



AHCCCS

CLAIMS CLUES

A Publication of the AHCCCS Claims Department
APRIL 2013

ENHANCED RATES FOR PRIMARY CARE SERVICES

Section 1202 of the Affordable Care Act requires that Medicaid reimburse designated primary care providers who provide primary care services and vaccine administration services at rates that are not less than the Medicare fee schedule in effect for 2013 and 2014, or, if greater, at the payment rates that would result from applying the 2009 Medicare physician fee schedule conversion factor to the 2013 or 2014 Medicare payment rates. These reimbursement requirements apply to dates of service between January 1, 2013 and December 31, 2014. To receive the enhanced payment, CMS requires that physicians meeting one of the required criteria provide a “self-attestation” to AHCCCS verifying that they qualify for the enhanced payment through either the requisite Board certification or the 60% CPT code requirement. This means that before AHCCCS or its Contractors can provide an enhanced payment, **the physician must submit an Attestation form.**

Physicians filing the required Attestation on or before April 30, 2013 will be paid the enhanced fee retroactively for dates of service from January 1, 2013 forward for all primary care eligible services. Physicians filing the required Attestation on or after May 1, 2013 will be paid the enhanced fee on a going forward basis from the time the successful Attestation is received.

The Primary Care Provider Attestation Form for AHCCCS registered providers is available on line. **Prior to the completion of the form, please review the information in the memo carefully. Links to the memo, the Attestation page, and general information are provided below:**

<http://www.azahcccs.gov/commercial/ProviderRegistration/pcpattestation.aspx>

http://www.azahcccs.gov/commercial/Downloads/rates/PCP_EnhancedPaymentsMemo.pdf

<http://www.azahcccs.gov/commercial/ProviderBilling/rates/PCSrates.aspx>

Tips & Reminders:

- ✓ Please **DO NOT** send another claim when submitting medical documents. Please use the medical documentation submission form with the appropriate claim number attached.

GENERAL UM/CM UNIT REMINDERS:

Providers please include one of the *mandatory* FFS Forms as the 1st or 2nd page of your fax or the fax is rejected. Use the following link to access the forms: <http://www.azahcccs.gov/commercial/FFSclaiming/priorauthorization/priorauthorization.aspx>

Duplicate Cases: You cannot have two active Cases for the same member during the same timeframe. If your Provider number has changed, and you have an existing case that is active under your old ID number, you will have to contact the Prior Authorization area in order to have the previous Case date ended.

Transportation Reminders:

Please be sure to provide enough information on your authorization requests for the Transportation area to determine what type service the member is being transported for. If there is not enough information to determine whether or not the service the member is being transported for is medically necessary and/or covered, processing of your request may be delayed or your request may be denied.

AHCCCS' TRIBAL HEALTH CARE COORDINATOR

Stephanie Big Crow, M.Ed. joined the UM/CM Unit of the Division of Fee for Service Management in March of 2012. Stephanie is an enrolled member of the Oglala Lakota Nation.

Stephanie works directly with members across the state to provide care coordination for the American Indian Health Plan members. She acts as a liaison between members and facilities and between IHS units and non-IHS facilities. She helps to establish a medical home for members, finds PCP's and assesses the social barriers to health care. She can help find members appropriate transportation & utilize community resources.

Stephanie works directly with members, Case Managers, Care Coordinators, support staff or anyone with direct member contact to accomplish her objectives.

Stephanie **cannot** be of assistance with billing or claims issues, or Prior Authorization issues. Providers should continue to direct claim issues to Claims Customer Service at 602-417-7670 and Prior Authorization at 602-417-4400 or 1-800-433-0425.

If you feel any of our American Indian members could utilize the services of the Coordinator, please contact Stephanie at the phone number or email below.

To contact Stephanie:

602-417-4298

Stephanie.Bigcrow@azahcccs.gov

UPDATE ON GOVERNOR BREWER'S MEDICAID RESTORATION PLAN

CMS has provided guidance that effectively closes the door to the possibility of receiving federal financial participation for maintaining a frozen childless adult program. In light of this guidance, the Governor sent a letter to the legislature yesterday, which was delivered at the same time that Senate President Biggs was holding an opposition rally. The letter is a very powerful outline of the options available to the State. This information has been posted to our website.

<http://www.azahcccs.gov/publicnotices/MedicaidExpansion.aspx>

When you click on the Medicaid Coverage page, go to:

[CMS Guidance re ACA Eligibility 4/25/13](#) 

[Governor Brewer's Letter to Legislative Leaders 4/25/13](#) 

Any groups or organizations that would be interested in learning more about the Governor's plan, please contact:

Monica Higuera Coury

Assistant Director

Office of Intergovernmental Relations

AHCCCS

Phone: 602-417-4019

Email: monica.coury@azahcccs.gov