

**DATE:** May 18, 2020

**SUBJECT:** COVID-19 ALTCS-EPD Attendant Care and Personal Care Services Retention Payment Request Process

Retention Payments are payments made in lieu of payments that would be made by an AHCCCS ALTCS-EPD Health Plan or the AHCCCS Division of Fee-for-Service Management (DFSM) for a Tribal ALTCS member for services that are not delivered to ALTCS-EPD or Tribal ALTCS members as a result of a gap in utilization due to COVID-19 for attendant care and personal care services for specific billing codes. (i.e., S5125, S5150, S5151, T1019, and T1020)

### **Guidance for Providers**

In order to be qualified to bill retention payments, providers of attendant care and personal care services must submit a retention payment qualification/attestation template to AHCCCS for each AHCCCS Provider ID for which it is requesting to be qualified to bill for retention payments.

This template is available at the following link:

<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#COVID19> Providers

will e-mail a completed template to: [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov) using the e-mail subject header "COVID-19 Retention Payment Attestation - [Specific Provider Name/AHCCCS Provider ID #]".

Payments will not be made to providers based on the estimated amounts reported in the retention payment qualification/attestation form. The estimates are for planning purposes only.

To receive retention payments, the provider will need to follow the billing guidance and instructions below including submitting individual claims (by ALTCS-EPD member, service code, and units with a GY modifier) to the AHCCCS Health Plan and/or AHCCCS DFSM for the Tribal ALTCS Program.

The retention payment qualification/attestation template includes the following fields:

\*Provider Name

\*AHCCCS Provider Type

\*AHCCCS Provider ID

\*Tax ID Number

\*Provider Contact E-mail

\*Provider Retention Payment Request Date

\*Summary Description of COVID-19 Impact

\*Projected Weekly Units by Service and AHCCCS Health Plan/Tribal ALTCS Program

\*Contracted Reimbursement Rates by Service Unit

\*Unduplicated count of members for whom retention payments will be billed

\*Agreement and Attestation signed by the Provider's Chief Executive Officer and Chief Financial Officer (CFO) certifying the following (Electronic signatures are acceptable.):

*I hereby agree to the following and attest that the information provided herein is true and accurate to the best of my knowledge:*

*I attest that this provider is experiencing a decline in utilization attributable to COVID-19.*

*I understand the billing guidance for retention payments provided by AHCCCS and I agree to bill accordingly.*

*I understand that retention payments are subject to recoupment if an audit determines billing or payment was improper, or duplicate payments for services occurred.*

*I agree that this provider will not lay off staff, and will maintain staff salary, hours, and wages at levels in place prior to the emergency declaration on March 13, 2020.*

*If changes in staffing and salary levels were made since March 13, 2020, I agree to restore staffing, hours, and salary levels to those in place prior to March 13, 2020, by no later than June 30, 2020.*

*I attest and agree that this provider has submitted, or will submit within 30 days, an application for a small business loan under the Paycheck Protection Program (PPP) authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), if it meets eligibility requirements to apply.*

*I understand that if this provider violates this agreement, retention payments may be recouped and further action taken.*

#### *Provider Billing Guidance*

1. Retention payment billing is limited to attendant care and personal care services units authorized and documented in an ALTCS-EPD/Tribal ALTCS member's service plan, but not provided due to the COVID-19 pandemic for the specific approved attendant care and personal care services billing codes.
2. A provider shall not bill retention payments for an ALTCS-EPD/Tribal ALTCS member associated with one service if the provider provides a similar service (S5125, S5150, S5151, T1019, or T1020) to the same ALTCS-EPD member in the same time period.
3. Attendant care and personal care services units billed shall not exceed the amount, scope and duration otherwise authorized for the provider.

4. Retention payments are limited to payment for services that would have been provided during one period of 30 consecutive billing days for each ALTCS-EPD member served.

Consecutive billing days are defined below:

- If a service is provided on a daily basis 7 days a week, then 30 consecutive billing days is 30 calendar days.
- If a service is provided 5 days a week, then 30 consecutive billing days corresponds to 6 weeks of services ( $5 \times 6 = 30$ ).
- If a service is provided 3 days a week, then 30 consecutive billing days corresponds to 10 weeks of services ( $3 \times 10 = 30$ ).

Once the provider has submitted a request or requests totaling 30 consecutive billing days of retainer payments, as defined above, a second or subsequent submission for additional payments is not permitted pursuant to Federal guidance.

5. Retention payments may be billed for dates of service beginning March 13, 2020.

6. Retention payments may not be billed when the ALTCS-EPD member chooses to receive services through a different provider.

7. Retention payments will not be made if the ALTCS-EPD member receives the same service from a different provider within the same time period, e.g. on the same day if a daily service, or within the same week if a weekly service.

8. After review and approval of the retention payment qualification/attestation form submitted by the provider, AHCCCS will identify the provider as qualified to bill retention payments by responding to the provider through e-mail and adding a table of qualified providers to the AHCCCS reference file sent to the AHCCCS Health Plans. The provider, upon being determined qualified to bill retention payments, will submit retention payment claims directly to the AHCCCS Health Plan and/or the AHCCCS DFSM for Tribal ALTCS Programs.

9. The provider shall continue to submit claims for all services that are actually provided, and therefore are not eligible to be billed as retention payments, which will be reimbursed by the AHCCCS Health Plan and/or AHCCCS DFSM for Tribal ALTCS Programs on a fee-for-service basis, as applicable.

10. Providers will be expected to bill the AHCCCS Health Plan and/or AHCCCS DFSM for Tribal ALTCS Programs for the individual ALTCS-EPD/Tribal ALTCS member retention payments for the specific approved billing codes and units using a GY modifier. The AHCCCS Health Plan will be required to make payment at 90% of the AHCCCS Health Plan's contracted rate and AHCCCS DFSM shall make payment at 100% of the AHCCCS FFS rate for Tribal ALTCS members on the submitted retention payment claims.

11. Retention payments are anticipated to be made available to qualifying providers for undelivered attendant care and personal care services between March 13, 2020 through June 30, 2020. AHCCCS may extend the end date for a period that does not exceed the duration of the emergency period but will not make retention payments beyond 30 consecutive days.

12. AHCCCS Health Plans/AHCCCS DFSM for Tribal ALTCS Programs may request additional information from the provider related to the retention payments and may audit providers.

### **Guidance for AHCCCS Health Plans/Tribal ALTCS Contractors**

The AHCCCS Health Plan/AHCCCS DFSM for Tribal ALTCS Programs shall use reasonable discretion in reviewing and approving the provider retention payment claims submitted by providers. The AHCCCS Health Plan/AHCCCS DFSM for Tribal ALTCS Programs shall make payment on the submitted retention payment claims within AHCCCS clean claim payment requirements listed in contract.

The AHCCCS Health Plan shall submit to AHCCCS the encounters representing the individual member retention payment claims within 210 days of the date of service and as required in contract.

AHCCCS requires reporting by the AHCCCS Health Plan for provider retention payments effective March 13, 2020 through June 2020. AHCCCS may consider extending this reporting process through September 2020 or the duration of the emergency period. The AHCCCS Health Plan must submit via e-mail or SFTP server to AHCCCS DHCM Operations Compliance Officer, a list of provider retention payments paid using the template available at the following link <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#COVID19>. This list shall be for all provider retention payments, regardless of the dollar amount. Lists should be submitted to AHCCCS monthly by the 20<sup>th</sup> of the month.

Using the template, the AHCCCS Health Plan should identify:

- Vendor/TIN
- Provider Name
- AHCCCS Provider ID
- AHCCCS Provider Type
- Retention Payment Amount by Provider

Past and new provider retention payments should be submitted cumulatively no later than the 20<sup>th</sup> of the month (or the following business day if the 20<sup>th</sup> occurs on a holiday or weekend) for retention payments issued to date through the prior month.

Additional information may be required by AHCCCS regarding the retention payments.