

Good Morning!

We will begin shortly. All lines have been automatically muted.

Please mute your phone AND computer microphone to avoid feedback.

Please do not put us on hold during today's meeting.

Please hold questions until the Q & A portion of the meeting.

If you are joining via web, there are two ways to ask questions:

1. Utilizing the chat feature
2. Raise your hand to be unmuted



Special Tribal Consultation Meeting: AHCCCS COVID-19 Response

April 20, 2020

Where do I find the latest information about COVID-19?

- AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans.
- Please find guidance at: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- These are in English and Spanish.



Sections of the Frequently Asked Questions (FAQs) include:

Billing & Claims

Clinical Delivery

General COVID-19 Questions

Health Plan & AHCCCS Fee-For-Service Programs Guidance

Health Plan Requirements and Deliverables

Pharmacy & Supplies

Provider Enrollment and Requirements

Rates

Telehealth Delivery and Billing

Examples from the FAQ:

Question: Will members lose coverage during the COVID-19 emergency?

Answer: No, per the Families First Coronavirus Response Act, AHCCCS will not disenroll members during the emergency (with the exception of death, those who move out of state, or those who voluntarily withdraw). Members who lost AHCCCS eligibility in March 2020 will be notified of their reinstatement.

Question: Does AHCCCS cover testing for COVID-19?

Answer: Yes, AHCCCS covers COVID-19 testing. HCPCS U0001 and U0002 have an effective date of February 4, 2020. CPT 87635 has an effective date of March 13, 2020. All codes have been entered in the AHCCCS PMMIS system.

Examples from the FAQ:

Question: Does the one-time COVID-19 stimulus payment and/or the unemployment benefit increase affect AHCCCS eligibility?

Answer: The one-time COVID-19 stimulus payments and the unemployment benefit increase will not affect AHCCCS eligibility.

Question: What are the AHCCCS fee for service (FFS) rates for the COVID-19 testing codes?

Answer: The rates as of March 15, 2020 are \$35.91 for code U0001 and \$51.31 for code U0002. The rate as of March 13, 2020 for code 87635 is By Report (BR), which is 58.66% of the covered billed charges; this rate is subject to change as additional information becomes available.

Examples from the FAQ:

Question: Are telehealth services covered by AHCCCS?

Answer: Yes. AHCCCS covers all forms of telehealth services including asynchronous (store and forward), remote patient monitoring, teledentistry, and telemedicine (interactive audio and video).

Question: How does an IHS/638 Provider bill telehealth services?

Answer: Telehealth is billed the same way as any other service. IHS/638 hospitals (including their satellite clinics) have the ability to bill for telehealth, including the newly released telephonic services released due to COVID-19, at the same rate, so long as the service provided is within its scope. Tribally owned/operated 638 facilities also have this ability, regardless of where the clinician and member are located.

COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a [Declaration of Emergency](#)  and an [Executive Order](#)  regarding the COVID-19 outbreak in Arizona, and subsequent [Executive Orders](#)  with further administrative actions.

On March 17, 2020, AHCCCS [submitted a request](#) to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

[COVID-19 FAQs](#)

Learn how to protect yourself and stop the spread of COVID-19. Visit azdhs.gov/COVID19  and cdc.gov/COVID19 .

If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

24-Hour Nurse Line Numbers by Health Plan

Health Plan

Nurse Line Number

AZ Governor's Emergency Declaration

- On March 11, Governor Doug Ducey issued a Declaration of Emergency and an Executive Order regarding the COVID-19 outbreak in Arizona
- This action provides health officials and administrators with tools and guidance necessary to combat the continued spread of COVID-19 and to reduce financial burdens on Arizonans by lowering healthcare costs associated with the virus

COVID-19 Federal Emergency Authorities Request

- AHCCCS is seeking a broad range of COVID-19 emergency authorities to:
 - Strengthen the provider workforce and remove barriers to care for AHCCCS members
 - Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
 - Remove cost sharing and other administrative requirements to support continued access to services

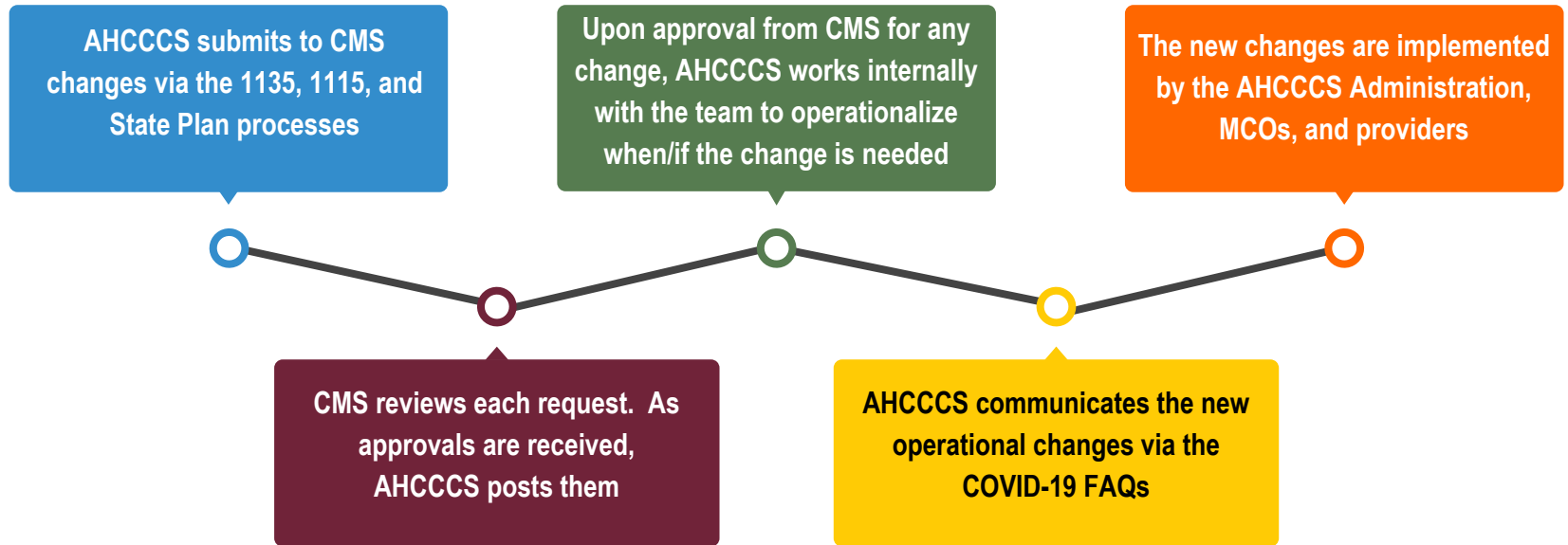
Available Authorities For COVID-19

- **1135 Waiver** - Authority to temporarily waive or modify certain Medicaid & CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees during the emergency period
- **Disaster Relief State Plan Amendment (SPA)** - Revise policies in Medicaid & CHIP state plans related to eligibility, enrollment, benefits, cost sharing, and/or payments

Available Authorities For COVID-19

- **1115 Waiver:** Broad authority to approve a state's request to waive compliance with certain provisions of federal Medicaid law and authorize expenditures not otherwise permitted by law
- **1115 Waiver Appendix K** - May be utilized by states during emergency situations to implement changes to home and community based services (HCBS)

How does the state pursue flexibilities to address COVID-19?



COVID-19 Federal Emergency Authorities Request

- **On March 17, 2020**, AHCCCS was one of the first states to submit a formal request to CMS to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of COVID-19, including mitigating any disruption in care for AHCCCS members
- A second request for flexibilities was sent to CMS on **March 24, 2020**, requesting additional authority for the duration of the emergency period

Requests Submitted April 17, 2020

1135 Waiver

Arizona respectfully requests the following authorities under an 1135 Waiver for the duration of the emergency period:

- Waive requirements for written member consent and member signature for person-centered service planning and plans of care. Verbal consent will be obtained telephonically, where identity will be reliably established, and will be documented in the member's record. The utilization of telephonic methods for members to sign off on required documents is critical to ensure continued access to care for vulnerable members. Examples of the affected population include members who are living on reservations, rural settings, or other locations where written consent/confirmation cannot be obtained due to unreliable or lack of internet access, imposition of curfew, or lack of reasonable means to comply with the written requirement.
- Waive the face-to-face requirements applicable to Home Health services including medical supplies, equipment, and appliances.

Requests Submitted April 17, 2020

1115 Waiver

Arizona respectfully requests the following authorities under an 1115 waiver for the duration of the emergency period:

- Expenditure authority for the costs of services provided to any eligible individuals aged 21-64 receiving inpatient treatment in an Institution for Mental Disease (IMD), to the extent necessary, such that IMD providers may offer continuity of care for these members as demands from COVID-19 may make transfers more difficult or less timely.
- Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21. For example, dental offices have been mandated to only see emergency patients during the COVID-19 outbreak. This has forced many of our members to forgo routine dental visits due to office closures. Many of our members may turn 21 years of age during this time frame and will not be able to complete approved treatment plans needed to restore the members' oral health.

AHCCCS Website - COVID 19 Emergency Authorities Request Letter

Learn more about coronavirus (COVID-19)

AHCCCS
Arizona Health Care Cost Containment System

Google Custom Search

Advanced search

HOME | AHCCCS INFO | MEMBERS/APPLICANTS | PLANS/PROVIDERS | AMERICAN INDIANS | RESOURCES | FRAUD PREVENTION | CRISIS?

Home / AHCCCS info / This Page

COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a Declaration of Emergency [AZ 20-001](#) and an Executive Order [AZ 20-002](#) regarding the COVID-19 outbreak in Arizona, and subsequent Executive Orders [AZ 20-003](#) with further administrative actions.

On March 17, 2020 and March 24, 2020, AHCCCS submitted requests to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

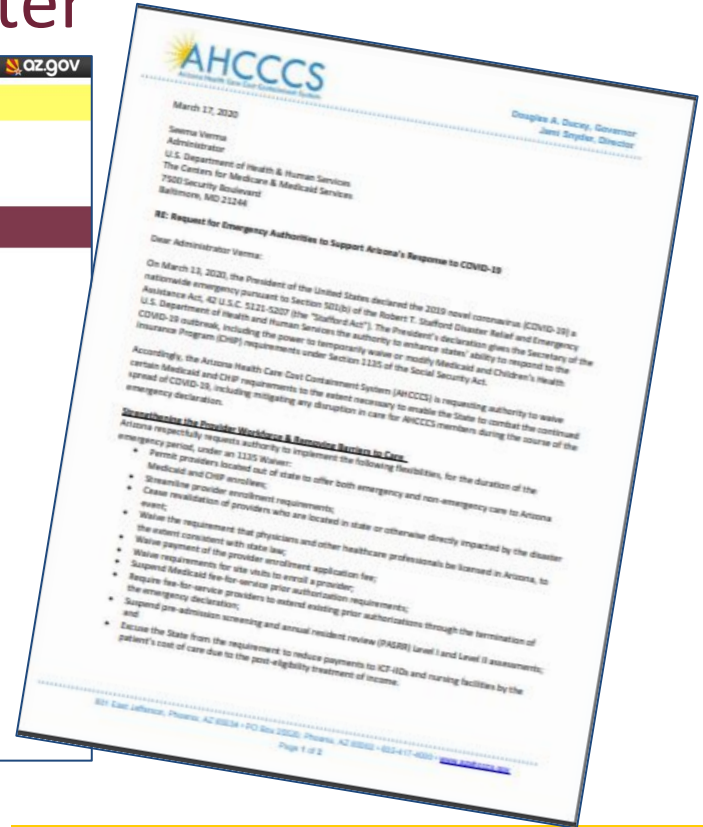
[COVID-19 FAQs](#)

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If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

24-Hour Nurse Line Numbers by Health Plan

Health Plan	Nurse Line Number
Arizona Complete Health (ACC & RBHA)	1-866-534-5963
Banner (ACC & LTC)	1-888-747-7990





▼ Oversight of Health Plans

▲ Governmental Oversight

Federal and State Requirements

Legislative Sessions

Waiver



PCH SNCP Technical Amendment

COVID-19 Federal Emergency Authorities Request

IMD Waiver Amendment

SB 1092 Legislative Directive Waiver Proposal

American Indian Initiatives

Mental Health Parity

County Acute Care Contributions

Grants

COVID-19 Federal Emergency Authorities Request

On March 17 and March 24, 2020, the Arizona Health Care Cost Containment System (AHCCCS) submitted requests to the Administrator for the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of 2019 novel coronavirus (COVID-19). AHCCCS is seeking a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
- Remove cost sharing and other administrative requirements to support continued access to services

Arizona's request to CMS is posted below:

- Letter To CMS Administrator on COVID-19 Flexibilities (submitted March 17, 2020)
- Summary of Additional COVID-19 Flexibility Requests (submitted March 24, 2020)
- Status of AHCCCS Emergency Authority Requests (updated April 13, 2020)



CMS approved components of Arizona's request under the 1135 Waiver and State Plan:

- CMS 1135 Waiver Approval Letter for COVID-19 Flexibilities (received March 23, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval (received April 1, 2020)
- CMS 1115 Waiver Appendix K Approval Letter (received April 6, 2020)
- CMS 1115 Waiver Approved Appendix K Document (received April 6, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval, #2 (received April 9, 2020)

The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.

Status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency)

As of 4/13/2020

	AHCCCS Requested Flexibilities	CMS Approval Status	Implementation Status
	1135 Waiver		
1	Permit providers located out-of-state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees	Approved	Implemented
2	Streamline provider enrollment requirements for out of state providers	Approved	Implemented
3	Suspend revalidation of providers who are located in-state or otherwise directly impacted by the emergency.	Approved	Implemented
4	Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law.	Approved	Implemented
5	Waive payment of the provider enrollment application fee	Approved	Implemented
6	Waive requirements for site visits to enroll a provider	Approved	Implemented
7	Suspend Medicaid Fee-for-Service prior authorization requirements.	Approved	Implemented
8	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency.	Approved	Implemented
9	Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments.	Approved	Implemented

Disaster Relief SPAs (Medicaid & CHIP)		
10	CHIP: Under section 1135, modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.	Submitted, not yet approved.
11	CHIP: At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.
12	CHIP: At State discretion, it may temporarily provide continuous eligibility to CHIP enrollees who reside and/or work in a State or Federally declared disaster area	Submitted, not yet approved.
13	CHIP: At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.
14	CHIP: At State discretion, the requirement that a child is ineligible for CHIP for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.
15	CHIP: At State discretion, premiums or enrollment fees and co-payments may be temporarily waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.	Submitted, not yet approved.
16	CHIP: At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time.	Submitted, not yet approved.

17	CHIP: Exception to Disenrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.	Submitted, not yet approved.	
18	Medicaid: Waiver from Tribal Consultation and public notice requirements	Approved	Implemented
19	Medicaid: The state will cover the new optional group pursuant to 1902(a)(10)(A)(ii)(XXIII). <i>(100% FMAP for uninsured)</i>	Approved	In Progress
20	Medicaid: 12 months of continuous eligibility for children up to 19 regardless of changes in circumstance.	Approved	Implemented
21	Medicaid: Suspend deductibles, copayments, coinsurance, and other cost sharing charges for all beneficiaries for the duration of the emergency.	Approved	Implemented
22	Medicaid: Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions	Approved	Implemented

23	Medicaid: The agency may make exceptions to published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	Approved	Implemented
24	Medicaid: Flexibility allowing for other provider types to order Home Health services throughout the duration of the declared emergency.	Approved	In progress
25	Medicaid: Extending state plan paid “bed hold” days to a max of 30 days.	Approved	In progress
1115 Waiver & Appendix K			
1115 Waiver			
26	Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)	Approved	Implemented
27	Expand the provision of home delivered meals to all eligible populations	Submitted, not yet approved	

28	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	Submitted, not yet approved	
29	Authority to make retainer payments to all providers types as appropriate, including but not limited to HCBS providers.	Submitted, not yet approved	
30	Allow Arizona to provide continuous coverage for CHIP beneficiaries, for the duration of the emergency period, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.	Submitted, not yet approved	
Appendix K			
31	Permit payment for home and community based services (HCBS) rendered by family caregivers or legally responsible individuals	Approved	In Progress (MCO)
32	Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).	Approved	In Progress (MCO)

33	Authority to make retainer payments to habilitation and personal care providers	Approved	In Progress
34	Authority for long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings	Approved	In Progress
35	<p>Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:</p> <ul style="list-style-type: none"> ○ Case managers ○ Personal care services that only require verbal cueing ○ In-home habilitation 	Approved	Implemented (MCO); In Progress (FFS)
36	Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)	Approved	In Progress
37	Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers	Approved	In Progress

38	Allow case management entities to provide direct services in response to COVID-19	Approved	Not Implemented; will continue to assess need
39	Extend reassessments and reevaluations for up to one year past the due date, if needed	Approved	In Progress
40	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings	Approved	Implemented (MCO); In Progress (FFS)
41	Adjust prior approval/authorization elements approved in waiver	Approved	Implemented
42	Adjust assessment requirements	Approved	Not Implemented; will continue to assess need
43	Add an electronic method of signing off on required documents such as the person-centered service plan.	Approved	Implemented (MCO); In Progress (FFS)
44	Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)	Approved	In Progress

45	Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.	Approved	In Progress (MCO)
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Status of AZ's Federal Emergency Authorities Request as of April 6, 2020

- CMS has approved components of Arizona's request:
 - 1135 Waiver - **March 23rd**
 - Expansion of ALTCS Respite Hours - **March 25th**
 - Medicaid Disaster Relief SPA - **April 1st**
 - 1115 Waiver Appendix K Request - **April 6th**
 - Medicaid Disaster Relief SPA (changes to home health authorization and bed-hold days) - **April 9th**
- Items still pending with CMS:
 - CHIP Disaster Relief SPA
 - 1115 Waiver Request
 - April 17th Submissions for 1135 and 1115

Families First Coronavirus Response Act

- The Families First Coronavirus Response Act includes several Medicaid provisions, to help states response to COVID-19, including:
 - Prohibition of cost sharing on COVID-19 testing
 - An option to use Medicaid to provide testing for uninsured individuals at 100% FMAP
 - 6.2 percentage point increase to the state's normal FMAP for each quarter in which the national emergency remains in effect
 - Continuous enrollment of Medicaid members for the duration of the emergency period

CARES Act

Coronavirus Aid, Relief, and Economic Security (CARES) Act contains a vast array of provisions for health care providers, including:

- \$100 billion to the “Public Health and Social Services Emergency Fund” to reimburse “eligible health care providers” for health care related expenses or lost revenues that are attributable to coronavirus.
- \$1.32 billion in supplemental funding to community health centers for detecting, preventing, diagnosing, and treating patients for COVID-19
- Expands existing Medicare accelerated payment program to more hospitals, including critical access hospitals and those in rural and frontier areas
- Permanently aligns substance use disorder disclosure rules at 42 CFR Part 2 with rules governing other protected health information under HIPAA

Next steps:

The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.

Questions?

Feedback can also be sent to Amanda Bahe, Tribal Liaison
via email: Amanda.Bahe@azahcccs.gov

AHCCCS COVID-19

- AHCCCS COVID-19 Information:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>
- AHCCCS FAQs Regarding COVID-19:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- AHCCCS Federal Authorities Request:
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html>

Thank You.