

November/December 2019

Tribal ALTCS Web Page

[AHCCCS has updated its Tribal ALTCS web page.](#)

Information contained on the web page includes:

- An overview of the Tribal ALTCS health plan benefits;
- A listing of Tribal ALTCS programs and contact information;
- Prior Authorization information;
- Tribal ALTCS Case Management Resources;

- Provider Enrollment Information; and
- Tribal ALTCS Notifications (sent out via Constant Contacts).

Additionally Tribal ALTCS programs and Case Managers are invited to sign up to receive email news alerts from the Division of Fee-for-Service Management (DFSM). These email news alerts are periodically sent out regarding changes to the program, benefits, policies, billing rules and rates updates. Sign up [here](#).

AHCCCS Provider Enrollment Portal (APEP) to Launch on June 1st, 2020 (Date Changed)

AHCCCS Provider Enrollment Portal (APEP) to Launch June 1, 2020

In June 2020, the AHCCCS provider enrollment process will move from a manual, paper-based system to a new, online system called the AHCCCS Provider Enrollment Portal (APEP). The new online system will allow providers to:

- Enroll as an AHCCCS provider.
- Update information (such phone and addresses).
- Upload and/or update licenses and certifications.

This change, from a manual process to a 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.

For more information and Frequently Asked Questions

please visit the [AHCCCS Provider Enrollment Portal web page](#).

Forward [this email subscription form](#) to anyone who would like to receive email updates regarding Provider Enrollment and the new portal.

If you have questions please contact Provider Enrollment at:

- 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)

Thank you.

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

The **2020 Provider Training Schedule** can be found at: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Telehealth Services - Important Update

IMPORTANT NOTICE:

Information contained within the Telehealth Training Manual shall be transitioned into the following areas:

- AHCCCS Medical Policy Manual ([AMPM](#)) [320-I, Telehealth Services](#).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
 - [Chapter 10, Individual Practitioner Services](#).

[of the Fee-for-Service Provider Billing Manual](#)

- [Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual](#)

AMPM 320-I, Telehealth Services, recently finished up a public comment period. AHCCCS is reviewing the public comments and upon finalizing our review will post updates in the AMPM.

APR-DRG Payment Policy Updates

The AHCCCS DRG Payment Policies document has been updated as of October 1st, 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.

www.azahcccs.gov/PlansProviders/RatesAndBilling/ManagedCare/DRGbasedpayments.html

azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

Covered Behavioral Health Services Guide – Important Update

IMPORTANT NOTICE:

Information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) has been transitioned into the following areas:

- AHCCCS Medical Policy Manual ([AMPM](#)) [Policy 310-B, Behavioral Health Services Benefit](#)
 - Title XIX/XXI benefit information.
- [AMPM Policy 320-T, Non-Title XIX/XXI Behavioral Health Services](#)
 - Non-Title XIX/XXI service information.
- Appropriate AMPM Policies as necessary, including:
 - AMPM Policy 310-BB, Transportation; and
 - AMPM Policy 310-V, Behavioral Health Residential Facilities (BHRFs).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals **Undergoing updates as of 10/27/2019.
- Chapter 19, Behavioral Health Services, FFS Provider Billing Manual

- Behavioral Health services billing information for FFS Providers

- Note: Billing information in the FFS Provider manual is primarily directed to FFS providers; however, the general billing information not identified as specific to FFS providers may also be referred to by ACC (MCO) providers. For FFS Providers, any billing information noted as specific to ACC (MCO) only does not apply to FFS.

- [Chapter 12, Behavioral Health Services, IHS/Tribal Provider Billing Manual](#)

- Behavioral Health services billing information for IHS/Tribal Providers.

For providers serving AIHP/FFS members, the DFSM Provider Training team can be reached at Provider-TrainingFFS@azahcccs.gov.

Providers serving ACC plan members should refer to the enrolled ACC plan billing manual, and/or contact the ACC plan directly for billing related questions.

Behavioral Health Facilities Providing Personal Care Services

Effective for dates of service 10/1/2019 and on, Behavioral Health Residential Facilities (BHRFs) who are also licensed through the Arizona Department of Health Services (ADHS) to provide personal care services may begin billing for H0018 (Behavioral health; short term residential, without room and board, per diem) with the TF modifier for personal care services.

This billing combination is only to be used by BHRFs licensed with ADHS to provide personal care services. Any member receiving such services must have had an assessment by a medical provider indicating that

the member's condition requires assistance with personal care.

Please note that a BHRF that is licensed to provide personal care services should only bill H0018 with the TF modifier for members that require personal care services, as documented in their assessment and service/treatment plan.

For additional information please review AMPM Policy 320-V, Behavioral Health Residential Facilities.

Behavioral Health Residential Facility – Prior Authorization Documentation Requests

BHRF providers can submit requested documentation using the AHCCCS Online Provider Portal under the Prior Authorization submission tab.

Examples of documentation that can be submitted on the AHCCCS Online Provider Portal include:

- Assessment Forms
- Updated Treatment Plans

- Continued Stay Requests
- Discharge Planning Documentation

NOTE: Please check all prior authorization requests for additional information and the authorized dates prior to submitting.

Transaction Insight Portal (TI)

AHCCCS Fee-For-Service may require providers to submit documentation. The [Transaction Insight Portal](#) is the preferred method for submitting medical records, the AHCCCS Daily Trip Report (for Non-Emergency Medical Transports), and any supporting

documentation.

[Please see our “TI Portal Web Upload Attachment Guide” training.](#)

Claim Status Inquiries AHCCCS Online Provider Portal/Claims Customer Service

Providers can status claims online using the AHCCCS Online Provider Portal. This is a fast and convenient service that provides real-time claims status, denial reasons and payment information.

After you have reviewed the details of your claim, if you require further assistance, please use the following resources:

- **Provider Training Web Page** – For trainings, including “how to” videos and screenshots on how to make corrections to previously submitted claims or on how to submit additional documentation (i.e. the AHCCCS Daily Trip Report or requested medical records) to AHCCCS using the AHCCCS Online Provider Portal or Transaction Insight Portal please review the materials available on the [DFSM Provider Training web page](#)
- **Claims** – The Claims Customer Service team is available at (602) 417-7670 Option 4, Monday – Friday from 7:30am – 4:00pm (Phoenix Time). The Claims Customer Service team can assist with the following items:
 - The Status of a Claim and any details regarding that status;
 - Providing denial codes and general information regarding denied claims; and
 - Providing general information about approved and pending claims.
- **NOTE:** Providers should *not* call the Claims

Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address the check was mailed to, and payment details for approved claims. Providers are encouraged to use the resources within this article and the resources available online for these types of inquiries.

- **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov. Rates are also available on the [AHCCCS website](#).
- **Coding** - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov.

NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider’s professional coder/biller.

[AHCCCS also has a Medical Coding Resources web page.](#)

- **ACC Plan Claims & Rates** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan or questions regarding rates for members enrolled in an ACC Health Plan should be directed to the appropriate ACC Health Plan.

NOTE: Please see article on ACC Health Plans within this edition of Claims Clues for contact information.

Claim Submission – Medicare/Third Party Liability

AHCCCS is the payer of last resort, unless specifically prohibited by state or federal law. This means AHCCCS shall be used as a source of payment for covered services **only after all other sources of payment have been exhausted per A.R.S. §36-2946.**

Per R9-22-1002, AHCCCS is not the payer of last resort (AHCCCS will be the primary payer) when the following entities are the third-party:

1. The payer is Indian Health Services contract health (IHS/638 tribal plan); or
2. Title IV-E; or

[continued on next page](#)

Claim Submission – Medicare/Third Party Liability Continued

3. Arizona Early Intervention Program (AZEIP); or
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300; or
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et. seq. payer.

Since AHCCCS is the payer of last resort, whenever a member has another health insurance, such as Medicare, then any claims submitted to AHCCCS must include a copy of the primary payer’s Explanation of Benefits (EOB).

An EOB is a statement from the member’s primary payer source (i.e. Medicare) explaining what medical treatments and/or services were paid for and/or denied.

A common question from providers follows:

Q: We are aware that the member has another insurance source/primary payer, but we believe that the primary payer will deny the claim. The service we provided is not covered by the primary payer source. Do we need to submit an EOB with the claim?

A: Yes. Regardless of whether or not the primary pay-

er covers a service and regardless of the type of submission (electronic or paper) a copy of the primary payer’s determination (either a paper or electronic copy) is required upon claim submission. If a member has a primary payer source, outside of what is outlined in R9-22-1002, the provider must first submit to the primary payer.

NOTE on Medicare Crossover Claims: For members with Medicare as the primary payer source, AHCCCS has established an automated crossover process for fee-for-service claims. When a provider submits a claim to Medicare for an AHCCCS member the claim is automatically crossed over to AHCCCS when Medicare issues payment. Providers should not submit claims to AHCCCS for paid Medicare claims for Dual eligible AHCCCS members or QMB members.

AHCCCS registered providers may verify FFS members Third Party Liability information using the AHCCCS Online Provider Portal. Training: [“Verifying Member Eligibility through AHCCCS Online”](#).

For additional information on Third Party Liability and Secondary Payer Claims please review [Chapter 9, Medicare/Third Party Liability, of the Fee-For-Service Provider Billing Manual](#) and [Chapter 7, Medicare/Third Party Liability of the IHS/Tribal Provider Billing Manual](#).

AHCCCS Complete Care (ACC) Health Plan Contact Information

ACC Health Plans	Website	Phone #
Care1st Health Plan	www.care1staz.com	1-866-560-4042
Steward Health Choice Arizona	www.StewardHealthChoiceAZ.com	1-800-322-8670
Magellan Complete Care	www.mccofaz.com	1-800-424-5891
Mercy Care	www.mercycareaz.org	1-800-624-3879
Banner-University Family Care	www.bannerufc.com/acc	1-800-582-8686
UnitedHealthcare Community Plan	https://www.uhccommunityplan.com	1-800-348-4058
Arizona Complete Health-Complete Care Plan	www.azcompletehealth.com/completecare	1-888-788-4408

When a member is enrolled with an ACC health plan (MCO), the plan is responsible for assisting the provider with questions on billing/coding, policy, prior authorization, and claim inquires.

A0998 Article

Billing Manual Update

The transportation chapters of both the FFS and IHS/ Tribal Provider Billing Manuals have been updated. Information updated appears in red below, and has been added to provide additional clarity on rates for CON providers.

[Please visit the Fee-for-Service Provider Billing Manual](#)

4. A Fee-For-Service ground ambulance provider, who responds to an emergency call and provides medically necessary treatment at the scene, but does not transport the member, is eligible for reimbursement. This service is billed with HCPCS code A0998 (Response No Transport), and reimbursement can vary based on a provider's designation as follows:

- For ground ambulance providers operating under an ADHS Certificate of Necessity (CON):
- For providers operating under a CON, ADHS does not set a rate specifically for A0998 Ambulance Response No Transport. The rate that applies for the CON provider is 68.59% of their ADHS-established ALS or BLS base rate effective with AHCCCS on the claim date of service.
- Where ADHS has established a base rate for the CON provider that does not include supplies, the provider may bill the supplies separately and be reimbursed separately for them; this is true for

any ambulance trip whether or not a transport resulted.

- Where ADHS has established a base rate for the CON provider that includes supplies, the provider may not bill supplies separately. Reimbursement for the supplies is included in the reimbursement for the ambulance trip; this is true whether the trip was a response with transport or A0998 Response No Transport.
- Therefore, for some CON providers, A0998 includes reimbursement for supplies and they are not permitted to bill supplies separately; for other CON providers A0998 does not include supplies and they may bill and be reimbursed separately for the supplies. This is determined by ADHS, not AHCCCS.

For non-CON ambulance providers:

Distinct from the above, AHCCCS has established a FFS rate for A0998 for non-CON ambulance providers, and that rate is deemed to include reimbursement for any supplies used during the service. The provider may not bill supplies separately.

5. A provider who responds to an emergency call, but does not treat or transport a member as a result of the call, is not eligible for reimbursement.