AHCCCS
Arizona Health Care Cost Containment System
DIVISION OF FEE FOR SERVICE MANAGEMENT

CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

August 2019

APR-DRG

The AHCCCS DRG Payment Policies document has been updated as of July 23rd, 2019. It can be found on the AHCCCS website, on the DRG-Based Payment webpage, and in the AHCCCS Fee-For-Service Provider Billing Manual as an Addendum to Chapter 11.

Provider Enrollment Updates

*****UPDATE: Automated Online Provider Enrollment System to Launch in 2020**

In the Spring of 2020, the AHCCCS provider enrollment process will move from a manual, paper-based system to a new, online system (the AHCCCS Provider Enrollment Portal) that will allow providers to:

- Enroll as an AHCCCS provider;
- Update information (such as phone and addresses);
- Upload and/or update licenses and certifications;
- And more, all online and in real time!

This change, from a 100% manual process to the new, automated system will streamline the provider enrollment process. Initial applications will be processed more quickly and changes to current enrolled providers will all be completed online.

The AHCCCS Provider Enrollment Portal (APEP) is anticipated to go live in the Spring of 2020. Additional information will be released closer to the implementation date.

If you have questions please contact Provider Enrollment at:

- 1-800-794-6862 (In State - Outside of Maricopa County)
- 1-800-523-0231 (Out of State)

**Please note that the “go live” date for the transition from paper based to the online AHCCCS Provider Enrollment Portal (APEP) has been moved from the Fall of 2019 to the Spring of 2020.

Name Change

Did you know that the Provider Registration Unit of AHCCCS is changing its name? Moving forward Provider Registration will be called Provider Enrollment, and updates to the name will be seen across the AHCCCS website.

To access provider enrollment registration materials please visit us online.

CONTACTS

For provider training questions and technical assistance with the online web portal please outreach the Provider Training Division of DFSM through email at ProviderTrainingFFS@azahcccs.gov.

Prior Authorization Questions FFS PA Line (602) 417-4400

Claims Customer Service Billing Questions (602) 417-7670

Provider Registration Process Questions (602) 417-7670

Fax Applications (602) 256-1474

ELECTRONIC PAYMENT SIGN UP

Contact: ISDCustomerSupport@azahcccs.gov -OR- call 602-417-4451

Master PDF Documents of the Fee-For-Service and IHS/Tribal Provider Billing Manuals to Replace ZIP Files

In August of 2019, the **Zip Files** of the Fee-For-Service Provider Billing Manual and IHS/Tribal Provider Billing Manual shall be replaced by **Master PDF Documents** of both manuals.

Information contained within these Zip Files has already been transitioned into the **Master PDF Documents** available on the respective Billing Manual web pages.

- Fee-For-Service Provider Billing Manual
- FFS Master PDF Document
- The IHS/Tribal Provider Billing Manual
- IHS Master PDF Document

This transition occurred early in 2019 and allows providers the flexibility of opening only one document, and being able to search for all topics within a single PDF.

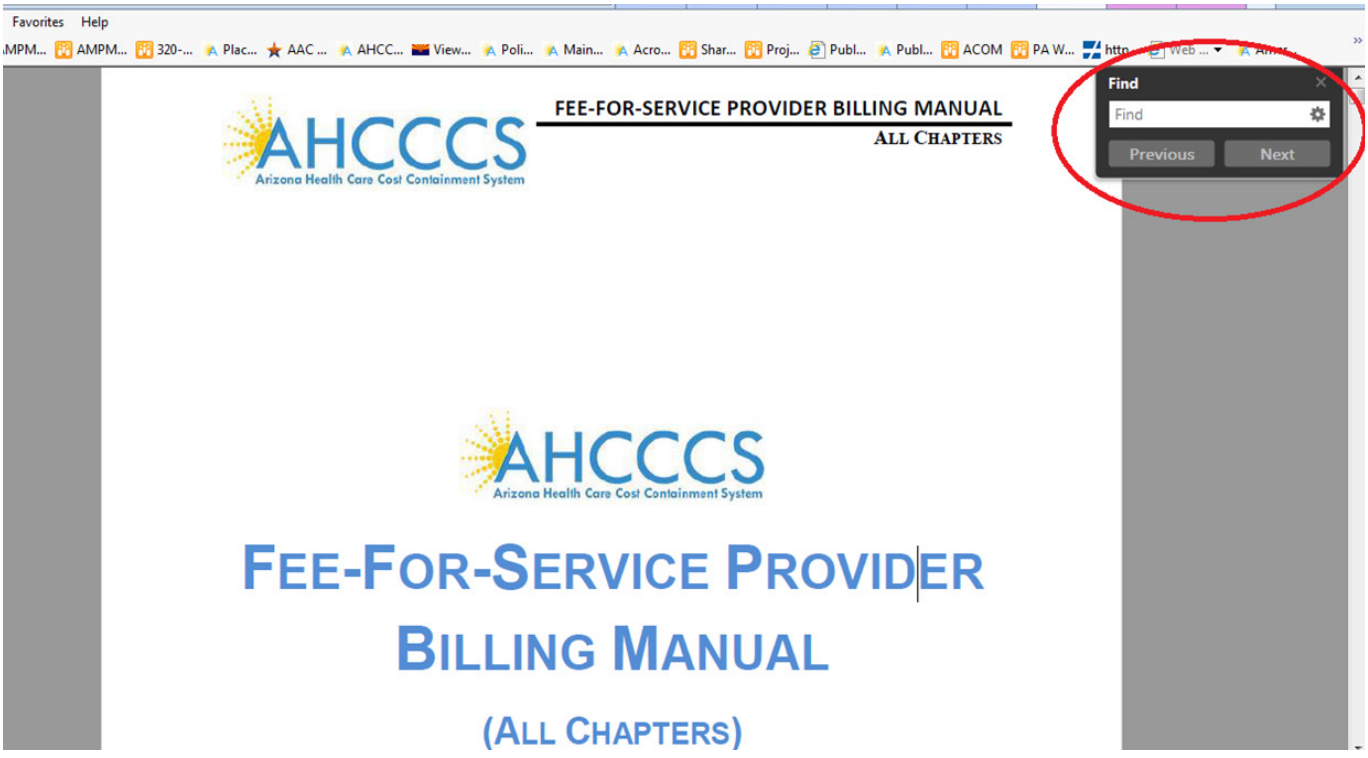
How to Search

To perform a topic search within the Master PDF Documents simply click “Ctrl” and “F” on the keyboard.

A **Find** box will appear in the upper right hand corner of the computer screen.

The provider can now type in keywords and search for the topic of interest. This can be done in a web browser or within Adobe Acrobat Reader.

Example search in Internet Explorer:



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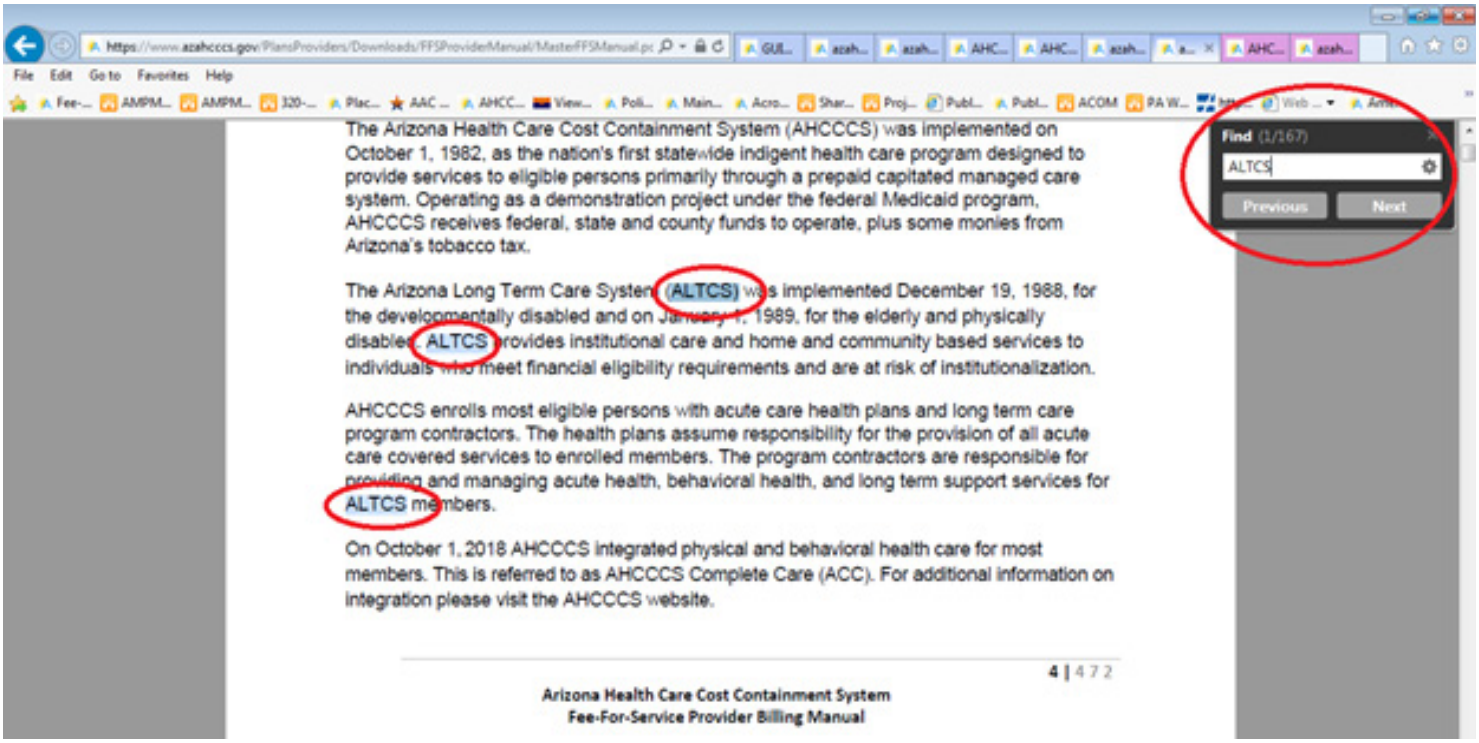
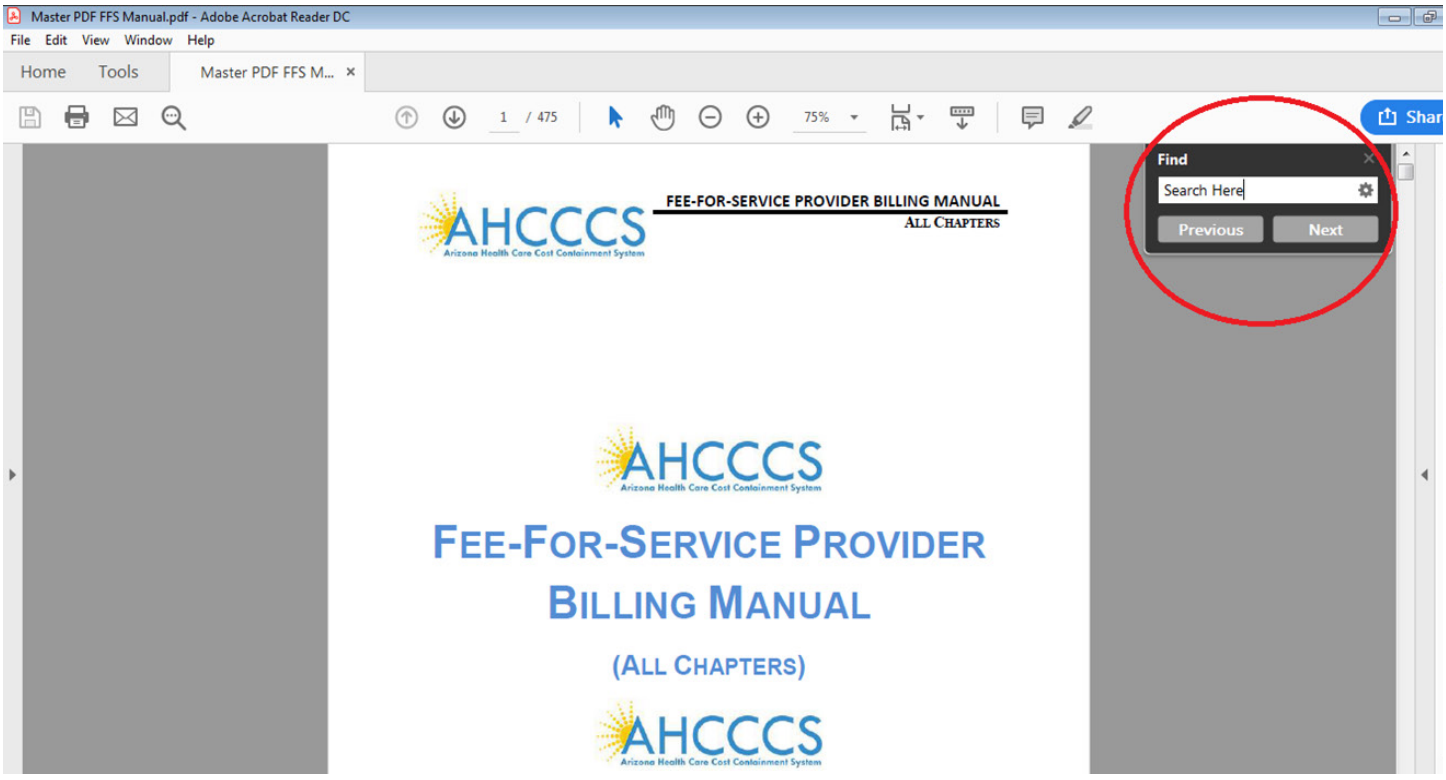
Master PDF Documents Continued

An example search for “ALTCS” shows that “ALTCS” shows up 167 times within the document.

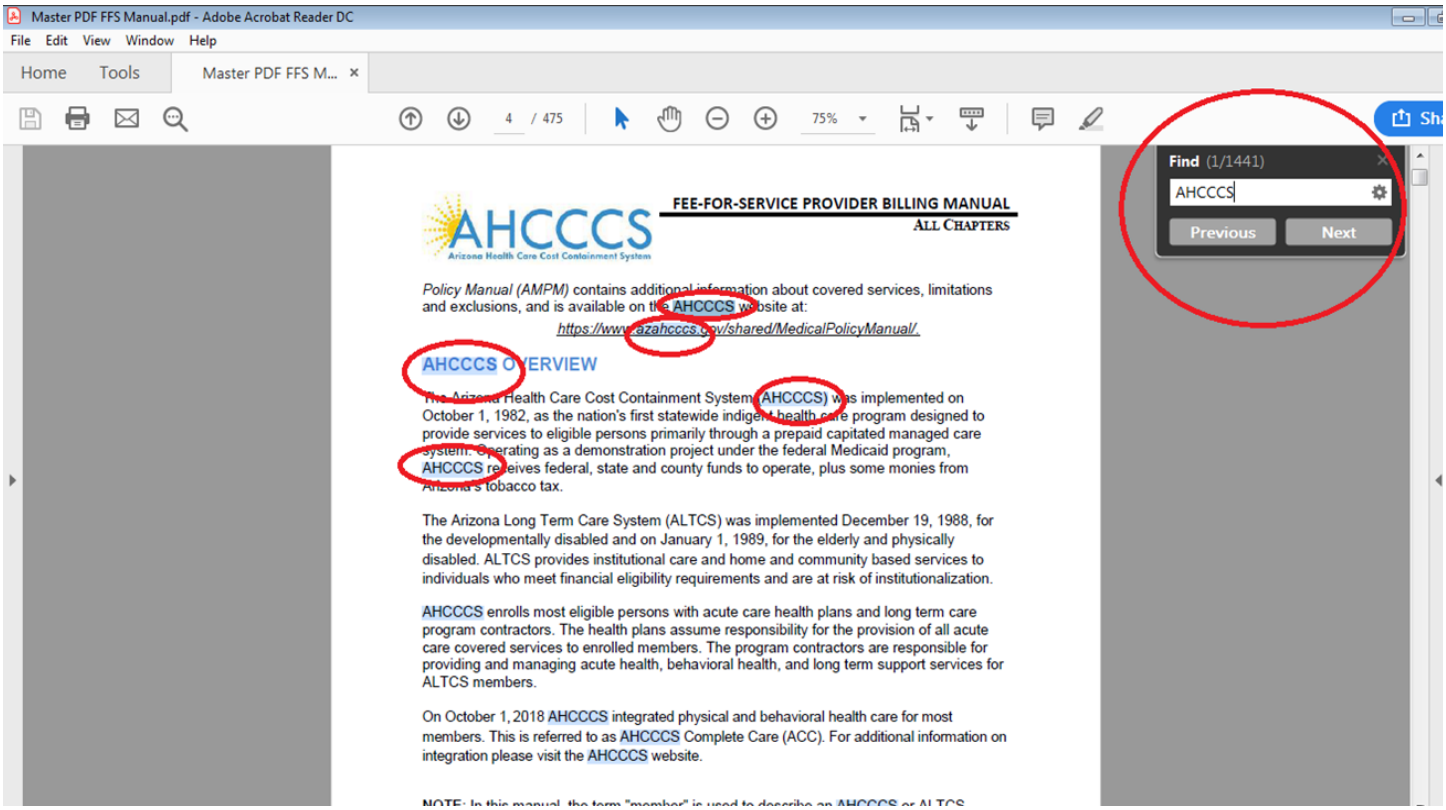


Example search in Adobe Acrobat Reader:



Master PDF Documents Continued

An example search for “AHCCCS” shows that “AHCCCS” appears 1441 times within the document.



Retroactive Coverage
(also called Prior Quarter Coverage)

Beginning July 1, 2019 coverage for most newly eligible members will be retroactive to the first day of the month in which the Medicaid application is received.

Pregnant women and children up to age 19 exempt from this requirement.

- If an exempt individual is determined to qualify for AHCCCS during any one or more of the three months prior to the month of application, then the individual will be determined to have “Prior Quarter Coverage” eligibility during those months.

Providers are encouraged to utilize the Health-e-Arizona Plus (HEAplus) application process to assist in enrolling uninsured patients into AHCCCS coverage. HEAplus offers the most accurate, credible, real-time eligibility determinations for public assistance programs such as AHCCCS to help providers better manage their patients’ payment source. HEAplus will shorten the eligibility determination timeframe and simplify the process for members and providers. Anyone can access www.healthearizonaplus.gov from any internet connection. Today, hundreds of locations throughout the State use HEAplus to help Arizonans. More information about HEAplus, including how to become a Contracted Community Partner can be found on the HEAplus website.

For additional information about Retroactive Coverage and a Frequently Asked Questions (FAQs) PDF, please visit the AHCCCS website.

Adult Immunization Coverage

Effective July 1, 2019, AHCCCS covers medically necessary covered immunizations for individuals 19 years of age and older when the vaccines are administered by AHCCCS registered providers through County Health Departments.

These immunizations are covered even if the AHCCCS registered provider is not in the member's health plan network. AHCCCS covered immunizations include, but are not limited to:

- Hepatitis A,
- Hepatitis B, and
- Measles.

Prior authorization is not required by AHCCCS FFS or AHCCCS Contractors for these services.

This means that AHCCCS now covers immunizations received by individuals 19 years of age and older at County Health Departments, when given by providers who are registered with AHCCCS.

For additional information about AHCCCS adult immunization coverage, refer to AMPM 310-M, Immunizations. Questions? Email us at ProviderTrainingFFS@ azahcccs.gov

Behavioral Health Residential Facilities Notification

It has come to our attention that HCPCS codes H0031 (Mental Health Assessment, by non-physician) and H2019 (Therapeutic Behavioral Services, per 15 minutes) are being submitted by Behavioral Health Residential Facilities (Provider Type B8), in addition to the BHRF per diem code H0018.

BHRFs receive a per diem rate for the provision of behavioral health services, and per policy, the per diem rate includes Mental health assessment and Therapeutic behavioral services as part of that rate. If there are circumstances in which other medically necessary specialized services are required, that cannot be performed by the BHRF, these services are to be billed by the provider/facility who performed the service and should not be billed by the BHRF. The specialized service type, and the name of the provider rendering these services must be included in the member's treatment/service plan.

Effective 7/15/2019 AHCCCS has closed H0031 and H2019 for the B8 Provider Type (BHRF) in our system.

This is not representative of a policy or billing change, and is only a system update. For additional information please review AMPM Policy 320-V, Behavioral Health Residential Facilities.

Direct Care Worker Agency Monitoring

In 2019, DFSM plans to conduct annual monitoring of Direct Care Service Agencies serving Tribal ALTCS members who live in their own homes. The monitoring will ensure the provision of:

- Service delivery in accordance with authorizations and the member's needs,
- Quality of care for members, and
- Training and supervision of Direct Care Workers.

Monitoring will be occurring at least once a year via a desk level audit, and it will incorporate elements from AMPM Chapters 900 and 1200.

It will be based on the following six Direct Care Agency standards:

Standard 1: The Direct Care Agency shall perform periodic supervisory visits to ensure quality services are provided by the Direct Care Worker.

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Direct Care Worker Agency Monitoring Continued

Supervisory visits must be documented in the member's case file and cross-referenced in the Direct Care Worker's personnel files.

Standard 2: The Direct Care Agency ensures that the Direct Care Worker Agency supervisor completes a performance evaluation of the Direct Care Worker while the Direct Care Worker is present.

The Direct Care Agency must also ensure that supervisors follow supervisory visit timeframes.

Standard 3: The Direct Care Agency must ensure that supervisors meet timeframes and conduct Supervisory Visits that do not require the Direct Care Worker's presence.

The timing of these supervisory visits for the first 90 days is based on the date of the initial service provision, and not the date of the initial service authorization.

- The first Supervisory visit occurs before the 5th day from the date of initial service provision, and the visit did not occur on the date of the initial service provision.
- The 30th day Supervisory visit occurs on/within five days after due date.
- The 60th day Supervisory visit occurs on/within five days after due date.
- The 90th day Supervisory visit occurs on/within five days after due date.
- Ongoing 90th day Supervisor visits occur at least every 90 days from the previous visit. This visit must not occur more than five days after its due date.

Standard 4: The Direct Care Agency is responsible for ensuring compliance with the Training and Testing Period standards.

All documentation of testing and training must be in Direct Care Worker's personnel file.

- Please note that the DCW must have current CPR and first aid certifications, prior to providing care to an ALTCS member.

Standard 5: The Direct Care Agency is responsible for ensuring the Direct Care Workers have six hours of continued education annually.

Continued education shall include training on relevant topics (Principles of Caregiving, Alzheimer's Disease and Other Dementias" modules developed by representatives of residential care, home and community based care, experts in the fields of communication, and behavior). The same topics cannot be repeated year after year.

Standard 6: The Direct Care Agency shall integrate the use of the AHCCCS Direct Care Worker and trainer testing records online database into day to day business practices.

The primary purpose of the online database is to serve as a tool to support the portability or transferability of Direct Care Worker or trainer testing records from one employer to another employer.

Four Walls Requirement

AHCCCS Provider Training has received a large number of questions regarding the “four walls” requirement, as it pertains to billing for services at the All Inclusive Rate (AIR). The below information speaks to this requirement.

CMS has interpreted section 1905(a)(9) of the Social Security Act, in 42 CFR 440.90, to mean that “clinic services” do not include services furnished outside of the ”four walls” of the clinic, except if the services are furnished by clinic personnel to a homeless individual. The “four walls” of the clinic refer to the physical building the clinic operates within.

Indian Health Care Providers (IHCPs) enrolled in Medicaid as clinics cannot bill for off-site services as “clinic services”, and therefore cannot be paid for them at the facility rate (unless the patient is homeless). Instead, services that are provided off-site to persons who are not homeless may only be billed and paid for as an assigned claim from the provider who furnished the service off-site, for example, as a covered physician service paid for under the physician fee schedule. This is a result of a CMS document that was issued on January 18th, 2017.

Services provided outside of the “four walls” of the clinic, by either an IHCP or by a non-Tribal provider, shall be billed at the capped FFS rate.

Resources (cited documents):

www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf

www.tribalselfgov.org/wp-content/uploads/2017/03/TSGAC-Brief-CMS-Restrictions-on-Billing-Medicaid-for-Services-Outside-....pdf

Four Walls and 638 FQHCs

Please note that there is an exemption from the Four Walls requirement for 638 FQHCs. Per Chapter 20, 638 FQHC, of the IHS/Tribal Provider Billing Manual:

FQHC facilities are exempt from the “4 Walls” requirement. An FQHC may bill the facility rate for services rendered to its patients outside of its “4 Walls” by a non-Tribal provider.

If an FQHC has a care coordination agreement with a non-Tribal provider, such as a neurologist, and the service is provided offsite (outside of the FQHC’s building), the FQHC may still bill the facility rate for the service. However, the FQHC would need to bill for the service, not the offsite provider.

A Tribal 638 Clinic that elects to become a 638 FQHC will have the same exemption from the limitations of the “4 Walls” requirement that current FQHCs receive. A 638 FQHC will be able to bill for reimbursement at the facility rate, also called the Alternative Payment Methodology (APM). Services provided in the member’s home or at a facility acting as the member’s home, such as an assisted living or skilled nursing facility, would also be eligible for reimbursement at the APM facility rate.

IHS/Tribal Facilities, Care Coordination Agreements, FMAP, and the Four Walls

Per a State Health Official letter issued on February 26th, 2016, when an IHS/638 facility contracts with a Non-IHS/638 facility/provider to provide specified services for American Indian/Alaskan Native Medicaid beneficiaries pursuant to a “Care Coordination Agreement,” these services are considered to be “received through” an IHS/638. These services are then eligible for federal matching funds at the enhanced federal matching rate of 100 percent (AKA 100% FMAP).

CMS has interpreted section 1905(a)(9) of the Social Security Act in its regulation at 42 CFR 440.90, “clinic services” do not include services furnished outside of the ”four walls” of the clinic, except if the services are furnished by clinic personnel to a homeless individual. If, on the other hand, the Tribal facility is enrolled in the state Medicaid program as an FQHC, and if the Tribal facility has a contract in effect with the non-Tribal provider, the Tribal facility may properly claim payment for services furnished outside of the facility by the non-Tribal provider at the facility rate.

This means that if the Tribal facility is enrolled in the state Medicaid program as a provider of “clinic services”, and if services are provided outside of the “four walls” of the facility by a non-Tribal provider, then the Tribal facility may not bill the AIR for those clinic services, even if a care coordination agreement is in place. However, if the facility is a 638 FQHC then the “four walls” of the clinic would not apply.

Training Schedule for 3rd Quarter

Behavioral Health Residential Facility (BHRF) Training

Behavioral Health Residential Facility (BHRF) Overview and PA Submission Training

How to submit a PA request for BHRF providers only.

WebEx only training dates below:

- ***August 06, 2019***
  Tuesday 9:00am – 10:30am
- ***September 04, 2019***
  Wednesday 10:00am – 11:30am

General Direct Care Agency (DCA) Worker Training

General Direct Care Agency (DCA) Worker Training: Audit Tool

The purpose of this training is to ensure the safety of members and the Quality of Care they are receiving.

WebEx only training dates below:

- ***August 14,2019***
  Wednesday 9:00am – 10:00am
- ***September 04,2019***
  Wednesday 12:00pm – 1:00pm

One on One Provider Training Sessions

One on One Provider Training

By Appointment only. Availability for one-on-one provider sessions on **AHCCCS Policies and Billing Procedures**. Email ProviderTrainingFFs@azahcccs.gov to schedule a training session.

Provider Training may cover the following topics:

- Online Claim Submission (AHCCCS Online)
- Online Prior Authorization Submission
- Transaction Insight Portal

Available Training Session dates below:

- ***August 14, 2019***
  Wednesday 10:15am – 11:15am
- ***August 14, 2019***
  Wednesday 11:30am – 12:30am
- ***August 22, 2019***
  Thursday 9:00am – 10:15am
- ***August 22, 2019***
  Thursday 10:30am – 11:45am
- ***September 11, 2019***
  Wednesday 9:00am – 10:15am
- ***September 11, 2019***
  Wednesday 10:30am – 11:45am
- ***September 19, 2019***
  Thursday 9:30am – 10:45am
- ***September 19, 2019***
  Thursday 11:00am – 12:15am

IHS/638 Quarterly Forum

IHS/638 Quarterly Forum

Discussion of policy updates, changes, or challenges AHCCCS and the IHS Facilities are experiencing.

IHS/638 Quarterly Forum date:

- ***August 01, 2019***
  Thursday 2:00pm – 3:30pm