

Welcome!

We will begin shortly.

All lines have been automatically muted.

Please mute your phones **AND** computer microphones.

If you dialed in please mute your computer speakers to avoid feedback. Please do not put us on hold during today's meeting.

To ask questions please:

- 1) Utilize the chat feature
- 2) Raise your hand to be unmuted



Alternate Care Sites (ACS)

2020/2021 - The purpose of this training is to assist providers in understanding Alternate Care Sites (ACS) during the COVID-19-public health emergency.



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



Purpose of Alternate Care Site (ACS)

Guidance for Indian Health Services and Tribes with a 638 agreement

Purpose of Alternate Care Sites

In the event of a disaster or public health emergency, Alternate Care Sites (ACS) may be created to enable healthcare providers to provide medical care for injured or sick patients, or to continue care for chronic conditions in non-traditional environments.

These ACS may include locations that need to be converted (e.g., schools and stadiums) or they may include facilities like mobile field hospitals.

What is an Alternate Care Site (ACS)?

An ACS is an extension of a hospital or clinic that will treat members during a public health emergency.

The ACS that is set up must provide the required level of medical care necessary to meet the patient's medical needs.

An ACS can be established (owned and operated) by an individual hospital, a group or partnership of hospitals or health systems, a local community (such as the local health department), a state (such as a state health department), or the federal government.

Alternate Care Site Tools

The establishment of an ACS seeks to help address potential capacity gaps in healthcare systems, brought about by the 2020 SARS-CoV2 virus (COVID-19) pandemic.

For technical assistance regarding the setup of an ACS in your community, refer to:

- <https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>

For additional information on funding sources, refer to:

- <https://files.asprtracie.hhs.gov/documents/aspr-tracie-acsfunding-sources-establishment-and-operationalization.pdf>

For additional information on Alternate Care Sites, refer to:

- <https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources/99>

ACS Waiver Request

In June 2020, AHCCCS requested an 1135 Waiver from CMS to permit reimbursement for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes, or tribal organizations with a 638 agreement, in Alternate Care Sites (ACS), during the public health emergency.

CMS has indicated that an additional waiver is not required, since ACS are covered under the CMS blanket waiver.

Federal and/or tribal entities will be required to attest that the ACS meets minimum standards consistent with reasonable expectations in the context of the current public health emergency to ensure health, safety and comfort to beneficiaries and staff.

ACS Attestation and Memo

Hospitals and clinics owned or operated by the Indian Health Services, tribes or tribal organizations with a 638 agreement, who have chosen to establish an ACS, shall sign an attestation form, which can be found at:

- https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/ACS_Attestation.pdf

Additional information regarding billing for services provided at an ACS can be found in the DFSM ACS Memo, located at:

- <https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/AlternateCareSitesMemo.pdf>

IHS/638 facilities with an attestation for an ACS shall be posted here:

- https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

ACS Covered Services

Reimbursement for medically necessary Title XIX and Title XXI AHCCCS covered services are permissible in an established IHS/638 ACS site, so long as the services are medically necessary, cost-effective, and federally and state reimbursable. Services for members being treated at an ACS site are subject to the same medical necessity requirements that apply to services provided within the associated hospital/clinic facility.

ACS Covered Services

Per the [CMS blanket waiver](#), CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state's emergency preparedness or pandemic plan. This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients.

"Quarantine" per CMS refers to the concept of allowing treatment of COVID positive members (or potential positive members), who are receiving medically necessary hospital/clinic services (inpatient, observation, etc.), to occur in an environment secluded from the rest of the patient population.



Reimbursement Guidelines

Reimbursement Guidelines

Per the 1135 Waiver submitted by AHCCCS, medically necessary Title XIX and Title XXI AHCCCS covered services will be reimbursed as follows:

- At either the inpatient or outpatient All-Inclusive Rate depending on the level of care provided to Title XIX eligible members; or
- At current FFS rates for Title XXI eligible members receiving services in an ACS.

Reimbursement Guidelines

Per the 1135 Waiver submitted by AHCCCS, professional services provided in the ACS will be consistent with current AHCCCS billing requirements, including AHCCCS registration of practitioners such as IHS/Tribal physicians and non-physician practitioners.

ACS and the Four Walls

Consistent with guidance from CMS issued on January 15, 2021, DFSM will not review claims pertaining to the "Four Walls" provision until October 31, 2021.

- More information from CMS can be found here: [CIB Informational Bulletin - Four Walls](#)



Billing for Services Rendered at an ACS

Billing Services at an ACS

IHS/638 Providers/Facilities:

- When billing for reimbursement at the All Inclusive Rate (AIR):
 - Providers will continue to bill on the UB-04 Institutional Claim Form, billing as they do now.
- When billing for reimbursement at the Capped Fee-for-Service (FFS) Rate:
 - Providers will continue to bill using the CMS 1500 Professional Claim Form, billing as they do now.

Note: All services are subject to post payment review.

Questions?

Thank You.