

SECTION I: Introduction

WELCOME

Welcome to Care1st Health Plan Arizona, Inc. (Care1st). As a provider you play a very important role in the delivery of health care services to our members.

The Care1st Provider Manual is intended to be used as a guideline for the provision of covered services to Care1st members. This manual contains policies, procedures, and general reference information, including minimum standards of care which are required of Care1st Providers.

As a Care1st Provider, we hope this information will help you better understand how Care1st operates. This Manual is applicable to the Care1st Acute Arizona Health Care Cost Containment System (AHCCCS) and Department of Economic Securities, Division of Developmental Disabilities (DES/DDD) lines of business. Subject matter specifically pertaining to DDD is presented in shaded boxes throughout the Manual. Should you or your staff have any questions about any information contained in this Manual or anything else about Care1st, please feel free to contact our Provider Network Operations at any time. See Section II for phone numbers for Provider Network Operations and for other departments that you may need to contact.

Care1st works closely with our contracted Primary Care Physicians (PCPs), Specialists, and other Providers to ensure that our members receive medically necessary and appropriate covered services. We are a managed care delivery system in which the PCPs serve as a “gatekeeper” for member care. PCPs are responsible for coordinating and overseeing the delivery of services to members on their patient panel. We look forward to working with you and your staff to provide quality health care services to Care1st members.

MISSION STATEMENT

Care1st Health Plan Arizona will be the most provider-oriented managed care organization that will strive to continuously improve the quality of services rendered to its members.

INTRODUCTION TO CARE1ST

Care1st is committed to working closely with our providers in order to deliver the highest quality services in a provider-friendly environment. Care1st has a locally-based Chief Medical Officer (CMO) and senior management team. All health plan functions are conducted locally in Care1st’s Phoenix office. All day-to-day operational decisions are made at the local health plan.

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CARE1ST'S DEPARTMENTAL ORGANIZATION

PROVIDER NETWORK OPERATIONS

The Provider Network Operations Department is made up of provider services, contracting and data maintenance and is responsible for the contracting, maintenance and education of the provider network. Provider Network Operations serves as the liaison between providers and the health plan.

The Provider Network Representative is the provider's primary point of contact within Care1st. The Provider Network Representative will answer any questions you may have or direct you to the appropriate department within the organization. The Provider Network Representative is assigned to your office by geographic location and provider type.

MEMBER SERVICES

Member Services has primary responsibility for assigning members to PCPs and changing PCP assignments. The Member Services Department is the members' primary point of contact with Care1st. Member Services provides members with informational materials and educates members on use of the health plan. The majority of concerns, complaints, and grievances from members are logged through the Member Services Department.

MEDICAL/QUALITY MANAGEMENT

The Medical Management and Quality Management Departments include the functions of Medical Management, Quality Management, EPSDT (Early and Periodic Screening Diagnosis and Treatment), DDD, Behavioral Health and Maternal and Child Health. Detailed descriptions of these functions are found later in this manual. The Care1st CMO has oversight responsibility for all actions and decisions made within the Medical Management and Quality Management Departments. Medical Management includes prior authorization, concurrent review, case management and medical claims review.

Care1st has a Medical Management Committee, Credentialing/Peer Review Committee, Pharmacy and Therapeutics Committee, and Dental Network Oversight Committee which report to the Clinical and Service Quality Improvement Committee (CASQIC) and ultimately to the Board of Directors.

CLAIMS

The Claims Department reviews and adjudicates submitted claims and reports all encounters to AHCCCS. In addition, Claims Customer Service has a "help line" to address any questions or concerns that providers may have about their submitted or paid claims.

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CLAIM DISPUTES AND APPEALS

The Claim Disputes and Appeals Department is responsible for the timely adjudication of provider claim disputes and member appeals, as well as representation of Care1st at administrative hearings.

COMPLIANCE

The Compliance Department oversees the Care1st Compliance Program which includes Health Insurance and Accountability Act (HIPAA), Privacy, Fraud and Abuse and the Cultural Competency Program.

PHARMACY

The Pharmacy Department is responsible for overseeing the consistent administration of the pharmacy benefit for Care1st members by ensuring appropriate and cost-effective pharmacy services.

FINANCE

Finance oversees the accounting and financial activities of the organization which includes processing payments for the provider network.