

# Did You Know?

Did you know that research shows there are a variety of characteristics worth considering when treating diabetes among minorities? Please note that these are broad generalities and may not apply to all members of each community. Some factors and specific populations studied indicate:

## FOR NATIVE AMERICANS

- Do not follow a time clock
- Prefer no direct eye contact, are very modest and stoic
- Silence is valued as it gives time to process information
- Use traditional medicine men and herbal remedies

## FOR ASIANS

- Non touching, prefer low contact
- A younger family member can be very effective at teaching an older family member
- Can be reluctant to take Western medications, prefer holistic healing
- Receiving and giving cultural food expresses caring

## FOR HISPANICS

- Family is very important and should be part of the care plan
- Fear of insulin
- Fear of low blood sugar
- Fatalistic about diabetes

## FOR AFRICAN-AMERICANS

- Large percentage have hypertension
- Fictive kin often like to be involved in the family and the members care
- Faith is very important, are usually very spiritual, prayer is important
- Respectful – use Mr. or Mrs. when addressing

If you would like more information or to read more about special characteristics among minorities and how to more effectively work with minorities in their care plan, you may visit:

[www.ahrq.gov](http://www.ahrq.gov)



PINAL COUNTY  
wide open opportunity

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1990—2010

20

Years of  
Service

Pinal/Gila  
Long Term Care

## MISSION STATEMENT

Pinal/Gila Long Term Care (P/GLTC) provides comprehensive healthcare in an efficient and innovative manner by a skilled, motivated and trans-cultural workforce to enhance the quality of life for our consumers.



PINAL COUNTY  
wide open opportunity

# Pinal/Gila Long Term Care

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## Network Management & Development

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## Representatives

(All representatives cover  
Maricopa County)

**Carmen Wainscott**  
Territory:  
Pinal County (except  
Apache Junction) Chandler,  
Gilbert & Queen Creek  
(520) 866-6705

**Todd Pomeroy**  
Territory:  
Maricopa County (except  
Gilbert, Chandler, & Queen  
Creek) Apache Junction  
(520) 866-6794

**Vinh Rocker**  
Territory:  
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(Mountain Region) Gila County  
and part of Phoenix  
(520) 866-6786

## Benefit Changes Effective October 1

In response to significant fiscal challenges facing the State and continuing growth in the Medicaid population, AHCCCS will implement several changes to the adult benefit package effective October 1, 2010.

Changes will impact all adults 21 years of age and older, unless otherwise specified. This population includes both Acute Care AHCCCS members as well as members in the Arizona Long Term Care Systems (ALTCS). At this time, the changes also apply to Native Americans regardless of whether they receive services through managed care or fee for service.

Generalized benefit changes impacting P/GLTC members are:

- Ages 0 - 20 years have little to no change in benefits
- Ages 21 and over:
  - ◊ Elimination of dental coverage except for transplants and jaw cancer
  - ◊ Dental services are limited to those that a physician can provide
  - ◊ Elimination of podiatry for routine foot care
  - ◊ Elimination of well-care by providers, which means a visit to a physician will not be covered if the member has no complaints or disease which needs to be monitored
  - ◊ Elimination of coverage for bone anchored hearing aids, cochlear implants, and percussive vests
  - ◊ Elimination of coverage for transplantations with potentially poor outcomes

Limitations on coverage for adults for whom transplants may be indicated. Adults are covered for kidney, cornea, bone transplants and autologous or related blood cell transplants. Limitations are cited for heart transplants and liver transplants. Several transplant types are no longer covered, including lung, heart—lung, pancreas, and blood cell/bone marrow transplants from unrelated donors.

Outpatient physical therapy is limited to 15 visits per contract year

For AHCCCS eligible individuals with incomes at or below 100 percent of the federal poverty level (FPL) who are also Medicare eligible as a Qualified Member Beneficiary (also known as QMB Dual Members), AHCCCS will continue to pay the applicable cost sharing (deductibles, co-pays, and coinsurance) for Medicare covered services that are no longer covered by AHCCCS. For AHCCCS members with income greater than 100 percent FPL who are also Medicare eligible (known as non-QMB Dual Members), AHCCCS will not pay cost sharing for Medicare covered services that are no longer covered by AHCCCS. Managed care members and providers are encouraged to contact the member's Health Plan/Program Contractor to determine the circumstances under which Medicare cost sharing applies.

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## Electronic Funds Transfer

Pinal/Gila Long Term Care (P/GLTC) is proud to announce the implementation of an electronic funds transfer (EFT) process! P/GLTC, in collaboration with Wells Fargo as its Automatic Clearing House (ACH), will begin processing provider payments via electronic funds transfer in the next few weeks.

If you are interested in receiving your claims payments through EFT, please complete the enclosed Request for Information form. Electronic remits will also be available for those providers who choose EFTs.

If you have questions regarding the process, please call Cheryl Davis, Electronic Data Analyst, at 520-866-6763 or your Provider Relations Representative as noted on the front cover .

## Benefit Changes Cont'd

(Continued from page 1)

AHCCCS eligible members who are under the age of 21 years old will continue to receive the full benefit package available under the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program.

Although we cannot provide you with legal advice, please be aware that AHCCCS rule R9-22-702 permits AHCCCS registered providers to bill AHCCCS members under very limited situations. The specific factual circumstances underlying each particular case are important in making such a determination, and providers are encouraged to consult with an attorney or legal advisor in making these decisions. However, State Law ARS §36-2903.01 L. prohibits providers from billing members, their representatives, or their financially responsible relatives for services that were reimbursed or should be reimbursed by the AHCCCS Program.

Because specific facts in each case must be taken into consideration before determining whether billing a member is permissible, it may be helpful to discuss this matter with an attorney. For additional general information, you may also contact the AHCCCS Office of Inspector General at AHCCCSFraud@azahcccs.gov.

Additional information about the benefit changes can be found at [www.azahcccs.gov/reporting/legislation/2010/BenefitChanges.aspx](http://www.azahcccs.gov/reporting/legislation/2010/BenefitChanges.aspx).

## Contract Agreements

P/GLTC contracted providers who enter into a contract with Pinal/Gila Long Term Care, must be maintained. P/GLTC is encouraging contracted medical providers to assist in keeping important information up-to-date by:

- Communicating any changes to business phone numbers and/or addresses.
- Notification of any additions or deletions of provided services.
- Current license and insurance information is on file.
- Initial and re-credentialing required documents are complete, up to date, and submitted in a timely manner.

Failure to adhere to contract terms may result in termination of your contract. If you are ever in doubt about these requirements, please contact your provider relations representative.

[www.pinalcountyz.gov/ltc](http://www.pinalcountyz.gov/ltc)

## Influenza Update

The 2010-2011 flu season is here and there are significant changes to consider prior to dispensing immunizations.

According to the CDC, this year's vaccine will protect against the three main viruses; 2009 H1N1, A-H3N2 virus, and a B virus. The seasonal vaccine will also protect against the 2009 H1N1 so two different vaccines are not necessary.

The CDC recommends that everyone six months of age and older, who do not have any contraindications to vaccination, receive the flu vaccine each year. This year, the recommendation is that children six months through eight years of age receive two doses of the 2010-2011 flu vaccine with a minimal interval of four weeks unless they received at least:

- one dose of 2009 H1N1 last season and,
- at least one dose of seasonal flu vaccine prior to the 2009-2010 flu season or two doses of 2009-2010 seasonal flu vaccine

If a child has fulfilled both requirements, only one flu vaccine is needed.

For more information visit: [www.cdc.gov/flu](http://www.cdc.gov/flu).

## Annual Monitoring of Pre-Diabetes

Testing to detect type 2 diabetes and assess risk for future diabetes in asymptomatic patients should be considered in adults of any age who are overweight or obese, (BMI $\geq$ 25kg/m<sup>2</sup>) and who have one or more additional risk factors for diabetes. In those without these risk factors, testing should begin at age 45. Without intervention pre-diabetes is likely to develop into type 2 diabetes in ten years or less. Additionally, individuals with other predisposing conditions should be tested. For example, those members on atypical antipsychotic drugs such as Zyprexa.

Pre-diabetes can be an opportunity for patients to improve their health. Progression from pre-

diabetes to type 2 diabetes is not inevitable. With encouragement to make healthy lifestyle choices, such as eating healthy foods, including physical activity in their daily routine and maintaining a healthy weight—they may be able to bring their plasma glucose level back to normal.

Monitoring for the development of diabetes in those with pre-diabetes should be performed every year.

*Retrieved from: Diabetes Care, volume 33, supplement 1, January 2010.*

[http://care.diabetesjournals.org/content/33/Supplement\\_1/S4.full](http://care.diabetesjournals.org/content/33/Supplement_1/S4.full)

**20th Anniversary Event**  
**Save the Date!**

**Wednesday, October 27**  
**4:00 to 5:00 p.m.**

**971 N. Jason Lopez Circle,**  
**Bldg. D, Florence, AZ**

Please join us as we celebrate 20 years of dedicated service to our community. A special event will be held to recognize this tremendous occasion. The event will be held at the Pinal/Gila Long Term Care office in the Florence Superior Court Complex and is open to the public.



Questions regarding the benefit changes can be e-mailed to:  
**LegislativeBenefitChanges@**  
**azahcccs.gov**

## Child Health Program

EPSDT is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21.

EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 USC 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan.

A well child visit is synonymous with an EPSDT visit. P/GLTC is more than happy to provide carbon-copy well-child visit forms to providers who would like them. In addition, P/GLTC is willing to provide specialized EPSDT in-services on topics ranging from periodicity schedules and vaccine promotion to AHCCCS requirements and guidelines. For more information, please do not hesitate to contact your P/GLTC provider relations representative.