



# **Welcome to the IHS/638 Quarterly Forum**

**May 02, 2019**

**WebEx**

**1:30 P.M. – 3:00 P.M.**





**Update:  
Future IHS/638 Forums  
will be conducted by  
Webex only.**

# **WELCOME AHCCCS Tribal Relations Liaison**

## **AMANDA BAHE**



# AMERICAN INDIAN MEDICAL HOME (AIMH)



# American Indian Medical Home

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The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.

AIMHs help address health disparities between American Indians and Alaskan Natives in Arizona by enhancing case management and care.

# Eligible IHS/638 Provider Types

**AIMH**

**02 HOSPITAL**

**IC  
Integrated  
Clinic**

**C2 – FQHC  
Federally  
Qualified Health  
Center**

**05 Clinic  
(Excluding Dental  
Providers )**

**C5 – 638 FQHC  
Federally  
Qualified  
Health Center**

**29- RHC  
Community /  
Rural Health  
Center**

## AIMH Provider Enrollment

- Facilities who choose to become an AIMH will receive a Prospective Per Member Per Month (PMPM) rate for services provided by their medical home.
- Payments are dependent upon the AIMH tier level selected.
- Tier levels include annual rate increases.

## Provider Requirements

- Be a qualified IHS or Tribal 638 Facility.
- Enter into an AIMH Intergovernmental Agreement (IGA).
- Provide members 24 hour telephonic access to the care team.
- Obtain Primary Care Case Management (PCCM) accreditation.
- Dependent upon AIMH tier level participation:
  - Provide Diabetes Education
  - Participate bi-directionally in the State Health Information Exchange (HIE)

# AIMH Member Enrollment

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- AIHP enrolled members can select an AIMH when they access a participating AIMH provider or by contacting the AHCCCS Division of Member Services.
- Members who join the AIMH can do so voluntarily and will have the choice to decline participation, dis-enroll or switch AIMHs at any time.



**PARTICIPATING  
AMERICAN INDIAN MEDICAL HOMES**

**Phoenix Indian  
Medical Center**

**Winslow Indian  
Medical Center**

**Whiteriver Medical Center**

**Chinle Comprehensive Health Care Facility  
(includes Tsaile and Pinon Health Centers)**

# AIMH TIER LEVELS

## First Tier Level AIMH

- PCCM Services
- 24 hour telephonic access to the care team

**PMPM Rate: \$14.51**

## Second Tier Level AIMH

- PCCM Services
- 24 hour telephonic access to the care team
- Diabetes Education

**PMPM Rate: \$16.70**

## Third Tier Level AIMH

- PCCM Services
- 24 hour telephonic access to the care team
- Participates bi-directionally in the State HIE

**PMPM Rate: \$22.71**

## Fourth Tier Level AIMH

- PCCM Services
- 24 hour telephonic access to the care team
- Diabetes Education
- Participates bi-directionally in the State HIE

**PMPM Rate: \$24.90**

# AIMH Web Page & AIMH Email

- IHS/638 Providers can send questions to:  
[AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)
- Review AIMH Information at:  
<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA):  
<https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>

# **TRANSITION OF THE COVERED BEHAVIORAL HEALTH SERVICES GUIDE (CBHSG) INTO POLICY AND THE BILLING MANUALS**



# Covered Behavioral Health Services Guide (CBHSG)

In early 2019, information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas:

- [AMPM 310-B, Behavioral Health Services Benefit](#)
  - Title XIX/XXI benefit information.
- [AMPM 320-T, Non-Title XIX/XXI Behavioral Health Services Benefit](#)
  - Non-Title XIX/XXI service information.
- The Provider Billing Manuals
  - Billing information for all providers, both FFS and MCOs, will be transferred to the Provider Billing Manuals.
  - [Chapter 19, Behavioral Health Services, of the Fee-For-Service Provider Billing Manual](#)
  - [Chapter 12, Behavioral Health Services, of the IHS/Tribal Provider Billing Manual](#)
- Appropriate AMPM Policies as necessary, including:
  - [AMPM 310-BB, Transportation](#); and
  - [AMPM 320-V, Behavioral Health Residential Facilities \(BHRFs\)](#).

# Covered Behavioral Health Services Guide (CBHSG)

- **Chapter 12, Behavioral Health Services**, of the IHS/Tribal Provider Billing Manual will be comprehensively updated to incorporate information previously in the CBHSG. This will provide IHS/638 providers with information about billing for behavioral health services at the All Inclusive Rate (AIR).
- **Chapter 19, Behavioral Health Services**, of the Fee-for-Service Provider Billing Manual will also be comprehensively updated to incorporate information previously in the CBHSG. This will provide Independent Billers and those billing for professional fees or for services not eligible for reimbursement at the AIR (such as services provided outside the 4 walls) with information on how to bill for those behavioral health services.
- Questions? For providers serving AIHP/FFS members, the DFSM Provider Training team can be reached at **[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)**.

# **BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF) REMINDER**



# BHRF Reminder

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- **Prior Authorization is *not* required for IHS 638 Behavioral Health Residential Facilities.**



# CRISIS SERVICES REMINDER



# Crisis Services Reminder

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- **There is no change for crisis services or for crisis service billing for American Indian/Alaskan Native (AI/AN) members located on tribal lands.**
- **Note: Integration began on 10/1/2018, and there was no change in crisis services for Title XIX and XXI members. RBHAs will continue to serve the same geographic service areas that they served prior to 10/1/2018.**

# **BILLING 638 TRIBAL FEDERAL QUALIFIED HEALTH CENTER (FQHC)**



# Billing Overview

## 638 TRIBAL FQHC FACILITY

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Tribal 638 Clinics that are either provider type **05 (Clinic)** or **77 (BH outpatient clinic)** are eligible to elect to become a 638 FQHC.

The only requirement that the Tribal 638 Clinic must meet, in order to be recognized as an FQHC by Medicaid, is to be operated by a Tribe or Tribal organization under Public Law (P.L.) 93-638.

# 638 FQHC REIMBURSEMENT

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A 638 FQHC will submit claims for reimbursement at the facility rate, also called the **Alternative Payment Methodology (APM)**.

The APM rate is the same rate of reimbursement as the **All Inclusive Rate (AIR)** currently set at \$455.00 per visit for calendar year 2019.

The published APM rate may be paid for up to five (5) encounters/visits per member per day, per distinct visit.

# 638 FQHC CLAIM SUBMISSION

- FQHC clinic visits will be billed under the provider's new provider type (C5).
- Claim Form Type: CMS 1500
- Reference: Link to the billing manual.
- [https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chapter20\\_638\\_FQHC.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chapter20_638_FQHC.pdf)

# Clinic Visit/Encounter - The APM should be entered on the first service line of the claim and HCPC code T1015 (FQHC visit/encounter, all inclusive) should be used

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE				ORIGINAL REF. NO.	
A.	Z00.01						B.		C.		D.						
E.							F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER				
I.							J.		K.		L.						
24. A.	DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.	
	From		To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
	MM	DD	YY	MM	DD	YY		OPT/HCPCS	MODIFIER								
1	04	01	19	04	01	19	50		T1015			A	455.00	1		NPI 638 FQHC NPI	
2	04	01	19	04	01	19	50		99215			A	0.00			NPI 638 FQHC NPI	
3	04	01	19	04	01	19	50		70470			A	0.00			NPI 638 FQHC NPI	
4	04	01	19	04	01	19	50		90653			A	0.00			NPI 638 FQHC NPI	
5																NPI	
6																NPI	

PHYSICIAN OR SUPPLIER INFORMATION

# 638 FQHC

## CASE MANAGEMENT SERVICES

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Claims for Case Management (behavioral health or medical), must be billed with CPT code **T1016** and will be reimbursed at the *capped FFS fee schedule*. Case management claims must be submitted on the CMS 1500 claim form.

**Note: A 638 FQHC that is also an American Indian Medical Home (AIMH) will not be eligible for reimbursement of T1016 Code.**



SERVICE	FORM TYPE	PROV TYPE	Provider NPI	Reimbursement
FQHC	1500/837	C5 - FQHC	NPI assigned to the 638 Tribal FQHC entity	APM. Must include T1015 and E/M codes for services provided during the visit.
NEMT	CMS-1500 / 837	05 OR 77	NPI assigned to the non FQHC entity	Capped FFS fee Schedule
Medical & Behavioral Health Case Management Services	CMS-1500 / 837	C5 - FQHC	NPI assigned to the 638 Tribal FQHC entity	Capped FFS fee Schedule
Dental Services	ADA 2012 / 837	C5 - FQHC	NPI assigned to the 638 Tribal FQHC entity	APM rate.
Group Therapy	Group therapy and /or any other services provided to a group do not qualify as an FQHC service, since it is not a face-to-face encounter.			
Behavioral Health Technician (BHT)	BHT services, excluding case management, may qualify as an FQHC/RHC visit when those services qualify as services incident to the services of an FQHC/RHC Practitioner consistent with 42 CFR 405.2462.			
Telehealth and Telemedicine	May qualify as an FQHC/RHC visit if it meets the requirements specified in AMPM 320-I Policy			

# AHCCCS NON-DISCRIMINATION POLICY REVIEW



# Notice of Non-Discrimination

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- The Arizona Health Care Cost Containment System does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by AHCCCS directly or through a contractor or any other entity with which AHCCCS arranges to carry out its programs and activities.
- AHCCCS is committed to delivering health care services and determining eligibility without discriminating on any basis protected by law. For instance, households with different immigration statuses may apply for benefits on behalf of U.S. Citizen children and other family members.

# How to File a complaint with AHCCCS

If you believe you've been subjected to discrimination in an AHCCCS program or activity, you can file a complaint with the AHCCCS Administration or the U.S. Department of Health and Human Services, Office for Civil Rights.

You can submit a written complaint to AHCCCS anytime within 180 days of the date you believe you were discriminated against by AHCCCS staff or any AHCCCS contractor. Please provide as much detail as you can in your written complaint about what happen, when it happened, who was involved, and how we can resolve your complaint. You can send that complaint to:

**Office of Administrative Legal Services  
Arizona Health Care Cost Containment System  
Attn.: General Counsel  
701 E Jefferson Street, Mail Drop 6200  
Phoenix, Arizona 85034  
Fax: 602-253-9115  
Email: [EqualAccess@azahcccs.gov](mailto:EqualAccess@azahcccs.gov)**

# How to file a complaint with AHCCCS

Once we receive your complaint, it will be given to an attorney who will conduct an informal investigation that will give everyone involved an opportunity to submit evidence. The attorney will provide you with a written response within 30 days (unless you agree to allow more time for the investigation). If you do not agree with the decision of the attorney, you can request a review by the General Counsel for AHCCCS. For more detail, you can review AHCCCS Administrative Policy 117 on Discrimination Complaints here:

<https://www.azahcccs.gov/shared/Downloads/Policy117OnDiscriminationComplaints.docx>

# AHCCCS AND NATUROPATHIC PHYSICIAN SERVICES



# Licensed Naturopathic Physicians

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- AHCCCS is accepting applications from licensed Naturopathic Physicians, who wish to serve AHCCCS members under Early Periodic Screening Diagnostic and Treatment (EPSDT). This AHCCCS provider type is active and is designated as **Provider Type 17** – Naturopath in the AHCCCS Provider Registration system.
- AHCCCS will pay retroactive claims and encounters for registered, eligible providers who provide medically necessary EPSDT services, subject to timeliness rules.

<https://www.azahcccs.gov/shared/News/GeneralNews/ProviderRegistrationRequirementsForLicensedNaturopathicPhysician.html>

# Licensed Naturopathic Physicians

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- **Naturopathic Physician services are eligible for reimbursement, as long as the provider is an AHCCCS registered provider rendering qualifying services to an EPSDT member, as of 3/1/2019.**
- **Naturopathic physicians will be paid at 100% of the AHCCCS physician fee schedule rate.**

<https://www.azahcccs.gov/shared/News/GeneralNews/ProviderRegistrationRequirementsForLicensedNaturopathicPhysician.html>



# BEHAVIORAL HEALTH SCHOOL BASED SERVICES



# School Based Behavioral Health Services

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- Students in Arizona who receive Medicaid benefits can access behavioral health services in the school setting.
- AHCCCS helps school administrators and leaders connect with behavioral health providers statewide to meet their students needs.



# Current Projects include:

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## Project Aware:

In collaboration with the Arizona Department of Education, AHCCCS is working with 3 school districts to implement Mental Health First Aid training. This training has been shown to improve behavioral health outcomes and reduce suicides.

During the next 5 years of this grant, approximately 12,000 students and staff at Pinon Unified School District on the Navajo Nation, Glendale Unified School District, and Sunnyside Unified School District in Tucson will receive access to mental health training.

# Current Projects include:

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## **ADE Training Partnership:**

In 2018, the Governor led the Safe Arizona Schools Plan, which included funding for investing in mental and behavioral health resources at schools. With \$1 million in funding, the Arizona Department of Education and AHCCCS signed an agreement to partner efforts in expanding access to behavioral health training in schools statewide. The goal is to implement an evidence-based curriculum focused on educating school personnel and students on commonly-occurring behavioral health issues to reduce stigma and empower schools to appropriately recognize and intervene.

# **Current Projects include:**

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**Arizona Medicaid School-Based Claiming Program: Arizona participates in two Medicaid reimbursement programs for school based services: the Direct Service Claiming (DCS) program and the Medicaid Administrative Claiming (MSC) program.**

**These two school-based programs assist participating school districts, referred to as Local Education Agencies (LEA's), including charter schools and the Arizona School for the Deaf and Blind (ASDB), by reimbursing them for their costs to provide Medicaid covered services to eligible students.**

# Current Projects include:

- **The DSC program is to allow LEAs to receive reimbursement for the cost to provide Medicaid covered medical services to Title XIX eligible students.**
- **The MAC program is to allow LEAs to receive reimbursement for Medicaid administrative outreach activities that are done routinely within the school setting.**
- **AHCCCS contracts with a Third Party Administrator (TPA), Public Consulting Group (PCG), to administer both the DSC and MAC programs.**

# Current Projects cont.

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- AHCCCS is Arizona's managed care Medicaid program, developed as a result of Title XIX of the Social Security Act. While AHCCCS also administers other State and Federal health care programs, only Title XIX members are eligible for the DCS Program.
- The Medicaid Administrative Claiming (MAC) program is one of the two federally funded programs endorsed by the ADE and AHCCCS. AHCCCS is the agency that develops the policies and administers the Medicaid School Based Claiming program through PCG and in collaboration with the ADE.
- A list of service billing codes approved for use in a school setting may be found at the link below.
- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/claimsclues.html>

# Coordination of Care Services Behavioral Health Hospital





## Reminders - Coordination of Care Services Behavioral Health Hospital

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Members being discharged with a 7 day medication supply must have a follow-up appointment for ongoing services with an outpatient behavioral health provider. This should include pre-coordinating the member's transportation to ensure they are able to make it to this post-discharge appointment.

Every attempt shall be made by the treating BH hospital to avoid an unsafe discharge and the creation of unsafe conditions for the member *post* discharge.

A follow-up appointment should be secured at a community clinic of the member's choice prior to discharge. This is required for it to be an appropriate and acceptable coordination of care for a FFS member being discharged from a Behavioral Health Hospital.

# Reminders: Coordination of Care Services Behavioral Health Hospital

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A FFS member's tribal affiliation should be identified to determine a possible connection with a Tribal Regional Behavioral Health Authority (TRBHA) or the member's Tribe.

FFS member may choose Indian Health Services or a 638 clinic for their ongoing care; coordination of care is expected with these organizations as well.

# AHCCCS Pharmacy Updates



# OptumRX Changes for IHS/638

Effective April 01, 2019 OptumRx is the pharmacy benefit manager (PBM) for AHCCCS Fee for Service and is responsible for processing outpatient pharmacy claims for IHS facilities and 638 clinics.

The OptumRx Help Desk is available 24 hours per day and 365 days per year. For information or assistance with prescription claims, prior authorization, contracted network pharmacies, or the AHCCCS FFS Drug List, please contact the **OptumRx Customer Service Help Desk at (855) 577-6310.**

# OptumRX Changes for IHS/638

## **PBM Claims Adjudication for Reimbursement of:**

- **The All Inclusive Rate (AIR); and**
- **Specialty & High Dollar Medications**

## **Eligibility for the AIR and Specialty Medication Plan includes all Native Americans enrolled in:**

- **AHCCCS Fee for Service**
  - **AHCCCS Contracted Managed Care Organizations**

# AIR & Medicare PBM Plan Set-up

**IHS/638 Pharmacies must include OptumRx's BIN AND PCN numbers for claims adjudication of the All Inclusive Rate.**

- **BIN = 001553**
- **PCN = AIRAZM**
- **OPTUM RX Help Desk Phone Number; 1 (855) 577-6310**

## **Specialty Medication Plan PBM Set Up**

**Specialty Medication claims are transactions outside of the AIR and paid in accordance with the CMS approved State Plan Amendment and the CMS Outpatient Drug Rule.**

- **BIN = 001553**
- **PCN = SPCAZM**

# PHARMACY AIR Reminders

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- There has been no change to the number of AIRs per member per day. The total AIRs for a member may not exceed 5 per day.
- There may be one pharmacy AIR reimbursement per day, per member, per IHS/638 pharmacy.
- Additional pharmacy claims submitted on the same day, for the same member, at the same IHS/638 pharmacy will pay zero dollars.

# AIR & Medicare PBM Plan Set-up

This is to provide prescription coverage for members eligible for Medicare.

## Medicare Part D

- AHCCCS and its Contractors are prohibited from using federal and or state funds to pay for any part of medications eligible for coverage under Medicare Part D.

## Medicare Part B

- AHCCCS is a secondary payer.
- AHCCCS and it's Contractors will reimburse IHS/638 Tribal Pharmacies, up to 20% of the Medicare Part B reimbursement. This applies to claims adjudication for all plan set-ups at the PBM.



# Over the Counter RX

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AHCCCS will continue to be the primary payer for OTC medications listed on the AHCCCS Dual Eligible Drug List.

IHS/638 Tribal Pharmacies may submit OTC claims for drugs listed on the AHCCCS FFS Dual Eligible Drug list, for reimbursement at the AIR.

# **IHS/638 ALL INCLUSIVE BILLING**



# Billing Reminder - The AIR for Outpatient and Clinic Services

- IHS/638 **Outpatient services** provided in a Clinic or outpatient hospital setting must be billed with Revenue Codes 0510, 0511, 0512, 0516. AHCCCS does not require IHS/638 facilities to include the CPT or HCPCS code(s) on the UB -04 claim form.
- **(Prior to 04/01/2019)** IHS/638 **Pharmacy services**, per AHCCCS billing guidelines, must be billed with Revenue Code 0519 and must have a valid NDC code in Field 43 on the UB-04.
- All IHS/638 **Facility** claims must contain the appropriate Revenue Code and the current Outpatient / Clinic All Inclusive Rate for 2019 = \$455.00.

# Billing Reminder - The AIR for Outpatient and Clinic Services

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- When services are provided at an outpatient clinic, where the services of an Independent Biller are used, then either the clinic (where applicable) can bill the AIR *or* the Independent Biller can bill for their services under the facility at the appropriate rate described for those services in the Medicaid State Plan (such as the capped FFS rate).
- The facility and the Independent Biller cannot bill for the same service.

# Billing Reminder - The AIR for Outpatient and Clinic Services

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For example:

A Behavioral Health Professional (BHP), who is an Independent Biller, provides services at an IHS or 638 facility. Who bills?

- Either the facility can bill and reimburse the BHP, *or*
- The Independent Biller can bill for the service, *but*
- The facility and the Independent Biller cannot bill for the same service.

i.e. The facility could not bill the AIR for a counseling session, while the psychiatrist also bills for the counseling session as a professional fee at the fee-for-service rate.

# IHS/638 KIDSCARE Title XXI

For KidsCare (Title XXI) members seen at an IHS/638 facility, where is the claim sent?

<b>PLAN ENROLLMENT</b>	<b>RESPONSIBLE PAYER</b> Where is the claim is sent?
<b>MCO PLAN</b>	<b>MCO PLAN</b>
<b>Fee for Service or AHCCCS AIHP</b>	<b>AHCCCS</b>

# Questions?



# Thank you!

