mandated to take part in regular encounter validation studies (audits) from both payers.

As a contracted provider, you may be asking yourself, "What does that mean for me?" This means that from time to time, we may require that you submit documentation to SCAN as validation of services that were provided by you or your facilities to a SCAN member.

It's important to ensure that the documentation provided for these audits clearly shows the services which were provided to the member, are the services that were billed to SCAN for payment.

Here are a few things to remember:

- Update your super-bill regularly to ensure that it includes only current coding.
- Be sure to bill with the most *accurate and current* diagnosis code, using 4th and 5th digits when appropriate.
- The primary diagnosis code used on the claim form should clearly be documented in the member file.
- All documentation used for coding must be specific. If it isn't noted in the documentation for the visit, it cannot be coded.
- Signed timecards, which include the date of service billed, are required for home and community based agencies when billing for in-home services.

Please visit HCC University at www.scanhealthplan.com, which can provide additional tools and education regarding correct coding requirements.



SCAN CONNECTIONS RESOURCE CENTER

SCAN values the importance of communication in all its forms, and we are committed to enhancing understanding and awareness of our diverse senior population. In keeping with that commitment, we have an onsite center available for members, providers and the community called the SCAN Connections Resource Center.

We are pleased to offer our provider and community partners the opportunity for practical and interactive classes for your staff and residents at no cost.

Below is a description of a few of our classes. If you would like more information please call us at 602-778-3420.

MATTER OF BALANCE

The Matter of Balance program is a best practice proven model for fall prevention in the elderly. Since falls are one of the leading causes of injury and death for older adults, the 8 week program is focused on managing concerns about falls and teaches participants to see falls as controllable, change their environment to reduce fall risk and to promote exercise to increase strength, flexibility and balance.

LAUGHTER YOGA

Laughter yoga is a unique exercise routine which combines unconditional laughter with yogic breathing, and can be done sitting or standing. It is based on the scientific fact that if you laugh as an exercise your body can't tell the difference and you get the same physiological benefits as real laughter. It also provides opportunities for group dynamics and social connection, increases circulation and oxygenation and enhances the immune system.

Matter of Balance and Laughter Yoga classes are conducted at the Monsignor Ryle Adult Day Center and east side assisted living centers. Laughter Yoga classes are conducted at Foundation for Senior Living.

TRADING AGES

Trading Ages is an interactive workshop that provides an understanding of the challenges associated with aging. Participants experience, first hand age-related conditions such as a hearing loss, vision changes, loss of dexterity and more through role-playing simulations.

In an effort to help children better understand the challenges that adults face as they get older, Resource Center staff provided its Trading Ages™ class for seven days at seven different Boys & Girls Club locations. Participants were given a Trading Ages Adventure Kit, put on special glasses to simulate glaucoma and macular degeneration, used earplugs to experience hearing loss, and put popcorn kernels in their shoes to demonstrate the foot pain that can come with age. During different parts of the program, the children were asked to identify specific things they could do to be helpful to an older person with each disability.

REMINDERS

PROVIDERS CANNOT BALANCE BILL MEMBERS

Members of SCAN Long Term Care are enrollees in the Arizona Long Term Care System (ALTCs). These members are covered for care as determined by AHCCCS Administration and the Arizona Administrative Code (AAC). As such, under AAC, Title 9, Chapter 22, section 702 regulations clearly define that "a provider shall not charge, submit a claim to, or demand or collect payment from a person claiming to be an eligible person, or refer or report a person claiming to be an eligible person to a collection agency or credit agency." In addition, Arizona Revised Statutes 36.2903.01 indicates that providers who bill ALTCs members could be penalized up to three times the amount of the billing.

NOTIFY SCAN OF PREGNANCY DIAGNOSIS

SCAN Long Term Care serves younger members with disabilities as well as the elderly. Please be aware that should you have a SCAN member who becomes or is pregnant, you need to contact our Maternal Child Health Coordinator at 602-778-3300 as soon as possible. Confidential HIV testing and counseling is available to all pregnant members.

BABY ARIZONA

Pregnant women can begin important prenatal care while waiting for the AHCCCS eligibility process. Women who enter into the eligibility process through Baby Arizona are connected to doctors, clinics and community health centers. Women begin their prenatal care at no cost while eligibility is determined. This increases the chances for a healthy pregnancy and baby.

The process to become a Baby Arizona Provider is easy. Visit www.babyarizona.gov for more information.

THERAPY GUIDELINES

We recently sent information on OT, PT & ST guidelines and a progress report template. Please contact us at 602-778-3300 if you have any questions or visit our Provider Tools page on our website at www.scanhealthplan.com.

HOW TO CONTACT US

WWW.SCANHEALTHPLAN.COM

Administration

SCAN Health Plan Arizona
SCAN Long Term Care
1313 E. Osborn, Suite #150
Phoenix, AZ 85014
(602) 778-3300

Member Services

(888) 540-7226
TTY users: (800) 367-8939
Monday–Friday
8:00 A.M.–8:00 P.M.

Network Management Services

(602) 778-3350
or (866) 406-0937
Monday–Friday
8:00 A.M.–5:00 P.M.

SCAN OnCall® Nurse Line for Arizona

(877) 582-7226
24 hours a day,
7 days a week

Case Management

(602) 778-3300
or (866) 563-7321
Monday–Friday
8:00 A.M.–5:00 P.M.

Interpreter Services

(888) 540-7226
Monday–Friday
8:00 A.M.–5:00 P.M.

Prior Authorization Unit

(602) 778-3300
or (866) 406-0955
Fax: (602) 778-3331

Claims Submission Address

P.O. Box 61450
Phoenix, AZ 85082-1450

Claims Customer Services

(877) 235-7226

HAVE YOU HAD ANY OF THE FOLLOWING CHANGES?

Please be aware that any of the changes listed below may affect your contract with SCAN and subsequent payment to you and your facility.

- Change in ownership of an assisted living center, home or facility
- Change to your AHCCCS ID number
- Change to your Tax ID number
- Change to your “Pay-To” information
- Changes to your demographic information, like addresses and phone numbers

It is critical that we are notified when any of these changes take place. Please use your best efforts to provide SCAN at least sixty (60) days written notice prior to these changes occurring. In addition, certain changes like your AHCCCS or tax ID numbers require *immediate* written notification to SCAN.

Please refer to the Agreement section of your contract, under *Article II; Duties of Provider; Section 2.25 Provider Notice of Changes*, for a complete listing of notification requirements.

If SCAN is not notified of these changes, this may result in incorrect or denied payment to you. Many of these changes may also require that a new contract be drafted, signed and executed.

If you have any questions regarding the demographic or payment information listed in your contract, please contact Network Management at (602) 778-3350.

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Thank you for your partnership in caring for SCAN Arizona members.



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News from your contracted Health Plan