August is National Immunization Awareness Month
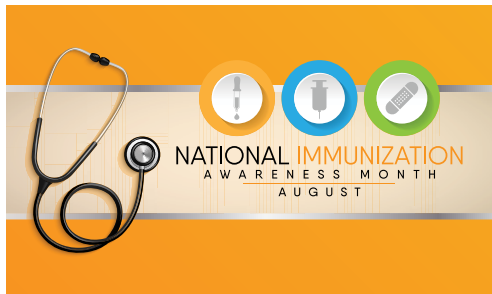
August is National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. Together, we can help raise awareness about the importance of vaccination and encourage people to talk to a healthcare provider they trust about staying up to date on their vaccinations.

AHCCCS Covered Behavioral Health Services Guide

AHCCCS has posted the AHCCCS CBHSG on July 1, 2024, with an effective date of 10/1/2024. The CBHSG is not subject to public comment, however, AHCCCS will be collecting questions on the guide between 7/15/2024 and 9/15/2024.

Questions will be used to inform a frequently asked questions (FAQ) document and develop training materials for providers and stakeholders.

Please submit all questions via email to CBHSGCodingQuestions@azahcccs.gov

AHCCCS Covered Behavioral Health Services Guide

AHCCCS Online Provider Portal

We encourage AHCCCS enrolled FFS providers to use the AHCCCS Online Provider portal to help with their daily work tasks.

- Check member eligibility across all Medicaid plans.
- Submit claims and prior authorizations for FFS, AIHP, DD THP and ALTCS members.
- Search and Submit authorization requests.
- Verify provider enrollment, categories of services ang group billing affiliations.
- Check processed claims, including service line details and payment information.
- EFT enrollment.
- Master account holder status and more.

The DFSM Claims Clues is a monthly newsletter that provides information about changes to the program, system changes/updates, billing and FFS policies.

Claims, Prior Authorization and Provider Enrollment inquires: The Division of Member and Provider Services (DMPS) manages the service calls for AHCCCS Fee-for-Service. DMPS can assist providers with prior authorizations, claim inquires and status and provider registration (APEP) questions and processes.

The hours of operation are Monday – Friday, 7:30am-5:00pm (602-417-7670).

AHCCCS Provider Enrollment Portal (APEP): Questions regarding provider-related enrollment, policy, or APEP user issues email APEPTrainingQuestions@azahcccs.gov . Your email will automatically create a service ticket to Provider Enrollment for assistance.

AHCCCS Warrents - For questions about Warrants, paper EOBs or Electronic Fund Transfers (EFT), contact the Division of Business & Finance (DBF) at (602) 417-5500.

835 Electronic Remittance Payment Sign Up (Remittance Advice Sign Up/835) Contact: ServiceDesk@azahcccs.gov or call (602) 417-4451

Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address: servicedesk@azahcccs.gov

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page .

For provider training questions please outreach the Provider Training Team via email at ProviderTrainingFFS@azahcccs.gov

COVID FAQ: FAQ COVID Fact Sheet

Common AHCCCS Provider Enrollment Portal (APEP) Questions

1. **How Do I modify the service address?**
   The process of adding a service address is at the individual provider ID level and can be initiated using the AHCCCS Provider Enrollment Portal (APEP). All applications or modifications must be submitted in APEP and not via a Service Ticket.

2. **How to request password reset in APEP**
   If you have forgotten your APEP sign on, providers can send an email, including the user's full name and email associated with SSO, requesting the username to APEPTrainingQuestions@azahcccs.gov.

3. **Who is the Domain Administrator for my company?**
   Upon state approval, the user who submits the initial application in APEP becomes the domain administrator. If you need to be granted domain administrator, contact Provider Assistance (602)417-7670 option 5, or email the NPI and APEP username to APEPTrainingQuestions@azahcccs.gov.

4. **I do not know who the Domain Administrator is, what can I do?**
   If a user needs access to a provider's file, email the NPI and APEP username to APEPTrainingQuestions@azahcccs.gov.

Extension of the Provider Moratorium to June 8, 2024

In accordance with Section 42 CFR 455.470, I, Carmen Heredia, Cabinet Executive Officer of the Arizona Health Care Cost Containment System (AHCCCS), will implement for an additional 6 months a statewide moratorium on the enrollment of Behavioral Health Outpatient Clinic, Integrated Clinic, Non-Emergency Medical Transportation, Community Service Agencies, and Behavioral Health Residential Facility providers.

This moratorium extension will **expire on June 8, 2024**. This moratorium allows provider enrollment applications to be considered for an exemption on a case by case basis, under any of the following circumstances:

1. Medically Underserved Service Area and access to care with review and approval by State Medicaid Agency,

2. Service expansion in support of a State Medicaid Agency initiative,

3. At the request of an AHCCCS contracted managed care plan to ensure that access to care standards (i.e., time and distance) are not out of compliance, or

4. Additional exemptions as appropriate and as needs are identified.

These moratoria were approved by the Centers for Medicare and Medicaid Services (CMS) and is effective on December 8, 2023. This action is necessary to safeguard AHCCCS members, public funds, and to maintain the fiscal integrity of the AHCCCS program.

Federal Emergency Services Inpatient Hospitals Services Prior Authorization Not Required for FES Members

In accordance with R9-22-217 (D) A provider (hospital) is not required to obtain prior authorization for emergency services for Federal Emergency Services (FES) members, except outpatient dialysis services. Based on this guidance, providers should not submit to AHCCCS FFS a prior authorization request for a FES enrolled member.

Per R9-22-217 All services must meet the federal definition of emergency services to be considered for reimbursement. Based upon these criteria, all claims are subject to retrospective review.

Common Prior Authorization Submission Errors:

AHCCCS has identified several common PA submission errors that include but are not limited:
• PA request entered for CPT/HCPCS code that does not require a PA.
• Incorrect Date of Service(s).
• Incorrect Event type.
• Failure to complete the Event Tab.
• Failure to complete the Activity Tab.
• PA request entered under the incorrect provider NPI number.

To learn more about procedures that may or may not require a prior authorization view the AHCCCS Fee for Service Prior Authorization Guide.

Submitting Documentation for Replacement Claims:

If a replacement claim is submitted, providers must also include any required documentation to the replacement claim. If the replacement claim is submitted on the AHCCCS Online Provider Portal, the replacement claim PWK number must be unique or have a distinguishing character from the original PWK number.

For example: The first submission of the claim the PWK number is A1234567807012024.

• This claim is replaced and the second submission (corrected claim) the PWK number must be unique or have a distinguishing character from the original PWK number.

In this example the PWK number has **R1** at the end to show that this is a new PWK number. A1234567807012024**R1**.

Important Note: If the same PWK from the original claim submission the documents will be linked to that claim and not to the replacement claim submission.

Non-Emergency Medical Transportation Providers Trending Errors

Denial Code	Description
L019.5	Invalid Diagnosis Code Entered
L210.2	Trip Report Required Trip Report Missing
SD208	Trip Report Not Received
H002.3	Recipient ID is in an Invalid Format
L083.2	Prior Auth is in a Pend Status
L088.2	Non-EMG Transport Requires Prior Auth; PA Exists; Not Approved
L207.1	Failed MUE Edits, MUE Units of Service

AHCCCS Daily Trip Report Reminders for Non-Emergency Medical Transportation Providers PT28

As a reminder the AHCCCS daily trip report must be completed correctly and submitted with each NEMT claim.

Common errors include but are not limited to the following:

- Missing member and driver signatures
- Driver full name not entered,
- Driver information not provided to the program,
- Missing / invalid vehicle type,
- Under reporting of actual trip miles,
- Incorrect reporting of trip miles per member,
- Alterations to the AHCCCS Daily Trip Report,
- NEMT transports are to a service that is NOT covered under the program.

Instructions How to Complete the AHCCCS Daily Trip Report

Elective Sterilization Consent Form Requirement

AHCCCS requires a completed AMPM Exhibit 420A Federal Sterilization Consent Form to be submitted with all claims for voluntary sterilization procedures. For additional information related to this sterilization service providers can review.

For additional information related to these services and guidelines, providers can review FFS Provider Billing Manual, Chapter Individual Practitioner Services.