

CLAIMS CLUES

A Publication of the AHCCCS DFSM Claims Department

January 2016

ATTENTION PROVIDERS: Claim Submission System Downtime

Due to a scheduled software implementation, the Claims Submission application will not be available beginning Wednesday 3/2/16 at 5:00 PM through Monday 3/7/16 at 1:00 AM. All claims submitted by 4:00 PM Wednesday 3/2/16 will be processed that evening. Normal claims processing will resume on Monday 3/7/16.

In addition, Claims submitted electronically through the 837 process from Wednesday 3/2/16 at 5 PM through Monday 3/7 at 1:00 AM will be processed beginning Monday 3/7/16.

We apologize for any inconvenience this may cause.

AHCCCS Webpage Has a New Look!!

On Monday, February 1, 2016, AHCCCS launched a new web design for our website at the same address www.azahcccs.gov

The transition took place over the weekend of 1/30 and 1/31.

Be advised: effective with the 2/1/2016 new web design launch, even though the URL address remains the same, any bookmarked links you have will no longer work. You will need to set your new bookmarked links from the new website.

For example, if you have a link you use to bring up the FFS Provider Manual or the IHS/Tribal Billing Manual, effective with the new web design, that link will no longer work. Once the new web design is launched you will need to find the manual on the new webpage and bookmark the new link.

Be advised: the new website will have information for the current year and the prior year. Documents from previous years (2014 and prior) will be placed on an archive site that is available to the public.

When Other Coverage is Primary

AHCCCS has liability for payment of benefits after Medicare and all other first- and third-party payer benefits have been paid. Providers must determine the extent of the first- and third-party coverage and bill Medicare and other coverage plans, including HMOs, prior to billing AHCCCS.

The FFS provider's billed services and billed amounts must match the claim and the primary payer's explanation of benefit (EOB). The IHS/638 facility must bill AHCCCS with the correct OMB revenue code on the correct claim type form which may not match the primary payer's EOB.

AHCCCS maintains a record of each recipient's primary coverage by Medicare and Other primary insurance plans. If a recipient's primary payer's record indicates a first-party coverage (such as Medicare or employer's health plan) or a third-party coverage (i.e. third party liability, or TPL) and the claim is filed without the primary payer's EOB the claim will be denied. (refer to FFS Provider Manual Chapter 9 "Medicare and Other Insurance Liability" for more detailed information)

Other coverage information can be verified using the AHCCCS online eligibility verification portal.

If you have more current information about a recipient's other coverage than what is indicated on the eligibility verification, please provide the current information as follows:

1. For TPL updates, use the Health Management Systems (HMS) website portal at <https://ecenter.hmsy.com>
This is a free website for the AHCCCS TPL contractor, HMS.

An online "Medical Insurance Referral" should be completed through the HMS website whenever an AHCCCS recipient is discovered to have other medical insurance, or whenever other medical insurance has terminated or changed.

To gain access to the portal, please contact Kathryn Hart toll free at (888) 378-2836 or email to Kathryn.hart@hms.com to create a user account.

You can provide the information you have on file as a "lead" for HMS to verify and download the updated TPL information to AHCCCS. You do not have to contact the TPL for coverage details – HMS performs the verifications with the TPL plan(s). HSM has an average verification turn-around-time of 7-10 days.

2. Medicare coverage updates for AHCCCS recipients should be forwarded to MDMA - Member Database Management Administration (formerly MFIS).

Per MDMA please send Medicare coverage updates or leads to MDMARESEARCH@azahcccs.gov and include the following information:

- Recipient's full name including middle initials if available;
- Date of birth
- AHCCCS ID#
- Social Security Number
- Any supporting documentation for the eligibility change/update.
(For example, a copy of the recipient's Medicare website eligibility screen)
- Provider name, name of contact person and contact telephone number

NEMT Providers: Provider Registration Records Update

The AHCCCS Provider Participation Agreement for NEMT providers requires that Provider Registration be notified within 30 days of any updates and/or changes to:

- Fleet vehicles list
- Current registration for each fleet vehicle listed
- Current insurance coverage for each fleet vehicle listed
- Employed drivers

The Quarterly QC audits for NEMT claims will now include verifying fleet vehicle, registration, insurance and employed drivers from the information submitted on the claim's trip report. If the trip report information does not match to Provider Registration documentation an audit error will be charged.

Audit letters of finding will be sent out to providers detailing deficiencies in the Provider Registration files for the claim audit errors. The provider must submit the updated documentation to Provider Registration to avoid audit error recoupment.

Refer to the Provider Registration webpage for the NEMT Provider Profile form at <https://www.azahcccs.gov/PlansProviders/Downloads/NonEmergencyTransportationProvider.pdf>

Referrals for NEMT Trips Beyond "nearest facility" for AIHP

NEMT Coverage Policy and Medical Necessity Documentation Information for Facilities/Providers Referring American Indian Health Plan (AIHP) (Health Plan ID number 999998) FFS Members beyond the nearest facility for AHCCCS Covered Services

Existing AHCCCS policy limits NEMT transportation to the cost of transporting the member to the nearest appropriate IHS/Tribal 638 medical facility or nearest appropriate AHCCCS registered provider capable of meeting the member's medical needs (FFS Provider Manual Chapter 14; IHS/Tribal Provider Billing Manual Chapter 11; AMPM Chapter 800 Policy 820 W).

Transportation service must only be provided to transport the member to and from the required covered medical service (AMPM Chapter 300 policy 310 BB; Chapter 800 Policy 820 W).

When NEMT prior authorization is requested beyond what appears to be the nearest appropriate facility or provider, medical necessity justification may be requested from the referring facility/provider in order to ensure that AHCCCS NEMT coverage policy is being followed appropriately (AMPM Chapter 800 Policy 820 W).

The referring facility or provider should submit the medical necessity documentation via fax directly to Division of Fee for Service Management (DFSM), not to the transportation provider. If the medical necessity documentation is not received, AHCCCS may not have the information necessary to approve the authorization request, e.g., such as in cases where the service is not available at the referring facility and/or the wait list at the nearest facility is too long to meet the member's medical needs.

Medical necessity documentation must be submitted to DFSM using a Prior Authorization Medical Documentation Form as a cover sheet, which can be found on our website under <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html>. The form with the attached medical necessity documentation should be faxed to the Transportation fax number, 602-254-2431.

Behavioral Health Fee Schedule

There are two Behavioral Health Fee For Service (FFS) Rates, one the AHCCCS website and one on the DHS website:

- The AHCCCS rate page (select the first one)
This matrix went into effect October 1, 2015 and applies to Title 19 individuals and can be found on the new AHCCCS website
as: <https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/BehavioralHealthrates.html>
- The Division of Behavioral Health Services posted the B2.5 Appendix (Behavioral Health Fee for Service Rates) and is for individuals that are non-Title 19 located at:
www.azdhs.gov/bhs/documents/covserv/appendixb2.5.pdf

Reminder: FREE Online Services for AHCCCS Providers

AHCCCS Online has tools and resources available online 24/7/365 to simplify your business practices and administrative processes. As an active AHCCCS registered provider you are able to:

- verify eligibility and enrollment
- submit Fee for Service (FFS) Prior Authorization (PA) requests
- check status of FFS PA requests
- inquire/verify your own provider information
- submit FFS claims online and attach medical documentation to the claim
- check status of your FFS claims

To take full advantage of AHCCCS Online go to:

<https://www.azahcccs.gov/PlansProviders/CurrentProviders/AHCCCSonline.html>

and see how much time you can save!