



DFSM Tribal ALTCS 2nd Quarter Case Management Supervisor Meeting

Thursday, May 27, 2021

WELCOME TO ALL!

Agenda Overview

- **Rachel Hunter:** Welcome, EVV, PCSP & Policy Updates
- **Kevin Hoy:** Improving Requests for Technical Assistance
- **Jennifer Gilmore:** How Providers can Verify Member Eligibility
- **Bandana Chetty:** Home Modifications
- **Cheryl Begay:** Contractor Change Standard
- **Vanessa Torrez:** Medicare Primary DME Requests
- **Tribal Presentation:** by Joni Jim of the Tohono O'Odham Nation
- **Tribal ALTCS Plan Recognition**



Meeting Reminders



- Please mute your computer's microphone and/or phone when not speaking.
- Use the chat feature to add in comments/questions.
- Ask questions after the speaker has finished.
- Sit back, listen in and enjoy the meeting!



PROJECT & POLICY UPDATES

Rachel Hunter-Tribal ALTCS Administrator

Electronic Visit Verification (EVV)

Project: Ongoing

Implementation Date: 01/01/2021 (TBD) Challenges with Sandata System

Providers and Services Subject to EVV:

Provider Description	Provider Type	Service	HCPCS Service Codes	DDD Focus Codes
Attendant Care Agency	PT 40	Attendant Care	S5125	ATC
Behavioral Outpatient Clinic	PT 77	Companion Care	S5135	
Community Service Agency	PT A3	Habilitation	T2017	HAH, HAI
Fiscal Intermediary	PT F1	Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Habilitation Provider	PT 39	Nursing	G0299 and G0300	
HomeHealth Agency	PT 23	Home Health Aide	T1021	
Integrated Clinic	PT IC	Physical Therapy	G0151 and S9131	
Non-Medicare Certified		Occupational Therapy	G0152 and S9129	
HomeHealth Agency	PT 95	Respiratory Therapy	S5181	
Private Nurse	PT 46	Speech Therapy	EVV Timeline §128	
		Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
		Homemaker	S5130	HSK
		Personal Care	T1019	
		Respite	S5150 and S5151	RSP, RSD
		Skills Training and Development	H2014	

Place of Service:

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

Electronic Visit Verification (EVV) (cont.)

32 FFS Providers (Tribal ALTCS) have not started or completed Sandata Training

- Some ideas the Tribal ALTCS Programs had to communicate EVV requirements.
 - Notify Tribal Business office
 - Add a comment to referrals sent to Direct Care Agencies
- EVV Requirements and Information is available on this link <https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/>
- AHCCCS Staff is attending and Participating in the Dashboard Training
 - Provider & Member Data
 - Charts and Graphs

Person Centered Planning

Improve support for community integration so that members have full access to the benefits of community living.

AHCCCS has evaluated and revised the Person-Centered service planning standards, practices, and forms.

- Tribal ALTCS Programs completed the PCSP Train-the-trainer Training
- Policies reviewed and updated to include PCSP and Effective Dates 06/01/2021 (Upon Publishing)
 - AMPM Policy 1610
 - AMPM Policy 1620-A
 - AMPM Policy 1620-B
 - AMPM Policy 1620-D
 - AMPM Policy 1620-E
 - AMPM Exhibit 1620-10 (new)
 - AMPM Exhibit 1620-13
 - AMPM Exhibit 1620-17

Policy Updates

02/04/21 - 961, Incident, Accident, Death Reporting

Approved

Effective Date: 02/04/21

03/04/21 - 1620-O, Abuse, Neglect, and Exploitation Reporting Standard

Approved

Effective Date: 10/01/21

04/01/21 - 1620-G Behavioral Health Standards

45-Day TCN/PC

Effective Date: Upon Publishing

05/20/21 - 1630 - Administrative Standards & Attachment A Case Management Plan Checklist

45-Day TCN/PC

Effective 10/01/21

Upcoming Policy Review:

Follow-up: Appendix K

We need your input/support for the [Verbal Consent](#) to continue beyond the duration of the PHE.

American Rescue Plan Act (ARPA)

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) of 2021 into law. Section 9817 of the ARP provides qualify state with a temporary 10 % point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS.

Plans to use additional federal dollars under the American Rescue Plan Act (ARPA) for home and community-based services. AHCCCS was given 30 days to develop a spending plan for these short-term funds. It is important for us to get the input from ALTCS members, their families, providers and Tribal ALTCS Programs.

Meetings:

Advisory Council Meeting - June 04, 2021 @ 11:30am

General Community Listening Session – June 07, 2021 @ 5:00pm

American Rescue Plan Act (ARPA)

We look forward to your input to helping us ensure that our plans address specific needs of the members, families and providers engaged in our HCBS programs.

- The funding is short-term and must be spent by March 31, 2024 (3 years).
- These efforts cannot negatively impact our current HCBS. It can only add programs, services and activities.
- If there is a new program/activity/service funded, it must be completed by March 2024 or have a plan to fund it in another way after March 2024.
- Some areas to explore the use of the funding include:
 - Recruitment and retention of the workforce
 - Financial stability for providers
 - Information Technology (i.e. telehealth, access to technology, etc.)
 - Quality Improvement
 - Social risk factors of health (i.e. social isolation, housing, employment, etc.)
 - Health equity
 - Specialized service settings (i.e. settings for people who have significant behavioral health needs)
 - Need assessments
 - Data systems and infrastructure



Improving Requests for Technical Assistance

Kevin Hoy, M.A. – Tribal ALTCS Manager

Technical Assistance (TA) Requests-First Steps

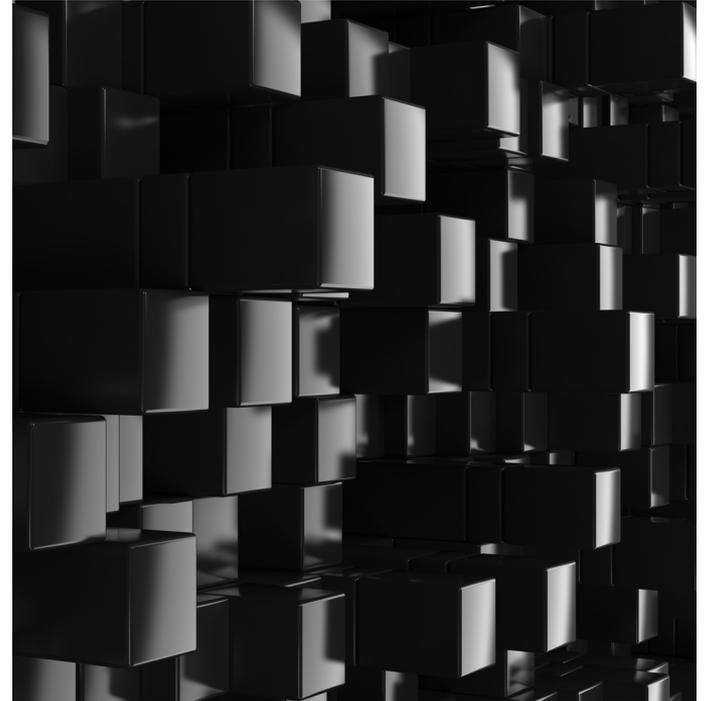
- Discuss certain issues with your team internally
- Review with your team/department 'SMEs'
- Create a SME or POC list whom you can contact on certain topics
- Review all related policies/procedures/IGA
- Involve your supervisor on complex issues
- Strategize how to best address the issue
- Can this be solved internally or is TA needed
- from AHCCCS



TA Request to AHCCCS

After your best efforts, an issue still can't be solved:

- First contact your Care Coordinator via email
- Provide the details information regarding the issue
- Provide details on what your agency has tried to solve the issue
- Allow the Care Coordinator time to review the request (72 hours)
- Care Coordinator will respond to the TA request
- Care Coordinator and Tribal Plan staff will work collaboratively on a solution



Escalating Issues

If an issue cannot be solved using the initial process it will be escalated:

- Care Coordinator will discuss the issue with the Tribal ALTCS Manager
- Care Coordinator/Manager will take all necessary steps to solve the issue
- If the issue remains unsolved, the issue will be escalated to the Tribal ALTCS Administrator



Ideas to Improve TA Process



Open discussion on ideas to improve TA process

- Would a simple TA Request form on the DTB help?
- Do any plans have an internal process they use that works well that they can share?
- Any other ideas?



How Providers Can Verify Member Eligibility and Enrollment

Jennifer Gilmore-DFSM Provider Training Officer

Fee-For-Service Member Enrollment Verification

There are many programs that individuals may qualify for to receive medical and or behavioral health services including ALTCS coverage.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as updates are added.

Eligibility categories also may change or be overridden by other eligibility categories.

Fee-for-Service Member Enrollment and Eligibility

Health care providers are responsible for verifying the eligibility of a member:

1. Each time the member schedules an appointment, *and*
2. At the time when any physical or behavioral health service is provided.

Health care providers must verify the member's eligibility and enrollment status, including when a member presents an AHCCCS ID card or a decision letter from an eligibility agency.

Fee-for-Service Member Enrollment and Eligibility

Health care providers may use any one of several verification processes to obtain eligibility and enrollment information for a Medicaid member, including any information regarding their Medicare or Third Party Payer Liability (if available).

- <https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChapter2Eligibility.pdf>

Fee-for-Service Member Enrollment and Eligibility

Verification Processes Available to Providers Include:

1. AHCCCS Online Provider Portal
2. Interactive Voice Response
3. Medical Electronic Verification System (MEVS)
4. AHCCCS Batch 270/271 Eligibility Verification Request and Response

Member Verification - Available Options

1. AHCCCS Online Provider Web Portal

- This allows AHCCCS providers to verify eligibility and enrollment status.
- AHCCCS providers can view Third Party Liability, Copayments (if applicable), Medicare Coverage, Behavioral Health Service Enrollment (TRBHA/RBHA), Share of Cost, Special Program enrollment and additional benefits information.

To create an online account and begin using the application, providers must go to <https://azweb.statemedicaid.us>.

Member Verification - Available Options

2. The Interactive Voice Response System (IVR)

- This allows an unlimited number of phone verifications by entering information on a touch-tone telephone.
 - Providers may call IVR at:
 - Phoenix: (602) 417-7200
 - All others: 1-800-331-5090

Member Verification - Available Options

3. The Medical Electronic Verification System (MEVS)

- This uses a variety of applications to provide member information to providers.
- For information on MEVS, please contact EMDEON at: <https://www.changehealthcare.com/contact-us>

Member Verification - Available Options

4. AHCCCS Batch 270/271 Eligibility Verification Request and Responses

- Providers can also verify information through a batch process (270/271), in which the provider sends a file of individuals to AHCCCS. AHCCCS returns this file with its responses the following day.
- Information on that process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.

ANY QUESTIONS?

THANK YOU!!



Home Modification

Bandana Chetty – Tribal ALTCS Specialist

Home Modification



AHCCCS MEDICAL POLICY MANUAL
POLICY 1240, ATTACHMENT A – AHCCCS-ALTCS FFS
HOME MODIFICATION REQUEST – JUSTIFICATION FORM

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED DOCUMENTATION.		
Fax completed form to: AHCCCS/DFSM/Tribal ALTCS Fax: (602) 254-2426	TRIBAL ALTCS PROGRAM	
	CASE MANAGER NAME	
Documents Attached: <input type="checkbox"/> Service Assessment <input type="checkbox"/> Uniform Assessment Tool (UAT) <input checked="" type="checkbox"/> Map of Physical Address for Rural Areas	TRIBAL ALTCS PROGRAM ADDRESS	
	PHONE NUMBER	
Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with home modification request. Note: If all necessary documents are not included in the request the request/packet cannot be processed.	SUPERVISOR	
	CASE MANAGER	

If a member lives in a rural area, the box needs to be checked and a map needs to be provided.

Home Modification

7. CURRENT MOBILITY STATUS Independent Walker/Cane Wheelchair

8. Describe modification(s) being requested (use separate sheet of paper if needed):

Modification being requested needs to be marked

MODIFICATION REQUESTED	JUSTIFICATION	APPROVED	DENIED
<input type="checkbox"/> Ramp with Handrails and Landing			
<input type="checkbox"/> Walk-in Shower and Hand-Held Shower Head			
<input type="checkbox"/> Roll-in Shower and Hand-Held Shower Head			
Grab Bars - <input type="checkbox"/> Shower or <input type="checkbox"/> Toilet			
Widen Doors- <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Front			
Lever Handles- <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Front Door			
<input type="checkbox"/> High Rise Toilet or <input type="checkbox"/> Roll Under Sink			
Special Request- Please Explain			

For a special request please give us a detail information

PHYSICIAN NAME _____ DATE _____

Questions?
Thank You.



Contractor Change Standard

Cheryl Begay – Tribal ALTCS Case Management Coordinator

1620-M Contractor Change Standard

- This Policy applies to ALTCS/EPD, DES/DDD (DDD) Contractors, and Tribal ALTCS Programs and establishes requirements for transfer of members between Contractors.
- Members may be transferred between EPD Contractors or between an EPD Contractor and DDD.
- Transfers between an EPD Contractor and DDD are the result of a change determined by DDD eligibility. When a DDD eligible member moves from one area of the state to another, a change of Contractors does not occur; however, there is a change of DDD Support Coordinator/CM.

Member Transfer Requirements

- The case manager is responsible for the discharge planning and transition of members transferred to another Contractor.
- A change of EPD Contractor due to member movement to another service area or member choice, where multiple Contractors are available.
- The case manager is responsible for initiating action when the request is made by the member/guardian/designated representative. **Case Managers shall not assume that a change of Contractor is automatic and shall communicate clearly to the member/guardian/representative.**

Member Transfer Requirements (cont.)

- EPD/ALTCS CMs are responsible for explaining that there may be service limitations and exclusions when the member moves into another Contractor's service area.
- For transfers within or into Maricopa County or Pima County, the EPD member shall make a choice of Contractors before any change can be processed.
- Tribal members are considered to have on-reservation status even when they are admitted to a SNF or alternative residential setting within a Contractor area of service off the reservation.

- Tribal members who move to own home, Home and Community Based Services (HCBS) settings off reservation will be transitioned to the Contractor serving that area.
- Case managers shall discuss the potential transfer of a member with the Transition Coordinator or case manager of the potential receiving Contractor to ascertain availability of services in that area

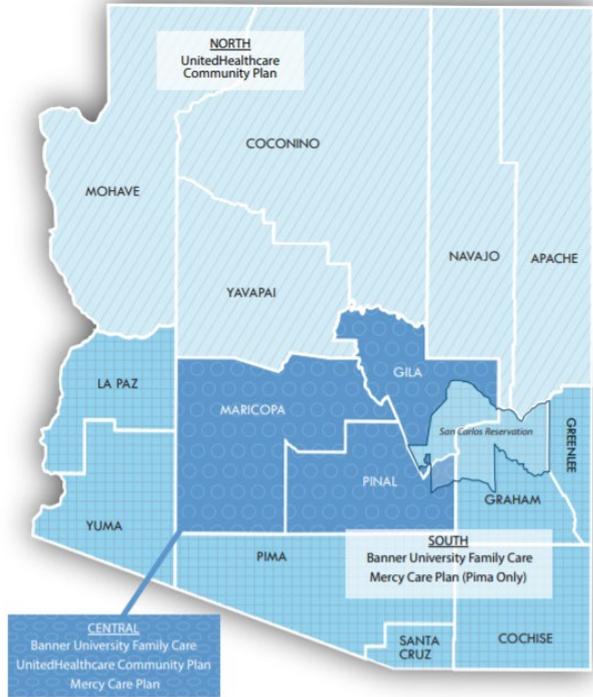
Program Contractor Change Request (PCCR)

- The (PCCR) form (AMPM Exhibit 1620-8) is used for all member transfers.
- Complete page 1.
- Page 2 complete all areas EXCEPT for Signature, Title & Date of Receiving Contractor.
- Page 3 complete only Member Name, DOB & AHCCCS ID#.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-8.pdf>

AHCCCS Contractor ID Numbers & MCO Service Areas

ID	NAME	ID	NAME
ACUTE CARE CONTRACTORS		DES/DDD	
010422	Health Net Access, Inc.	110007	DES/DDD
010158	United Healthcare Community Plan	ALTCS/EPD CONTRACTORS	
010166	DES/CMDP	110050	United Healthcare Community Plan - LTC
010254	Care1 st Arizona	110306	Mercy Care Plan - LTC
010299	Phoenix Health Plan	110314	University Family Care-LTC
010306	Mercy Care Plan	TRIBAL CONTRACTORS	
010314	University Family Care	190000	Native American Community Health
010383	Maricopa Health Plan	190009	White Mountain Apache Tribe
010497	Health Choice Arizona	190017	Navajo Nation
999998	American Indian Health Program (AIHP)	190025	Gila River Indian Community
000850	Federal Emergency Services	190033	Tohono O'odham Nation
002220	AHCCCS Non-Pay	190075	Pasqua Yaqui Tribe
003335	FFS Regular	190083	San Carlos Apache Tribe
008040	SLMB - Part B Buy-In Only	190091	Hopi Tribe
008050	QII - Part B Buy-In Only	CRS CONTRACTOR – UNITED HEALTHCARE COMMUNITY PLAN	
008690	FFS Temporary		
008715	AHCCCS QMB Only	010115	CRS Fully Integrated
888886	FFS LTC (Residual)	010145	CRS Partially Integrated - Acute
007700	FFS DD Prior Quarter	099125	CRS Partially Integrated – Behavioral Health
008800	FFS Prior Quarter	099135	CRS Only
010795	Mercy Maricopa Integrated		
010715	Health Choice Integrated		
010735	Cenpatico Integrated		
CTYPRI	County Prisoners		
DOCMAT	DOC Matched Recipient		



ADES/DDD serves the IDD population statewide.

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Arizona County Codes

COUNTY: Use the following table for Arizona County codes:

CODE	COUNTY
01	APACHE
03	COCHISE
05	COCONINO
07	GILA
09	GRAHAM
11	GREENLEE
13	MARICOPA
15	MOHAVE
17	NAVAJO
19	PIMA
21	PINAL
23	SANTA CRUZ
25	YAVAPAI
27	YUMA
29	LA PAZ

- EPD members who move from any setting to HCBS own home in another Contractor's service area will have a change of fiscal county and therefore Contractor. The relinquishing and receiving Contractor shall agree to the effective date of transfer.

Enrollment Transition Information (ETI)

[1620-9 \(azahcccs.gov\)](https://www.azahcccs.gov)

- The relinquishing case manager shall provide adequate member information (case documentation and/or medical records) to the receiving Contractor to assure continuity of care. The ALTCS Enrollment Transition Information (ETI) form (AMPM Exhibit 1620-9) is used for this purpose.
- The potential receiving Contractor is responsible for reviewing the request and notifying the relinquishing Contractor within **ten business days** of the request for transfer decision. The relinquishing Contractor shall notify the member's case manager and the member **within seven days** of receiving decision notification from the potential receiving Contractor. The relinquishing Contractor shall arrange and pay for transporting the member, if necessary.

ETI (Cont.)

- If a change of Contractor is agreed to by both Contractors, a scanned copy of the completed/signed PCCR form, shall be sent via secure email to the AHCCCS PCCR mailbox (pccr@azahcccs.gov) by the Tribal ALTCS Coordinator or the EPD LTC Coordinator.
- If the potential receiving Contractor denies the request for enrollment change, the relinquishing Contractor may request a review by AHCCCS after both receiving and relinquishing Contractor's representatives have discussed the request and have not been able to come to agreement. AHCCCS will notify the relinquishing Contractor of its decision.
- All PMMIS screens will be updated by the relinquishing & receiving Contractors.

PCCR Pertinent Medical Documentation

- Recent 6 page review assessment/PCSP Form
- Case notes
- <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-3.pdf>
- <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/1620-13.pdf>
- <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/1600/162017.xlsx>



Questions?

Thank you for all your hard work and
dedication.



Let's take a quick 10-minute break and meet back here in 15 minutes so we can finish on time.



MEDICARE PRIMARY DME REQUESTS

Vanessa Torrez - Tribal ALTCS Nurse

POWER / CUSTOM WHEELCHAIRS & NON-CAPPED PRICED QUOTES

CM Responsibility

- Case Manager receives initial request
- Send Rx Provider
 - Goal is to obtain Quote/Seat Evaluation
- Check for Primary Insurance-
 - Medicare (RF150)
 - Third Party (RF155)

TR: RP150 ACT: I AHCCCS - RECIPIENT USER-ID: Y6N 05/25/21
 NTR: _____ INQUIRE MEDICARE COVERAGE 11:57:16
 (PRIMARY) RP01L050

SEX DOB _____ DOD _____

RF150-Inquire
 Medicare
 Coverage

MEDICARE	PAYER	BEGIN	END	CHG	TERM	DATE	LAST	MOD		
PART CLAIM NO.	ID	DATE	DATE	SRC	RSN	RSN	REC	ADDED	DATE	USR
A 526242424C1	FREE	05/01/1981		MC	CV			02/20/1990	02/27/2018	BAT
B 526242424C1	030	05/01/1981		MC	CV			04/17/1990	02/27/2018	BAT
C 526242424C1		04/01/1990	05/31/2013	SG	TR			03/15/1990	02/27/2018	BAT
C 526242424C1		06/01/2013	05/31/2021	SG	EI			03/27/2013	03/24/2021	BAT
D 526242424C1		01/01/2006		MS				12/15/2005	02/27/2018	BAT
7JN4V44YE82	MBI			MS					02/27/2018	BAT

3018 RECORD(S) NOT FOUND

TR: RP155 ACT: I AHCCCS - RECIPIENT USER-ID: Y6N 05/25/21
 NTR: _____ INQUIRE THIRD PARTY COVERAGE SUMMARY 12:02:16
 (PRIMARY) RP01L055

SEX DOB _____ DOD _____

RF155-Third
 Party
 Coverage

SEQ	NUM	CARRIER	POLICY NUMBER	BEGIN	DATE	END	DATE	TYP	CHG	RSN
-----	-----	---------	---------------	-------	------	-----	------	-----	-----	-----

Gather Information required for PRIOR AUTHORIZATION

The following information shall be submitted to AHCCCS DFSM Clinical Nurse for PA Request:

- Prescription or order with ordering provider's name, and dated signature with credentials listed,
- Diagnosis indicated by ordering provider,
- Description of medical condition necessitating the supplies/equipment, and medical justification for supplies/equipment with anticipated outcome (medical/ functional),
- Clinical documentation, including documentation of the face-to face encounter requirements and timeframes (AMPM Policy 310-P),
- Description of supplies/equipment requested, Duration for use of equipment,
- Full purchase price plus any additional costs and expected cost if rented,
- Provider identification number, and
- Home evaluation, when requested by DFSM
- Need Quote (**Power/Custom w/c with Unlisted HCPC Codes 2 quotes is REQUIRED**)
- Seating Evaluation

AMPM Policy 820, Additional information can be found in AMPM Policy 810

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/810.pdf>

Prior Authorization

Date	Quote #
5/18/2021	205



THIS QUOTE WOULD BE SENT BACK FOR INDIVIDUAL BILLING PRICES FOR UNLISTED CODES

Item	Description	Qty	Total
Chief I07ZRK K0861	<p>Chief I07ZRK New Unit, Group III Multi-Option Power wheelchair</p> <p>Includes Billing Code: K0861, R0960, E1007, E1010, E1028, E2311, E2377, E0955, E0951 (2), E2361 (2), E2313, E2613, E2624, E2301</p> <p>Redman Exclusive: Stand/Recline/Tilt/Independent Leg Elevation/Intrinsic Body Positioning System 90 Degree Low Seat with auto-recline patented gravity balance system.</p> <p>Adjustable Height Desk Length Flip Away Arms</p> <p>Color: BLACK</p> <p>INCLUDES:</p> <p>Trail Link-uneven ground compensation</p> <p>Independent Rear Suspension</p> <p>Independent Frog Leg Big Rig Suspension</p> <p>American made High Torque 4 Pole Motors and Gear Boxes w/quick release freewheeling</p>		44,995.00



Quote

YES, EACH BILLING ITEM IS INDIVIDUALLY PRICED

Attn: Medicaid - Am
Po Box 1700

Phoenix, AZ 850

Diagnosis

G8252 Quadriplegia, C1-C4 Incomplete
G629 Polyneuropathy, Unspecified
N319 Neuromuscular Dysfunction Of Bladder,
K592 Neurogenic Bowel, Not Elsewhere Class

Vendor	Description	Code	Modifiers	UOM	Qty	Allowable	Charge
Pride Mobility Products	Quantum Q6 Edge HD 3SPHD-SS	K0858	NU	EA	1	\$10,083.85	\$17,190.00
Pride Mobility Products	Tru-Balance 3 HD Tilt	E1002	NU	EA	1	\$4,843.58	\$19,738.00
Pride Mobility Products	Battery, Introceptor, Gel 70AH/3HR Group 24	E2363	NU	EA	2	\$405.00	\$1,460.00
Pride Mobility Products	Joystick Mounting Bracket, Swing Away	E1028	NU	EA	1	\$248.58	\$560.00
Pride Mobility Products	Mushroom Handle	E2323	NU	EA	1	\$103.01	\$170.00
Pride Mobility Products	Tru Comfort 2 Back - 4-Way Stretch Cover - 22W	E2621	NU	EA	1	\$661.52	\$1,550.00
Pride Mobility Products	10" Headrest Pad, Comf Plus, Cool Core	E0955	NU	EA	1	\$243.34	\$334.00
Pride Mobility Products	Unlink Mntg Hdwr Kit, Headrest Mnt, Comf Plus	E1028	NU	EA	1	\$248.58	\$588.00

To determine PA Approval:

Step One:

- Information required for all PAs specified in AMPM Policy 810 and 820
- If there are unlisted HCPC Codes: 2 Quotes is REQUIRED
- Seating Evaluation

Step Three:

- Enter Pended Prior Authorization
- Fax Approval PA to CM –with Pended Authorization Number

Step Two:

- Compare the 2 quotes for cost effectiveness
- Reviewing for medical necessity

AHCCCS Nurse Responsibility: Documentation Reviewed & PA Entered into PMMIS

```
0110 BOTTOM OF LIST
TR: CL047 PEVNT          PA CASE - EVENT BROWSE          USER-ID: Y6N 05/25/21
CMD: _____          _____          12:04:24
                                CLPA0707

  AHCCCS ID [REDACTED]  NAME: [REDACTED]  SEX: F
EFFECTIVE DATES: 05/19/2021 - 05/31/2021  BIRTHDATE [REDACTED]  AGE: 59
  PA NUMBER: 001172725  CASE TYPE: P  CASE STATUS: A
  PROVIDER ID [REDACTED]  NAME: [REDACTED]  TYPE: 30
  NPI: 1750895975

SEL SEQ TYPE AUTHORIZED DATES  ADMIT DATE STA REASN DIAGNOSIS MEDICARE
                                TYPE
- 01 DM 05/19/2021 - 05/31/2021  P  PH002  G83 . 4  A B C D
```

CMD:

10:31:56

CLPA1307

AHCCCS ID: [REDACTED] NAME: [REDACTED] SEX

EFFECTIVE DATES: 05/19/2021 - 05/31/2021 ELG: LT BIRTHDATE [REDACTED] AGE

PA NUMBER: 001172725 SEQ: 01 CASE TYPE: P CASE STATUS: A

PROVIDER ID: 427208 NPI [REDACTED] NAME: [REDACTED] TYPE: 30

AUTHORIZED DATES: 05/19/2021 - 05/31/2021 ADMIT DATE: CCR: N

EVENT TYPE: DM STA: P REAS: PH002 MEDICARE TYPE: A B C D

ICD 10 DIAGNOSIS: G83.4 DESC: CAUDA EQUINA SYNDROME

REQUEST: PWR W/C- MEDICARE PRIMARY- PENDING EOB

DATE SPAN: 13

SEL	LN	TYP	CODE	MOD	ALLOWED	USED	STA	REAS	UNIT	PRICE	SRC
-											



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Account Information

Username: thedmecompan
 User: George Charalambous
 Type: Master
 IP: 72.212.144.184
 National Provider ID: 1750895975
[User Request Stats](#)
[Admin](#)

Prior Authorization: PA Case Detail

Case Status: A-APPROVED
Effective Dates: 05/19/2021 05/31/2021

Case Detail

Case NO: 001172725
 Case Type: PRIOR AUTHORIZATION

Service Provider

Provider ID: 427208
 Provider NPI: 1750895975

Provider Name: DME HEALTHCARE PARTNERS
 Provider Type: 30 DME SUPPLIER

Recipient

AHCCCS ID: A00252554
 Name: DELMA, MIRANDA

Recipient is retroactive Medicare (Types: A,B,C,D). Please submit claims to Medicare.

Date of Birth: 05/30/1961
 Gender: FEMALE

Event List

Total events found: 1

Partial text for new unread notes will appear as a blue link.

Seq No	Status	Type	Svc Begin Date	Svc End Date	Requestor	Diag Code	Class Cat.	Cmt No.
01	P-PENDE	DM	05/19/2021	05/31/2021	PWR W/C- MEDICARE PRIMARY- PENDING EOB			
Unread notes for Seq=01								
Read notes for Seq=01								
No read notes for this event								
Activity List for Seq=01								
No activity data is available for this event								

Pending PA Letter

From:

Fax:

Phone Number:

Office:

City/State:

Comments:

CaseManager: [redacted] HealthPlan: [redacted]
DME request for member: [redacted] from Provider: [redacted]
[redacted] has been received. The member has Medicare as their Primary payer. Please inform the Provider to submit Directly to Medicare and ~~PA/Authorization is not required to bill AHCCCS as the secondary payer.~~
PA NUMBER:001172725 has been entered- payment is dependent upon receipt of the Medicare EOB reflecting denial.
~~**In the event Medicare approves items, Provider will need to notify so Auth can be revoked for Claim to process without difficulty**~~
Thank you.
Vanessa Torrez
Tribal ALTCS Nurse

FINAL STEPS FOR PAYMENT

MEDICARE/THIRD PARTY PAYMENT

Provider will need to Notify AHCCCS Medicare Approved Payment

Medicaid PA will be Revoked for payment wt Process without difficulties

MEDICARE/THIRD PARTY INSURANCE DENIED

EOB or denial letter

Approve the Pended PA

Fax Approval letter to CM

EOB-Medicare Denial Letter

FAYER CONTACT:
PHONE:
EMAIL:

EIN:
NPI:
EFT:
CHECK DATE:
PRODUCTION DATE:

PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
						ACNT:50587306			ICN:20325829934000	MOA:ML15 MA01	
	1110 111020	31	0	E1161 RKKNGY		5550.00	5550.00	0.00	0.00	PR-96	5550.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E2231 NUKUGY		720.00	720.00	0.00	0.00	FR-96	720.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	K0108 NUGY		640.00	640.00	0.00	0.00	FR-5	640.00 0.00
				SUB NOS:1	REM: M77						
	1110 111020	31	0	K0040 NUKUGY		370.00	370.00	0.00	0.00	FR-96	370.00 0.00
				SUB NOS:2	REM: M18						
	1110 111020	31	0	E0951 NUKUGY		100.00	100.00	0.00	0.00	FR-96	100.00 0.00
				SUB NOS:2	REM: M18						
	1110 111020	31	0	E0971 NUKUGY		280.00	280.00	0.00	0.00	FR-96	280.00 0.00
				SUB NOS:2	REM: M18						
	1110 111020	31	0	E0978 NUKUGY		140.00	140.00	0.00	0.00	FR-96	140.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E0960 NUKUGY		366.00	366.00	0.00	0.00	FR-96	366.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E0955 NUKUGY		380.24	380.24	0.00	0.00	FR-96	380.24 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E1028 NUKUGY		395.76	395.76	0.00	0.00	FR-96	395.76 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E2613 NUKUGY		1110.00	1110.00	0.00	0.00	FR-96	1110.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E2203 NUKUGY		1210.00	1210.00	0.00	0.00	FR-96	1210.00 0.00
				SUB NOS:1	REM: M18						
	1110 111020	31	0	E0973 NUKUGY		590.00	590.00	0.00	0.00	FR-96	590.00 0.00
				SUB NOS:2	REM: M18						
PT RESP 11852.00											
ADJ TO TOTALS:											
											NET 0.00
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT		
	1	11852.00	11852.00	0.00	0.00	11852.00	0.00	-0.09	9826.94		
PROVIDER ADJ DETAILS:											

SUB NOS:2	REM: M18	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT
1110 111020 31 0	E0971 NUKUGY	280.00	280.00	0.00	0.00	PR-96	280.00	0.00	
	SUB NOS:2								
1110 111020 31 0	E0978 NUKUGY	140.00	140.00	0.00	0.00	FR-96	140.00	0.00	
	SUB NOS:1								
1110 111020 31 0	E0960 NUKUGY	366.00	366.00	0.00	0.00	FR-96	366.00	0.00	
	REM: M18								
1110 111020 31 0	E0955 NUKUGY	380.24	380.24	0.00	0.00	FR-96	380.24	0.00	
	SUB NOS:1								
1110 111020 31 0	E1028 NUKUGY	395.76	395.76	0.00	0.00	FR-96	395.76	0.00	
	SUB NOS:1								
1110 111020 31 0	E2613 NUKUGY	1110.00	1110.00	0.00	0.00	FR-96	1110.00	0.00	
	SUB NOS:1								
1110 111020 31 0	E2203 NUKUGY	1210.00	1210.00	0.00	0.00	FR-96	1210.00	0.00	
	SUB NOS:1								
1110 111020 31 0	E0973 NUKUGY	590.00	590.00	0.00	0.00	FR-96	590.00	0.00	
	SUB NOS:2								
PT RESP 11852.00									
ADJ TO TOTALS:									
									NET 0.00
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT
	1	11852.00	11852.00	0.00	0.00	11852.00	0.00	-0.09	9826.94
PROVIDER ADJ DETAILS:									

GLOSSARY: Adjustment, Group, Reason, MOA, and Remark codes
 PR- Patient Responsibility
 96Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCFDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 5 The procedure code/bill type is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Effective 02/01/2018: The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 MA15 Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
 M18 Certain services may be approved for home use. Neither a hospital nor a Skilled Nursing Facility (SNF) is considered to be a patient's home.
 M77 Missing/incomplete/invalid/inappropriate place of service.
 L6 Use this monetary amount for the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT amounts, where AMT01 is "I. Medicare Part A will provide code "IN" in PL803-2.

Delivery Ticket



DELIVERY RECEIPT 10523400 D

760 E McDowell Road
Phoenix, AZ 850062518
(602) 452-4320 Fax (602) 252-2547
NPI 1184883472

Client:
Account#:
Salesperson Luke.Fields Fields, Luke

Bill To: Insurance ID:
Medicare Denial Region D-Noi
Noridian Administrative Servis
Fargo, ND 58108
(877) 320-0390

Deliver To: Customer:

Vendor	Description	MFG Part#	Code	Mod	UOM	Qty	Expected	Charge
Serial #	Make	Model	Asset #	Subtotal			\$5,339.16	\$12,796.00
FCR0038731				Tax				\$0.00
				Total				\$12,796.00

Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> VA Visa <input type="checkbox"/> Visa	Payor :		Signature:
	Amount :		Patient or authorized signature
	Check #		Relation to Client:
	Card #		Print Name:
	Expiration Date		Date:
	Authorization #		

Please notify of any shortages or discrepancies within five (5) days of receipt of goods or no credit will be allowed. Merchandise contained in this shipment has been carefully counted and checked. Please call or write referring to your account number in the event of any discrepancies.

Assignment of Benefits / Release of Information

I request that the payment of authorized Medicare, Medicaid or other private / public insurance benefits be paid directly to the above named company for any services / equipment furnished to me by this supplier. I authorize any holder of medical information, including health facility, nursing agency, physician or

TR: CL051 PACTV
CMD: _____

PA EVENT - ACTIVITY BROWSE

USER-ID: Y6N 05/26/21

10:54:45

CLPA1307

COMMENTS

AHCCCS ID: [REDACTED] NAME: [REDACTED] SEX M

EFFECTIVE DATES: 09/13/2020 - 03/04/2021 ELG: LT BIRTHDATE [REDACTED] AGE 65

PA NUMBER: 001133272 SEQ: 01 CASE TYPE: P CASE STATUS: A

PROVIDER ID: 351456 NPI: 1184883472 NAME: [REDACTED] TYPE: 30

AUTHORIZED DATES: 09/13/2020 - 09/30/2020 ADMIT DATE: CCR: N

EVENT TYPE: DM STA: A REAS: PJ001 MEDICARE TYPE: A B D D

ICD 10 DIAGNOSIS: S20. DESC. PARKINSON'S DISEASE

REQUEST: MEDICARE PRIMARY / SNF /EOB RECIEVED
RECIEVED DILIVERY TICKET/ SEATING EVAL

DATE SPAN: 18

SEL	LN	TYP	CODE	MOD	ALLOWED	USED	STA	REAS	UNIT	PRICE	SRC
-	01	H	E1161	RR	18.000	0.000	A	PJ001	11.3200		S
-	02	H	E2231	RR	18.000	0.000	A	PJ001	0.6300		S
-	03	H	K0108	NU	1.000	0.000	A	PJ001	375.4000		U
-	04	H	K0040	RR	36.000	0.000	A	PJ001	0.2000		S
-	05	H	E0951	RR	36.000	0.000	A	PJ001	0.0500		S

PF: 1=HLP 2=MEN 3=NPI 4=TOG 5=PRV 6=NXT 7=BKW 8=FWD 10=TOP 11=BOT 12=EXT



Tribal Presentation

Tohono O'odham Nation Health Care

Joni Jim-ALTCS Supervisor

**TOHONO O'ODHAM NATION
DIVISION OF HEALTH & HUMAN SERVICES
Senior Services/ALTCS**



TON ALTCS CASE MANAGERS



Jonell Francisco



Sharon Maldonado



Lucille Lewis



Matilda Lopez



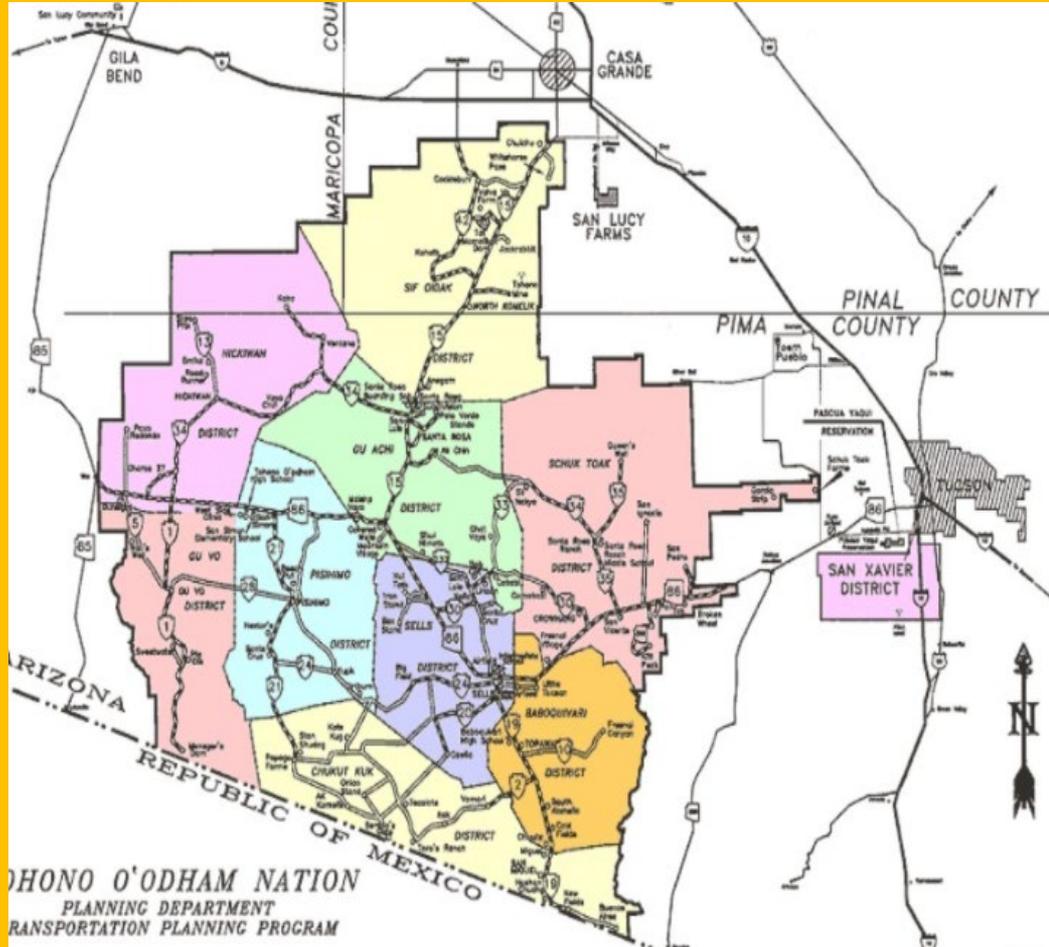
Florabelle Mamake

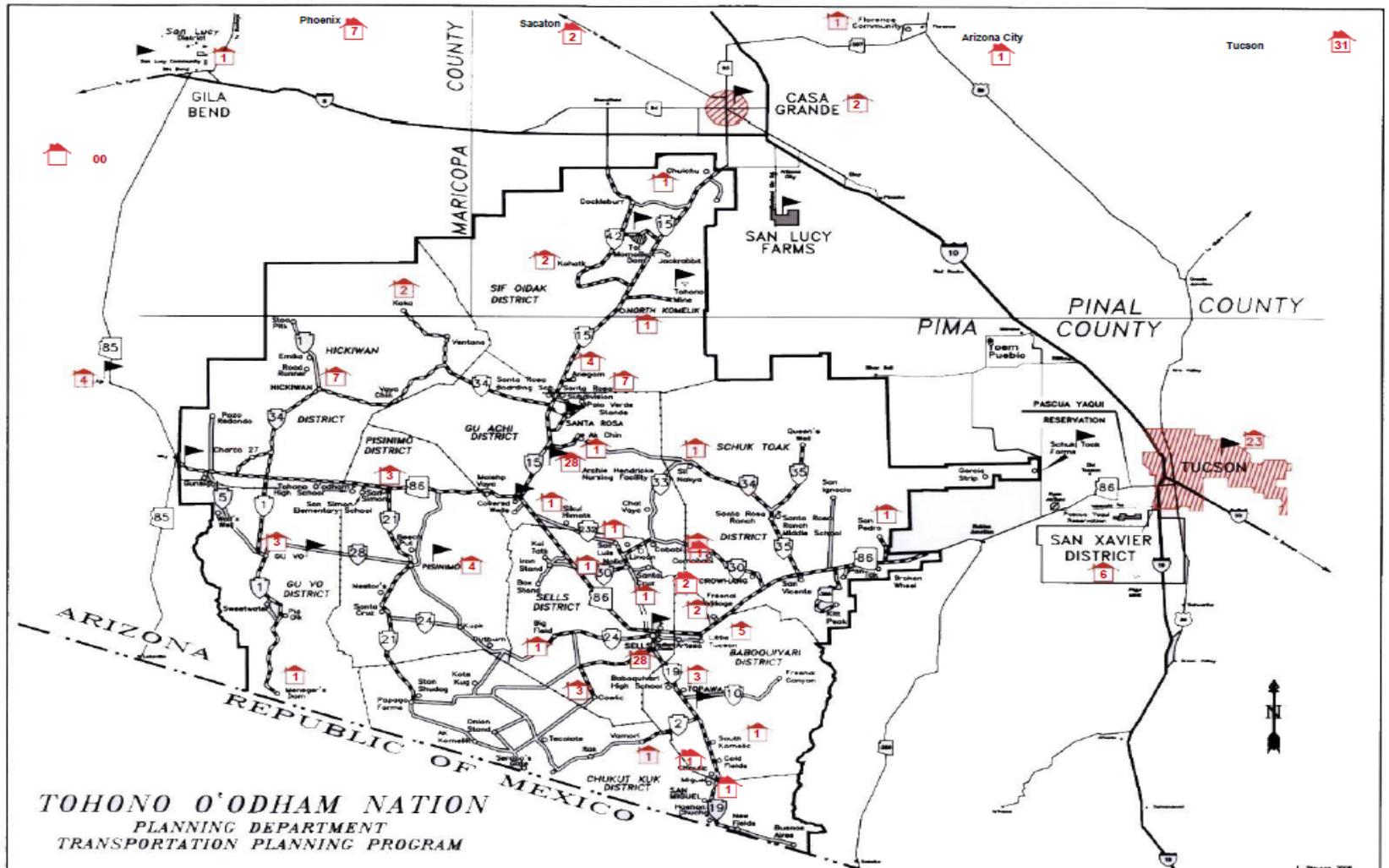


Joni Jim



Shannon Patricio





TOHONO O'ODHAM NATION
 PLANNING DEPARTMENT
 TRANSPORTATION PLANNING PROGRAM

Senior Services Programs:

Elder Nutrition Program

Adult Care Program

ALTCS

(Az Long Term Care System)

Caregiver Support Program

Resources Activities Program

Ombudsman Service

Senior Companion Program



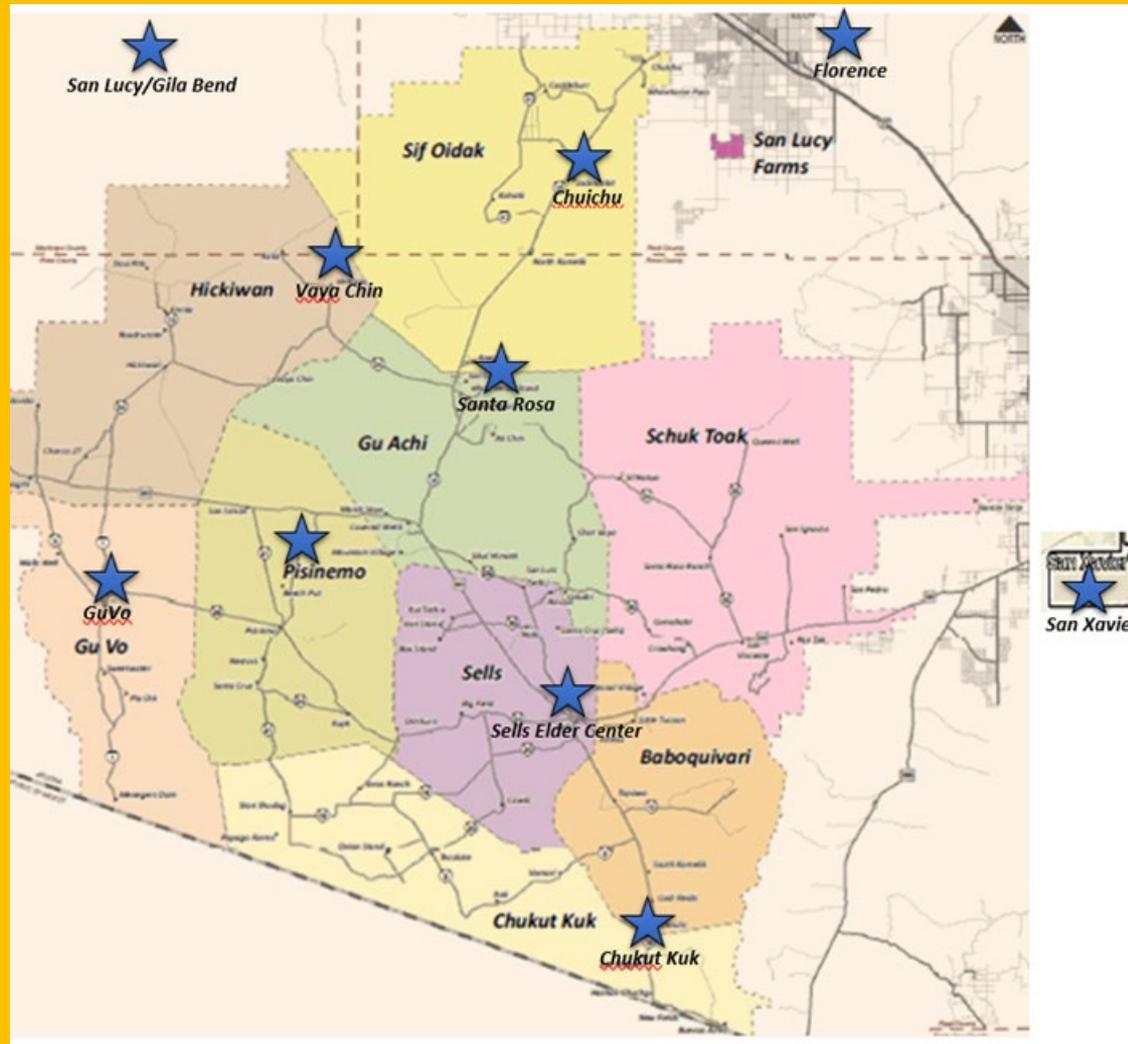
Elder Nutrition Program

- The Elder Nutrition Program provides Congregate Meals to 10 sites located across the Nation
- Home Deliver Meals delivery available
- Welfare checks
- Transportation – to pay bills, shopping in Sells, Tucson and Casa Grande socialization & recreation to Elders 55 and over.
- Informational presentations, general health checks through CHR's, health promotion through HOPP



Senior Services Nutrition Program provides meals 10 Congregate Sites

1. San Lucy/Gila Bend
2. Vaya Chin
3. Gu Vo
4. Pisinemo
5. Sells Elder Center
6. Chukut Kuk
7. Florence
8. San Xavier
9. Santa Rosa
10. Chuichu



Adult Care Program

Provides assistance to members of the Tohono O'odham Nation who are 55 and older; vulnerable, physically or mentally challenged adults. The services are provided to eligible adults who reside on the Tohono O'odham Nation with some services provided to those who reside in areas adjacent to the Reservation.

Adult Care Case Managers assist in applying for Arizona Long Term Care Services.

Community Home Workers assist clients with light household chores, minor home repairs and make welfare checks on those elders who live alone; they also provide non-medical transportation for shopping paying bills and other non medical appointments.



Caregiver's Support

This program provides training, education and referrals to support unpaid/informal caregivers who take care of elders 55 and over, mentally challenged adults & grandparents raising grandchildren



Resource/Activities

- The Resource/Activities Program develops ways to provide various activities for Elders to participate in hands on workshops.
- The Resource/Activities Coordinator acts as a liaison to the tribal entities/districts in assisting with appropriate services for elders. The program provides recreational, educational, social activities and social opportunities to any individual fifty-five (55) years or older to improve their quality of life.



Senior Companion

Ameri Corp Seniors –
Seniors Serving Seniors in
collaboration with Pima
Council on Aging providing
companionship homebound
Elders over 60



Ombudsman Program

Ombudsman Services – an Ombudsman is certified by the State of Arizona to advocate for residents of a Skilled Nursing Facility, Assisted Living or Adult Day Care.





Tohono O'odham Nation Health Care (TONHC)

COVID-19 Situation Update: May 19, 2021

T-Ñukuda Ha'icu Cihañig

This is a rapidly evolving situation. Information is based upon data as of May 19, 2021 at 7:00 and may change as more data becomes available.

COVID-19 Data among Members of Tohono O'odham Nation (TON)

Total Cases	New Cases This Week	TONHC Percent Positive Tests This Week*	Deaths **
1,785	1	1%	79

May 19, 2021: TONHC COVID-19 Vaccination Program is currently in Phase 1A – 1C

Number of people fully vaccinated	Total Doses Given to date	Points of Distribution (PODs) Completed	PODs Open This Week
7,173	15,049	126	4

What's New?

COVID-19 Vaccine Updates

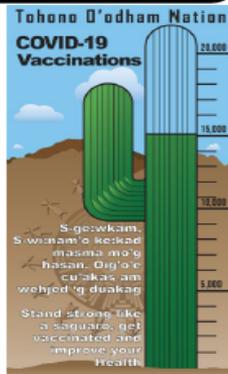
Starting this week, children ages 12 years and older became eligible to be vaccinated against COVID-19. All adults ages 18 years and older remain eligible to receive any of the COVID-19 vaccines. Watch for upcoming TONHC vaccine clinic dates for children and their families. For any questions about your vaccines, your health providers are the best source of information.

Tohono O'odham Nation Continues to Require Mask Wearing

People on the Nation should continue to wear masks to prevent serious illness and deaths from COVID-19. Vaccination rates on the TON are currently lagging behind the general US population by over 10%. While the CDC has recently issued new guidelines easing the use of masks, Tohono O'odham Nation continues to require mask wearing in public per TON Executive Order No. 2020-09, even for fully vaccinated persons.

Clinic Entry Screening Protocols

TONHC will continue to ask all persons entering clinic buildings about illness symptoms, but has discontinued the use of temperature checks because lack of fever has not been shown to be a reliable marker to detect COVID-19 infection.



Positive COVID-19 Cases

	Enrolled Member of Tohono O'odham Nation	Enrolled Member of Another Tribe or Other	Total
Residing within Boundaries of TON	1218	46	1264
Residing outside Boundaries of TON	567	251	818
Total	1785	297	2082

*Includes non-TON members tested at TONHC

**Deaths include non-tribal community member

TONHC Situation Update 05/19/2021 7:00

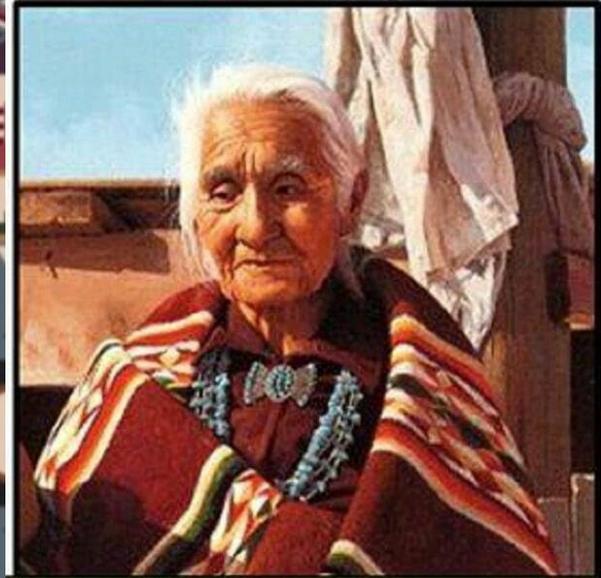
Wear a mask, physically distance, and wash your hands to protect Tohono O'odham Nation

TON ALTCS continues to provide services to members; with the tribe not fully operational, services are limited from the program – Case Managers continue to work from home and are in office on staggered hours of operation.



Thank you!

Tribal Plan Recognitions



“Honor your Elders”
For they have the Wisdom
to Teach what we have not
learned yet.