



Indian Health Services & 638 Tribal Forum Second Quarter 2020

DFSM Provider Training Team
May 05, 2020
2:00pm – 3:30pm





Please note these materials are designed for Fee-for-service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

AGENDA

AHCCCS Quarterly Tribal Consultation Schedule

All Inclusive Rate Calendar Year 2020

COVID-19 Pharmacy Override Instructions

COVID-19 Direct Care Agency Supervisory Visits Update

COVID-19 Respite Hours Update

COVID-19 Telehealth Services

- **General Telehealth Items**
- **IHS/638 and the Four Walls as they pertain to Telehealth and Telephonic Services**
- **FAQs**

COVID-19 Provider Enrollment Updates

American Indian Medical Home

Tribal ALTCS Web Page

FFS Behavioral Health Preferred Provider List



2020 AHCCCS Quarterly Tribal Consultation Meetings

DATE	TIME	LOCATION	CALL-IN INFORMATION
May 07, 2020 (Thursday)	1:00 p.m. – 5:00 p.m. (Arizona time)	Hosted by Native American Connections Phoenix Indian School Visitor Center at Steele Indian School Park 300 E. Indian School Rd., Phoenix, AZ 85012	
August 13, 2020 (Thursday)	TBD		
November 5, 2020 (Thursday)	TBD		

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/AHCCCS_Tribal_Consultation_Schedule.pdf

2020 All Inclusive Rate (AIR) Update

The Federal Register published the new **2020** All Inclusive Rate on **April 20, 2020**. These new rates are retro-active back to **January 1, 2020** and were uploaded into the PMMIS system on **April 20, 2020!**

- **2020 inpatient rate is now \$3,675.00, increased from \$3,442.00**
- **2020 outpatient rate is now \$479.00, increased from \$455.00**

Please note only those claims that were in an **APPROVED** status as of 04/20/2020 that were submitted with the **2019** AIR will be recycled to pay the 2020 AIR.

The Claim Recycle process will take place the first week of **May 2020** and reflect on the next financial cycle.



COVID-19 and Pharmacy Updates

OPTUM RX

Override Instructions for Medications During COVID-19

During COVID-19, IHS/638 Pharmacies may override the 30 Day Supply Limit on some medications, so as to allow for members to receive a 60 Day Supply. This will be permitted for members who were already on the medication, and they must have a history of the medication being prescribed/claimed in the system.

However, if the cost exceeds the AIR (when overriding for 60 days of medication) then it can be billed as a Specialty Medication.

- The maximum day supply that may be adjudicated is for a **60-day supply**.

Override Instructions for Medications During COVID-19

To override for a 60-day supply of specialty medication, whose cost exceeds the All Inclusive Rate (AIR), IHS & 638 Pharmacies must submit the following in the National Council for Prescription Drug Programs (**NCPDP**) fields:

- A value of, the number, **1** in the Prior Authorization Type Code Field (**461-EU**); and
- A value of, the numbers, **88885** in the Prior Authorization Number submitted field (**462-EV**).

The entry of values into both of these **NCPDP** fields will allow prescription claims to override the 30 Day Supply Limit.

Direct Care Agency Supervisory Visits COVID-19 Update

Direct Care Agency Supervisory Visits

Per AMPM 1240a (Direct Care Services), Direct Care Worker (DCW) agencies are required to perform periodic supervisory/monitoring visits to assess the DCW's competency in performing the assigned duties in accordance with member's individualized service needs and preferences.

At this time, AHCCCS is suspending in-person supervisory visits. Supervisory review of case notes/charts should continue to the extent possible, as well as supervisory engagement with staff via available telephonic or other electronic means.

This information was added to the FAQ 03/19/2020.

<https://www.azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#ProvEnrolReq>



COVID-19 and Respite Services

COVID-19 and Respite Care Hours Update

As granted under the COVID-19 1115 Waiver authority, AHCCCS has expanded the current benefit limitation for Respite hours from 600 hours to 720 hours per benefit year effective for the benefit year 10/1/2019 - 9/30/2020.

Note: Respite is **not** available to be provided telephonically.

- **S5150 – Unskilled Respite Care, not Hospice; 15 minutes**
- **S5151 - Unskilled Respite Care, not Hospice; per Diem**

**An assessment for these additional hours will need to take place.



Telehealth Services and Updates



Telehealth Services

Modes of Service Delivery

Service delivery via telehealth can be done via teledentistry, telemedicine, or asynchronous (store and forward).

- ❖ **Asynchronous or “Store and Forward”** means the transmission of recorded health history (e.g. pre-recorded videos and digital images, such as x-rays and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render consultative services outside of a synchronous (real-time) interaction. As compared to a real-time visit, this service provides access to data after it has been collected, and involves communication tools such as secure email or telehealth software solutions.

Telehealth Services

Modes of Service Delivery (continued)

- ❖ **Teledentistry** is the acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS registered dental provider to a dentist at a distant site for triage, dental treatment planning, and referral.
- ❖ **Telemedicine** is the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.

Telehealth Services

Service delivery via telemedicine can occur in one of two ways:

- ❖ **Real time (synchronous)** means the two-way interaction between a person (patient, caregiver, or provider) and a provider using interactive audio and video. The patient is at the originating site and the provider is at the distant site. It includes the transfer of information and medical data between two sites simultaneously: the distant site and the originating site.
- ❖ **Remote patient monitoring** is the personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in providing improved chronic disease management care and related support.

Telehealth Services - What is the difference between the Distant Site (Hub) and Originating Site (Spoke)?

- **Originating site** - the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.



- **Distant site:** where the practitioner delivering the service is located at the time the service.



Things to Know - Telehealth Services

- All telehealth services must be provided by an AHCCCS registered provider in good standing at the time of service.
- Confidentiality standards for Telehealth services should adhere to all applicable statutes and policies governing Telehealth.
- Informed consent standards for Telehealth services shall adhere to all statutes and policies governing telehealth, including A.R.S. §36-3602

Things to Know: Telehealth Services

- Medical records for telehealth visits must be maintained by any provider receiving reimbursement.
- This includes documentation showing the procedure code and appropriate modifier.
- Telehealth and telemedicine may qualify as an FQHC/RHC visit if it meets the requirements specified in **AMPM 320-I, Telehealth.**



COVID-19, Telehealth and the Four Walls

Telehealth Billing IHS and 638 Providers

In March of 2020, AHCCCS outreached CMS and requested the flexibility to reimburse free-standing clinics at the AIR for telehealth and telephonic services during the COVID- 19 declaration of emergency, even if neither the member nor the clinician was within the “Four Walls”, but a clinic visit/facility defined service was being provided.

- Per FAQs issued on January 18, 2017, CMS does not intend to review claims for services furnished by IHS/Tribal clinic providers “outside the Four Walls” of the clinic prior to January 30th, 2021.
- See QA#13, in the FAQs, <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/faq11817.pdf>.

Telehealth Billing IHS and 638 Providers

The following scenarios cover telehealth billing for IHS and 638 providers under normal circumstances (a non-emergency state).

PLEASE NOTE that until January 30, 2021, that CMS will not review the “Four Walls” requirement for free-standing IHS/638 clinics.

Four Walls and the AIR

The “**Four Walls**” of an IHS/638 Clinic refer to the physical building the clinic operates within.

The CMS interpretation of section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that “clinic services” do not include any services delivered outside of the “four walls” of the clinic, except if services are provided to a homeless individual. Under normal circumstances, the “Four Walls” applies as follows:

- The “Four Walls” provision **does** apply to free-standing IHS/638 clinics
- The “Four Walls” provision **does not** apply to IHS/638 hospitals or to their hospital-affiliated (provider-based) outpatient clinics
- The “Four Walls” provision **does not** apply to 638 FQHCs

Four Walls Applicability

IHS/638 Hospitals (four walls **do not** apply) are a permanent facility, run by either IHS or tribally owned and run, which contains inpatient beds, organized staff including physician services, continuous nursing services and that provides comprehensive health care including diagnosis and treatment.

IHS/638 Hospital-affiliated, outpatient clinics (four walls **do not** apply) are a permanent facility run by either IHS or tribally owned and run, that provide outpatient services and bill under the hospital provider type. (Also known as Provider-based clinics.)

Four Walls Applicability

IHS/638 Free-standing Clinics (four walls do apply) are a permanent clinic that provides comprehensive health care including diagnosis and treatment, but cannot bill for services provided outside of the four walls of the clinic.

638 FQHCs (four walls **do not** apply) are a permanent facility that provides comprehensive health care including diagnosis and treatment.

IHS/638 Hospitals and the AIR

The “Four Walls” do not apply to IHS and 638 hospitals.

Regardless of the originating site of the service, if the IHS/638 hospital submits a reimbursable claim to AHCCCS for a facility service, it will be reimbursed at the All Inclusive Rate (AIR). Neither the patient nor the provider need to be physically located within the four walls in order for the Hospital to bill the All Inclusive Rate for services otherwise considered to be facility services.

This is per page 691 of the State Plan, which covers Reimbursement of Indian Health Service and Tribal 638 Health Facilities, and states that “Encounters/visits include covered telemedicine services” when discussing visits qualifying for reimbursement at the AIR.

Hospital-Affiliated IHS/638 Clinics and the AIR

The “Four Walls” do not apply to hospital-affiliated IHS/638 outpatient clinics (also called provider-based clinics).

Regardless of the originating site of the service, if the IHS/638 hospital-affiliated outpatient clinic submits a reimbursable claim to AHCCCS that constitutes a facility service, it will be reimbursed at the All Inclusive Rate (AIR). Neither the patient nor the provider need to be physically located within the four walls in order for the Provider-Based Clinics to bill the All Inclusive Rate for services otherwise considered to be facility services.

This is per page 691 of the State Plan, which covers Reimbursement of Indian Health Service and Tribal 638 Health Facilities, and states that “Encounters/visits include covered telemedicine services” when discussing visits qualifying for reimbursement at the AIR.

Free-Standing IHS/638 Clinics and the AIR

The “Four Walls” does apply to free-standing IHS/638 clinics.

If either the member or the provider is located inside the four walls of the 638 clinic, and a telehealth visit is being done, and the IHS/638 clinic submits a reimbursable claim (and the service provided met the definition of a clinic visit) to AHCCCS, it will be reimbursed at the All Inclusive Rate (AIR).

If neither the member or the provider is located inside the four walls of the IHS/638 clinic (i.e. if the member is in their home and the provider is in their home office, so neither member or provider is at the IHS/638 clinic), and the IHS/638 clinic submits a reimbursable claim (even if the service provided met the definition of a clinic visit) to AHCCCS, it cannot be reimbursed at the AIR. It would have to be billed at the capped FFS rate.

NOTE: CMS had granted a grace period extending to January 30, 2021, before CMS will review claims for services furnished by IHS/Tribal clinic providers “outside the Four Walls” of the clinic.

Clinic Service

Section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that “clinic services” do not include any services delivered outside of the “four walls” of the clinic, except if services are provided to a homeless individual.

In order for an outpatient service to be reimbursed at the AIR, it must meet the definition of a clinic visit.

Clinic Service

What services count as a clinic service?

Per CFS § 440.90 Clinic services:

Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients:

- (a) Services furnished at the clinic by or under the direction of a physician or dentist.
- (b) Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.



COVID-19 and Telehealth & Telephonic Services FAQs

COVID 19

Telehealth Delivery of Services

As per AHCCCS Medical Policy Manual 320-I:

- There are no AHCCCS restrictions for where the provider is located when providing services via telehealth. They simply need to be an AHCCCS registered provider within the United States.
 - In addition to utilizing current AHCCCS registered providers, Arizona was [authorized by CMS on March 23rd](#) to provisionally and temporarily enroll providers who are enrolled with another State Medicaid Agency or Medicare for the duration of the public health emergency.

COVID 19

Telehealth Delivery of Services

- All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency.
- It is up to the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person.
- All scope of practice, coding, and documentation requirements still apply to services delivered via telehealth.
- For more detail about medical coding please see the [Medical Coding Resources web page](#).

Reminders: IHS/638 Telehealth Services Billing

IHS/638 hospitals (including their satellite clinics), free-standing IHS/638 clinics, and 638 FQHCs have the ability to bill for telehealth and telephonic services.

- This includes the newly released temporary telephonic services released due to COVID-19.

Reminders: IHS/638 Telehealth Services Billing

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.

Telehealth Reimbursement Questions

#6. Question: Is there an AHCCCS Fee Schedule rate difference for services provided “in-person” versus services offered via telehealth and/or telephonically?

- **Answer:** No, there is no rate difference in the AHCCCS Fee Schedule between services provided “in-person” and services offered via telehealth and/or telephonically.

#7 Question: Are AHCCCS health plans required to reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically?

- **Answer:** Yes, effective March 18, 2020 until the end of the COVID-19 emergency declaration, AHCCCS health plans shall not discount rates for services provided via telehealth and telephonically as compared to contracted rates for "in-person" services.

Telehealth Reimbursement Questions

#10. (added 3/26/20) Question: Are there any AHCCCS restrictions on the AHCCCS provider types that are permitted to provide services via telehealth (including telephonic) modalities?

Answer: Per Executive Order 2020-15 effective March 25, 2020 through the end of the COVID-19 declared emergency, telehealth services may be provided by any:

Arizona licensed healthcare provider type, **including but not limited to**, physicians, physicians assistants, advanced practice nurses, optometrists, psychologists, dentists, occupational therapists, physical therapists, pharmacists, behavioral health providers, chiropractors, athletic trainers, hearing aid dispensers, audiologists, and speech-language pathologists.

Telehealth Services - Nutrition

Services provided by a AHCCCS Registered Nutritionist (PT 48) is a covered telehealth service when the services falls within the guidelines below:

FAQ #2 All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency. Ultimately, it is up to the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person. All scope of practice, coding, and documentation requirements still apply to services delivered via telehealth. For more detail about medical coding please see the [Medical Coding Resources web page](#).

Telehealth and Behavioral Health Services

- Behavioral Health Technicians (BHT) can utilize telehealth modalities to provide behavioral health services.
- AMPM Policy 320-O Behavioral Health Assessments and Treatment/Service Planning and AMPM Policy 310-B Title XIX (19) & Title XXI (21) Behavioral Health Service Benefit outline requirements for service delivery by BHTs, including clinical oversight requirements.

[AMPM Policy 320 -O Behavioral health Assessments and Treatment / Service planning](#)

General Telehealth Services

- Providers currently have the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.

Medicare Dual Crossover Claims

- Centers for Medicare & Medicaid Services (CMS) allows providers to submit telehealth services claims to Medicare using Place of Service (POS) 02 Telehealth, add the telehealth modifier with the professional service CPT or HCPCS code.
- AHCCCS will accept claims with POS 02.

Telehealth Billing IHS & 638 Providers

- Billing for reimbursement at the All Inclusive Rate: UB-04 form. Revenue codes 0510 – 0516
- Billing for reimbursement at the AHCCCS Capped Fee for Service Rate: CMS 1500 with CPT Code and modifier.

For a complete code set of services, along with their eligible place of service and modifiers, that can be billed as telehealth please visit the AHCCCS Medical Coding Resources web page at:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

COVID Frequently Asked Questions and Answers

AHCCCS has established two telephonic code sets that are available for use:

- **Table I, AHCCCS Telephonic Code Set (Temporary)** provides the lists of codes available on a temporary basis to be provided telephonically starting on dates of service March 17, 2020 until the end of the COVID-19 declared emergency.
 - The **UD modifier** must be used when billing the applicable CPT or HCPCS code to designate telephonic service.
 - The Place of Service (POS) is the originating site (i.e., where the member is located at the time of the telephonic service delivery). POS home (12) is allowable for all temporary telephonic codes.

COVID Frequently Asked Questions and Answers

(continued)

AHCCCS Telephonic Code Set Table II:

- **Table II, AHCCCS Telephonic Code Set (Permanent)** are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency.
- There is no change to the coding standards for these codes. When providing these services telephonically, please continue to utilize POS 02 telehealth.

COVID-19 Provider Enrollment Updates

COVID-19 Provider Enrollment Updates

AHCCCS is requiring that all providers be considered for provisional credentialing, both to limit the immediate burden to providers as well as expedite their availability to serve members during this crisis.

Additionally, to reduce burdens on providers, AHCCCS will allow a **(6-month extension)** on the re-credentialing process for all providers in good standing **(those with no quality or utilization concerns)**

<https://www.azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSCredentialingRecredentialing.pdf>

COVID Frequently Asked Questions and Answers

Out of State Provider Information

FAQ #12 Should health plans make exceptions for providers not registered with AHCCCS for payment of a claim?

Answer: No. Providers (in-state and out-of-state) must be registered with AHCCCS in order to receive payment.

FAQ #13 Will AHCCCS permit providers located out of state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees?

Answer: Yes. AHCCCS has created a “short-form” for out-of-state providers in order to streamline the provider enrollment and approval processes for the duration of the emergency. The form, called the **Out-of-State Packet**, is posted on the [AHCCCS Provider Enrollment web page](#).

COVID Frequently Asked Questions and Answers

Out of State Provider Information

FAQ #14 Will AHCCCS streamline provider enrollment requirements for **Out-of-state providers**?

- **Answer:** Yes. AHCCCS will provisionally and temporarily enroll out-of-state providers for the duration of the public health emergency and in order to accommodate members who were displaced by the emergency.
- Approved out-of-state providers will be terminated from AHCCCS enrollment at the end of the COVID-19 national emergency; no extensions will be granted beyond the duration of the public health emergency.
- The out of state provider must be a certified provider enrolled in Medicare or with another State's Medicaid program and be in good standing.

COVID-19 NEMT Updates

COVID-19 and NEMT

Question: Will AHCCCS relax the requirement for NEMT drivers to collect a passenger's signature, whether on paper or electronically?

Answer: Yes. This requirement has been waived.

COVI-19 and NEMT

Question: What are the recommendations for Non-Emergency Medical Transportation (NEMT) providers to protect themselves?

Answer: [This Arizona Department of Health Services flier](#) provides information to help NEMT providers understand the signs and symptoms of Coronavirus, how it spreads, the recommendations for how to protect yourself and others, when to use personal protective equipment (PPE), and where to request it.

AMERICAN INDIAN MEDICAL HOME (AIMH)

What is the AIMH?

- The American Indian Medical Home (AIMH) is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- AIMHs help address health disparities between American Indians and Alaskan Natives in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.

AIMH Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Medical Home (PCMH) accreditation
- Provide 24 hour telephonic access to the care team
- Dependent on selected Tier Level
 - Provide diabetes education
 - Participate bi-directionally in the State Health Information Exchange (HIE)

AIMH Eligible Provider Types

02 – Hospital

05 – Clinic (excluding Dental Providers)

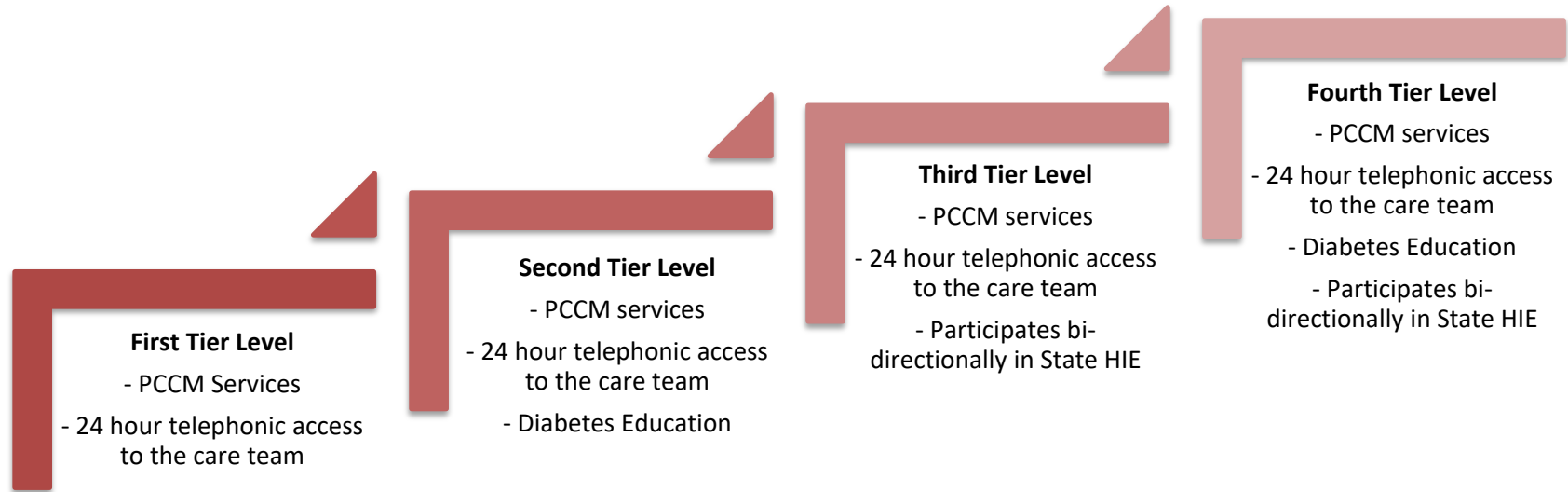
IC – Integrated Clinic

C2 – Federally Qualified Health Center (FQHC)

C5 – 638 Federally Qualified Health Center (FQHC)

29 – Community/Rural Health Center (RHC)

AIMH Services per Tier Level



AIMH Reimbursement Rate

- Facilities who choose to become an AIMH will receive a Prospective Per Member Per Month (PMPM) rate for services provided by their medical home.
- Payments are dependent upon the AIMH tier level selected.
- Tier levels include annual rate increases.

AIMH 4.6% rate increase calculation – 10 year forecast

Calendar Year	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Level 1	13.26	13.87	14.51	15.18	15.87	16.60	17.37	18.17	19.00	19.88	20.79
Level 2	15.26	15.96	16.70	17.46	18.27	19.11	19.99	20.91	21.87	22.87	23.93
Level 3	20.76	21.71	22.71	23.76	24.85	25.99	27.19	28.44	29.75	31.12	32.55
Level 4	22.76	23.81	24.90	26.05	27.25	28.50	29.81	31.18	32.62	34.12	35.69

Active AIMHs

- Chinle Comprehensive Health Care Facility
 - Tier 4
 - **12,928 members**
- Phoenix Indian Medical Center (PIMC)
 - Tier 2
 - **4,308 members**
- Whiteriver Indian Hospital
 - Tier 2
 - **5,203 members**

- Winslow Indian Health Care Center
 - Tier 3
 - **3,365 members**
- San Carlos Apache Healthcare
 - Tier 4
 - **1,945 members**
- Fort Yuma Indian Health Center
 - Tier 1

AIMH Resources & Information

- IHS/638 Providers can send questions to
 - AIMH@azahcccs.gov
- Review AIMH information at <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA) <https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>



Tribal ALTCS Web Page

Tribal ALTCS Web Page

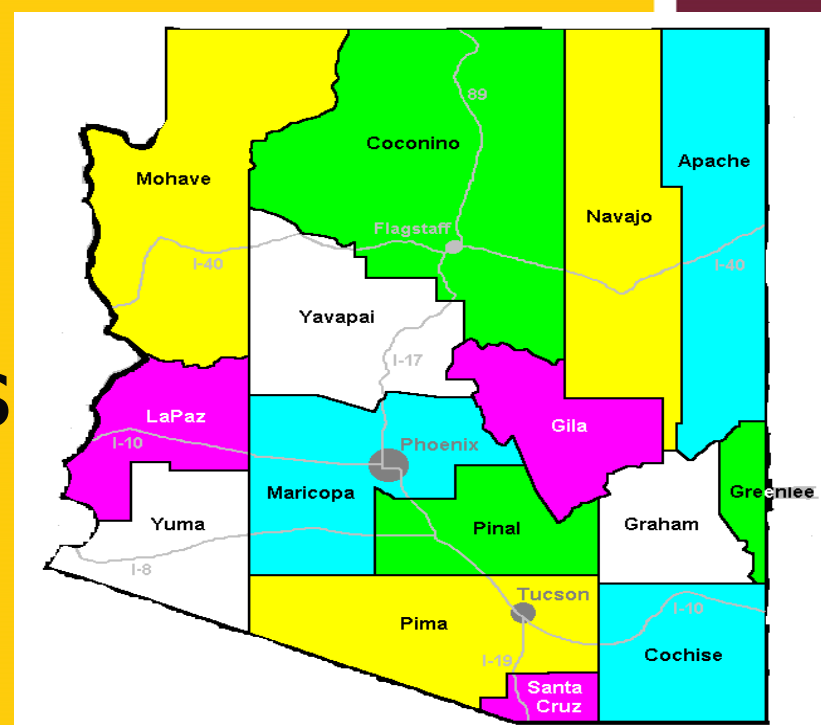
AHCCCS has updated its Tribal ALTCS web page.

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopulations/longtermcarecasemanagement.html>

Information contained on the web page includes:

- An overview of the Tribal ALTCS health plan benefits;
- A listing of Tribal ALTCS programs and contact information;
- Prior Authorization information;
- Tribal ALTCS Case Management Resources;
- Provider Enrollment Information; and
- [Tribal ALTCS Notifications](#) (sent out via Constant Contacts).

Fee for Service Behavioral Health Preferred Provider Lists




Geographical Areas:

Northern, Southern and *Central Arizona

FFS Preferred Behavioral Health Providers Lists

This list includes providers who have confirmed they serve FFS members, which includes members of the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHA) and Tribal ALTCS members. Its purpose is to aid in referral pathways for Fee for Service members.

Area	Link	Update
Southern Arizona	https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Prefered_Provider_List.pdf	03/13/2020
Northern Arizona	https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/AIHP_Prefered_Providers_Northern_AZ.pdf	03/12/2020
Central Arizona 	https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/AIHP_Prefered_Providers_Central_AZ.pdf	03/25/2020

Fee-for-Service members may choose any AHCCCS registered provider. To locate AHCCCS registered providers, go to: <https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/>

Conclusion

Stay In Touch!

DFSM publishes Claims Clues a monthly newsletter for providers. It is available online and provides information about the following:

- Claims and billing updates , Billing policies and requirements, System changes, Changes to program benefits

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html>

Providers are invited to subscribe to DFSM email news alerts regarding changes to the program, claims and billing updates and requirements, system changes, upcoming trainings, forums and other business news.

- [Subscribe](#) to receive notifications about upcoming trainings, forums, and important business updates.

DFSM Provider Training

AHCCCS Provider Training team offers online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the AHCCCS Online Provider Portal and the Transaction Insight Portal.

The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals. Training questions may be directed to:

ProviderTrainingFFS@azahcccs.gov

Claims Customer Service Unit

The Claims Customer Service team can assist with the following items:

- The Status of a Claim and any details regarding that status;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

The Claims Customer Service team is available at (602) 417-7670 Option 4, Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

Contacts and Resources

- COVID-19 FAQ: [COVID-19 FAQs](#)
- AMPM Telehealth [POLICY 320-I](#)
- AHCCCS IHS/FFS Provider Manual: [AHCCCS IHS/Tribal Provider Billing Manual](#)
- AHCCCS Claims Clues: [AHCCCS Claims Clues](#)
- Provider Training Web Page: [Division of Fee-For-Service-Management: Training Resources](#)
- For technical assistance with your AHCCCS online web portal, please call AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov
- To subscribe to receive notifications from DFSM, (Constant Contact) click this link: <https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html>
- Claim questions & Inquires – Contact AHCCCS Claims Customer Service: 602-417-7670 , option #4.
- For technical assistance regarding claims issues and training, please email ProviderTrainingFFS@azahcccs.gov



NEXT!

**IHS/638 TRIBAL FORUM
TUESDAY AUGUST 04, 2020**

2:00PM – 3:30PM

Questions?

Thank You.

Please submit your questions regarding this training to:

ProviderTrainingFFS@azahcccs.gov