

August 2018

## Non-Emergency Medical Transportation Updates

AHCCCS covers non-emergency medical transportation (NEMT) services for members to and from an AHCCCS covered physical or behavioral health services.

Additionally, AHCCCS covers NEMT (when free transportation is not available and the member is unable to secure or pay for their own transportation) to the following non-AHCCCS covered services:

- To obtain Medicare Part D covered prescriptions, and
- To the following community based support programs, when they are identified in the member's service plan:
  - Alcoholic's Anonymous (AA)
  - Narcotics Anonymous (NA)
  - Cocaine Anonymous
  - Crystal Meth Anonymous
  - Dual Recovery Anonymous
  - Heroin Anonymous
  - Marijuana Anonymous
  - Self-Management and Recovery Training (SMART Recovery)
  - National Alliance on Mental Illness (NAMI) Family Support
  - Living Well with a Disability and Working Well with a Disability Program



Transportation to any other non-AHCCCS covered service, not specified above, will not be covered. For additional information on AHCCCS' transportation policy please refer to [AMPM Chapter 300, Policy 310-BB, Transportation](#).

### **Reminder**

NEMT Providers submitting prior authorization requests are responsible for providing a destination facility name with their request.

### PROVIDER EDUCATION DATES

- AHCCCS Complete Care  
8/15/ 2018  
9:30 – 10:30 AM
- NEW: Open House  
8/28/2018  
9:30 – 11:30 AM

### ELECTRONIC PAYMENT SIGN UP

Contact:

ISDCustomerSupport@azahcccs.gov  
-OR-

Call 602-417-4451

#### CONTACTS

- 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
- Technical Assistance with Online  
Web Portal Please email  
[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

## NEW: Open House

Unfortunately, at this time we no longer have any availability for the proposed dates. Open Houses are options that were newly incorporated by the provider training area, and due to the high request volume all openings have, at this time, been filled. We do hope to expand our training availability in the future. If this option becomes available, providers will be notified through our Constant Contact or Claims Clues communications.

**Confirmation from Provider Training is required.** At this time, Provider Training is unable to accommodate walk-ins for one-on-one training.

We thank you for your patience and understanding!

## What is Integration and Who is Affected?

On October 1st, 2018 Integration is going live! What does this mean?

As of October 1st, 2018 members will no longer have to navigate two separate networks for their medical and behavioral health services. A member will have all of their providers listed under one network, which will be managed and paid for by their single health care plan.

Integration will affect most AHCCCS members, however the following members will not transition to an integrated health plan:

- ALTCS members (EPD and DES/DDD), since ALTCS is already an integrated health plan;
- Foster care children receiving services through CMDP; and
- Adults with an SMI designation.

American Indian/Alaskan Native members (AI/AN) may choose to be enrolled with an AHCCCS Complete Care (ACC) Contractor in their Geographic Service Area (GSA), or they may choose to be

enrolled with the American Indian Health Program (AIHP, which is state wide, and will receive both their physical and behavioral health services under one plan.

American Indian/Alaska Native members who are receiving behavioral health services, who do not have an SMI designation, may choose amongst several enrollment options. They may enroll with:

- AIHP;
- The AIHP and a Tribal Regional Behavioral Health Authority (TRBHA), if a TRBHA is available in their area; or
- An ACC Contractor in their GSA.

AI members can still access services from an IHS/638 facility or Urban Indian Health provider at anytime regardless of their enrollment choice.

AI member enrollment choice for managed care or fee-for-service remains unchanged. AI members may choose to enroll in either an ACC plan or AIHP at any time.

## Integration Billing Information

### RBHA-Enrolled Members transitioning to an ACC plan or AIHP

For non SMI members enrolled with a RBHA, who will be transitioning to an ACC plan or AIHP, it will be essential for behavioral health providers to check the member’s new enrollment.

Members *without* an SMI designation will be transitioned to one of the following:

- An ACC plan, or
- The American Indian Health Program (AIHP);

For members who are transitioned to the American Indian Health Program (AIHP), a Tribal Regional Behavioral Health Authority (TRBHA) will be a choice if the member’s area is serviced by a TRBHA. (This would be a choice, but not a planned transition/passive assignment)

Members without an SMI designation will no longer be assigned to a RBHA as of October 1st, 2018.

*Note: Certain members will be given a one-time choice to stay with a RBHA-affiliated ACC Contractor, if they had a high utilization of behavioral health services in 2017. These members will receive a letter notifying them of the change. Please check a member’s enrollment prior to billing.*

This means that claims for non-SMI members will no longer be sent to the RBHA as of October 1st, 2018.

For members enrolled with an ACC plan, the claims will be sent to the ACC plan.

For members enrolled with AIHP, claims will be sent to AHCCCS.

### TRBHA-Enrolled Members

American Indian members may choose to receive their behavioral health services through a Tribal Regional Behavioral Health Authority (TRBHA), if they live in an area served by a TRBHA. For members enrolled with a TRBHA, the claims will be sent to AHCCCS.

### American Indian Health Program (AIHP) Enrolled Members

Claims will be sent to AHCCCS for both physical and behavioral health services.

### ACC Enrolled Members

Claims will be sent to the ACC Plan the member is enrolled in.

Members will have the following ACC plans available to them, based on the Geographic Service Area (GSA) they live in.

<b>North GSA</b> (Apache, Coconino, Mohave, Navajo and Yavapai Counties):	Care 1 <sup>st</sup> Steward Health Choice Arizona
<b>Central GSA</b> (Maricopa, Gila and Pinal Counties):	Banner University Family Care Care 1 <sup>st</sup> Steward Health Choice Arizona Arizona Complete Health Magellan Complete Care Mercy Care UnitedHealthcare Community Plan
<b>South GSA</b> (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties):	Banner University Family Care Arizona Complete Health UnitedHealthcare Community Plan (Pima County only)

*Note: Zip codes 85542, 85192, 85550 (mostly in the San Carlos Tribal area) are included in the South GSA.*

For additional information on Integration please visit the [AHCCCS website](#).

## Policies Rescinded

The purpose of this email is to make all parties aware that DFSM is rescinding the following claims' policies:

- The prohibition of handwriting on claim forms (ADA 2012, CMS-1500, and UB-04); and
- The instructions for multi-page claims to only have the Sum of All Fees/Total Charges field filled in on the last page of the claim, and for all other pages to have the Sum of All Fees/Total Charges field left blank, for the ADA 2012, CMS-1500, and the UB-04 claim forms.

This is **effective immediately**.

The FFS and IHS/Tribal Provider Billing Manuals have been updated to reflect the rescinding of these two policies.

Questions? Email us at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)