

November/December 2020

## Ropa Update - Extension Of Timelines

Subject line: **ROPA registration deadline extended to June 1, 2021**

Distribution: Provider Constant Contact email list, DFSM, association contacts through DHCM, DFSM, DCAIR

Also need to update:

ROPA web page: [www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html](http://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html) (dpne 10/27)

ROPA social media posts (updated 10/28)

News announcement (posted 10/28)

[Email to associations](#) (sent 10/28)

The [Patient Protection and Affordable Care Act \(ACA\)](#) and the [21st Century Cures Act \(Cures\)](#) require that all health care providers who **refer** AHCCCS members for an item or service, who **order** non-physician services for members, who **prescribe** medications to members, and who **attend**/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA", and had initially set a January 1, 2021 deadline by which they must register\* in order to be reimbursed.

Until these acts passed, referring, ordering, prescribing, and attending providers were required to obtain a National Provider Identifier (NPIs), but were not required to be registered as an AHCCCS provider.

In light of COVID-19 public health emergency and priority efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021.** The extension will help AHCCCS, our contracted MCOs, and impacted providers to:

- Work through the analysis of who still needs to be registered and who does not, and
- Ultimately ensure denials and access to care impacts are limited and/or negated.

Updates will be posted on the [AHCCCS ROPA web page](#).

*\*There are limited types of providers who can refer, order, prescribe or attend who are not registerable provider types with AHCCCS, including pharmacists, residents, and interns. These providers will not be required to formally register with AHCCCS but will be tracked for validity through an alternative tracking system.*

### 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](mailto:ProviderTrainingFFS@azahcccs.gov).
- Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM [Provider Training Web Page on the AHCCCS website](#).
- The Fourth Quarter FFS Provider Training Schedule can be [found online](#).
- Prior Authorization Questions FFS PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670 - Option 4
- Provider Registration Process Questions (602) 417-7670 - Option 5

### ELECTRONIC PAYMENT SIGN UP

Electronic Payment Sign Up (Remittance Advice Sign Up/835)

[Contact: ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov)

OR

call 602-417-4451

## Sandata EVV System Users – Preparation for the Welcome Kit Release

AHCCCS is preparing to release the Welcome Kits and credentials to access the Sandata EVV system. In order for your agency to get access to the Sandata EVV system, your primary Point of Contact/ Agency Administrator must complete the required prerequisite training. **If the EVV Point of Contact/Agency Administrator has not completed the required prerequisite training, your agency will not get access to the Sandata EVV system.** A notice has been sent directly to them to encourage completion as soon as possible to ensure your agency is positioned to receive the Welcome Kit and system credentials.

If you **do not know** who is your agency's designated EVV Point of Contact/Agency Administrator, please email all your agency AHCCCS provider IDs to [evv@azahcccs.gov](mailto:evv@azahcccs.gov) to confirm.

If you need to **change** your agency's designated EVV Point of Contact/Agency Administrator, Please call Sandata Customer Care at 855-928-1140 for assistance.

### **General Compliance Timeline and Reminders for ALL EVV providers – There is a grace period!**

#### **January 01, 2021**

- All providers are required to begin using EVV.

#### **January 01, 2021 – March 31, 2021 (Grace Period)**

- **Payment for EVV Services** - AHCCCS is allowing for a soft-claim edit period for claims for dates of service beginning January 01, 2021 through March 31, 2021. **This means that providers can still receive reimbursement for services if there is no EVV visit to match to a claim or the EVV visit data is incomplete.** Providers will be given information on issues with claims for EVV services in an effort to provide technical assistance and insight into EVV program implementation challenges. AHCCCS will be monitoring these issues to identify trends to help inform additional provider engagement and outreach.
- **EVV Policy Compliance** – AHCCCS is allowing providers to use the grace period to comply with the new AHCCCS EVV policy including time to have conversations with members and completing forms required for the following as allowable/required under the policy. **The draft forms available on the EVV webpage may be used for reference and training purposes only. The forms should not be used by providers until AHCCCS has sent notification the final versions of the forms are available for use following the policy public comment period which ends January**

**4, 2021.** It is incumbent upon providers to maintain documentation standards that validate the provision of services as they transition to EVV and comply with EVV policy standards for documentation.

- Designee Attestation
- Contingency Plan
- Paper Timesheet Attestation

#### **Beginning April 1, 2021**

- **Payment for EVV Services** – The hard claims edits will begin for EVV service claims for the dates of service beginning April 1, 2021. Providers will not get paid unless all the required EVV visit data is present.
- **EVV Policy Compliance** – The new EVV compliance standards will begin to be incorporated into the quality monitoring audits performed by the MCOs.

### **EVV Policy – Open for Public Comment**

The AHCCCS Medical Policy Manual (AMPM) Electronic Visit Verification policy (540) is now available for public comment. The comment deadline is **January 04, 2021**. You must follow the instructions on the public comment webpage when sending in your public comments. Please do not send your public comments to the [EVV@azahcccs.gov](mailto:EVV@azahcccs.gov) email address. It is important to follow the standard process to submit your comments to ensure we have them all in one place to consider them for possible revisions to the policy. In addition to your comments, we welcome your suggestions or proposals for policy revisions. **It is important to note that AHCCCS does not respond to the public comments, but rather uses them to inform a final version of the policy.** The public comments will also be used to help inform additional guidance from AHCCCS on EVV.

You can find the link to the policy [here](#) along with the instructions for how to submit public comments.

If you have questions about the policy that you need answered to support your plans to operationalize and onboard EVV, please submit your questions directly to [EVV@azahcccs.gov](mailto:EVV@azahcccs.gov) to policy clarification and guidance.

#### **Providers who will use their own alternate EVV System:**

If the Alternate EVV Vendor's system has not passed the required testing, AHCCCS and Sandata are monitoring Alternate EVV vendor progress and conducting provider specific outreach to ensure providers are ready to comply with EVV on January 1, 2021. If the vendor did not have their EVV system approved by **November 30, 2020**,

## Sandata EVV System Users – Preparation for the Welcome Kit Release Cont.

AHCCCS will be reaching out to the provider to notify them they need to complete required training offered by Sandata in preparation to use the Sandata EVV system until such time the alternate system is in compliance.

If you have questions about using an alternate EVV system or are waiting for testing information, please contact support at 844-289-4246 or [AZAltEVV@sandata.com](mailto:AZAltEVV@sandata.com).

### Stay Informed

Please sign up for the AHCCCS Constant Contact email list to

receive any and all EVV notices (like this one) from AHCCCS under the “Stay Informed” tab on the AHCCCS website.

AHCCCS appreciates the active engagement of the providers and continues to monitor and respond to emails while noting the topics of most interest to the stakeholder community. This correspondence along with other provider outreach and engagement activities continues to help us to prioritize communication topics as well as build our directory and timeline for the release of future FAQ installments.

## Non-Emergency Medical Transportation Updates and Reminders

AHCCCS will conduct retrospective audits of non-emergency ground transportation providers to verify that the mileage, wait time, diagnosis, and medical necessity are correct and that all charges are supported and justifiable. The transportation provider will submit all requested documentation, including the justification of the transport, upon request by AHCCCS anytime after the date of service.

### NEMT Transporting Family Members

Transportation of a member by a family member will not be reimbursable unless the transportation provider is an AHCCCS registered provider *prior* to the transportation and prior to seeking PA *if* PA is required.

If the family member, who is an AHCCCS registered provider, could reasonably be expected to provide transportation services to the member, such as a mother providing transportation to their child, then transportation would not be reimbursable. Transportation is only reimbursable if transportation services would otherwise be unavailable and an eligible person is unable to arrange or pay for transportation.

### NEMT Behavioral Health Transports for Family Members:

NEMT providers should not bill for each individual member that is transported for counseling required for a member currently in a behavioral health facility. This should be one prior authorization issued under the individual's AHCCCS ID that is in the facility to whom the treatment is for, *not for each family member transported*.

### NEMT Transports for Children to Community Program:

Alcohol Anonymous services for a child may not be an AHCCCS

covered service. This type of NEMT transport will require a referral with medical justification.

### NEMT Medication Pickup and Delivery:

Non-emergency transportation services are covered to transport a member to obtain covered pharmacy services including the pick up of Medicare Part D covered prescriptions.

A NEMT provider may not bill for picking up a member's prescription on the member's behalf, this is not an AHCCCS covered service. The member must be in the vehicle at the time of pickup. NEMT providers may not submit any claim for *unloaded mileage*

A NEMT transport is not allowed to be billed if the prescription was not ready and not delivered to the member.

### NEMT Transports to the Nearest Facility:

Transportation is limited to the cost of transporting the member to and from either of the following active AHCCCS registered provider locations capable of meeting the member's needs:

- The *nearest appropriate* IHS/Tribal 638 medical or behavioral health facility, or
- The *nearest appropriate* medical or behavioral health provider.

NEMT transports that do not fall within the above guidelines, will require a referral and documentation of medical necessity indicating why services could not be provided at a closer facility.

## Non-Emergency Medical Transportation Updates and Reminders Cont.

### NEMT Self-Driving:

No member may drive themselves and subsequently bill AHCCCS for it, even if they are driving themselves to an AHCCCS approved service. To qualify for NEMT, free transportation services must be unavailable and an eligible person must be unable to arrange or pay for transportation. If an eligible person drives themselves, they were able to arrange for their own transportation. This is **not** reimbursable.

### NEMT and Cancelled Appointments:

NEMT providers cannot bill for a transport when the medical appointment is cancelled.

### NEMT Daily Trip Report:

As a reminder the miles billed to AHCCCS must match the odometer readings.

### NEMT Billing Wait Time:

**Wait time** shall only be billed for the amount of time the driver *actually waited* at the member's medical service destination if the distance traveled was such that it was not feasible for the driver to return to the provider's base of operations or the origination site.

Wait time is billed with HCPCS code T2007 where each unit is 30 minutes.

If transporting multiple members at one time, the wait time shall be reimbursed for no more than one member.

In addition, billing for wait time is not appropriate:

If the odometer reading changes from the drop-off at the medical service to the pick-up at the medical service;

- For a one way trip;
- When two different vehicles and/or drivers are used for the round trip;
- If wait time is *less than 30 minutes*; or
- If the distance to the medical service location is *10 miles or less*.

### Provider Search / Look-up Option

AHCCCS has an online provider search portal for members and providers to use to search for participating providers located in Arizona by Specialty. Please note these providers may or may not be contracted with all of the AHCCCS Complete Care (ACC) or Managed Care Organizations (MCOs).

Members and providers should check their ACC / MCO's provider directory to confirm the provider is contracted with a specific health plan before scheduling an appointment or service or even initiating a prior authorization request. You can also call the provider's office and ask if they are contracted with a certain health plan.

To search for a provider, **Click** the drop down arrow on Specialty to select All, or a specific type of Specialty, such as, NEMT or Pediatric, etc. **Click the Search button**, a listing of AHCCCS registered providers will appear with the **provider's Name, Specialty, Address and Phone number** will be listed. Providers with multiple office locations will be listed under each location. [www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/](http://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/)

## Documentation Requirements and the Transaction Insight Portal (TI)

The Division of Fee-for-Service management (ODFSM) may require providers to submit documentation for certain services.

The [Transaction Insight Portal](#) is the preferred method for submitting medical records, the AHCCCS Daily Trip Report (for Non-Emergency Medical Transports), and any other supporting documentation required for the processing of a claim.

AHCCCS will be holding continued trainings on use of the [Transaction Insight Portal](#) throughout the 4<sup>th</sup> quarter of 2020. These trainings are also available on the [DFSM Provider Training Web Page](#) 24/7 under "Trainings by Subject" (select AHCCCS Online Provider Portal) and the "Provider Training Video Library" headings.

AHCCCS will also be offering a new training to providers on

Documentation for Claims Submission and Concurrent Review requirements in the 4<sup>th</sup> quarter of 2020.

### Documentation for Claims Submission and Concurrent Review

*This training covers the responsibility of providers to submit required documentation with claims, and to respond to AHCCCS requests for documentation for concurrent review.*

*NOTE: This training does not cover 'how to use' the Transaction Insight Portal.*

Trainings require advanced registration. Please visit the [DFSM Provider Training Web Page](#) and look under Training Schedules for registration links. A copy of the provider training schedule for the 4<sup>th</sup> quarter of 2020 is also contained below in this newsletter.

## Claim Tips Corner – Claim Submission Errors on CMS 1500 Claim Forms

To assist providers with accurate claim submission, AHCCCS FFS has identified common submission errors received on the CMS-1500 claim form.

Claims submissions that fail to meet AHCCCS requirements will be returned to the provider as “un-processable”.

### **Common Claim Submission Errors:**

- Claim data not entered in the correct field or overlapped into another field.
- Stamps included on the claim.
- Diagnosis codes are not entered in order. For example, the claim is submitted with a single diagnosis code but placed in diagnosis code field “C” in error and should be field “A”.
- The billed charge amount entered in the cents field.
- Single unit entered in error as 001.
- Different font size and styles entered on the same claim form.
- Copy or reproductions of the CMS 1500 submitted.

- Liquid paper correction fluid (“White Out”) may not be used. Correction tape may not be used.
- Paper claims or copies that contain highlighter or color marks, copy overexposure marks, or dark edges are not legible on the imaging system.

### **Recommended Suggestion for Claim Corrections Includes:**

- Resubmitting claims electronically as a new claim;
- Using the preferred font style and size: Lucinda Console size 10;
- Signing-up for an AHCCCS Online Provider Portal web account to begin electronic claim submissions and corrections;
- Reviewing the DFSM Provider Training Web Page on the AHCCCS website, to review the variety of available claims training; and
- Contacting Provider Training for Online Claim submission training (via the AHCCCS Online Provider Portal) at [ProvidertrainingFFS@azahcccs.gov](mailto:ProvidertrainingFFS@azahcccs.gov).

## Online Prior Authorization Reminders

Use of the AHCCCS Online Provider Portal is the preferred method of authorization submission for Fee-for-Service requests. The online submission process allows PA staff to process authorization requests for medical and or surgical services more efficiently and providers can also track the status of the PA request via the online portal.

Providers may enter their authorization requests through the AHCCCS Online Provider Portal. Once done, they will receive an initial *Pended* Authorization or Case Number. Providers can also use the Prior Authorization *Attachment* feature to upload any supporting documents with their PA requests. They can also review any comments entered by the PA staff directly on the AHCCCS Online Provider Portal.

### **Prior Authorization Modifiers:**

Modifiers should not be included on the PA submission. The

only exception is Modifier 50 which indicates “bilateral surgical” procedure. This is the only modifier that the PA unit requires providers to include when applicable and is the only modifier that the PA team will add to the request.

### **Prior Authorization E-Learning Opportunities:**

The provider training unit has posted several training presentations on how to submit a prior authorization request using the AHCCCS Online provider portal. These trainings can be found at:

[www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](http://www.azahcccs.gov/Resources/Training/DFSM_Training.html)

Requests for training on how to submit a prior authorization request using the AHCCCS Online Provider Portal can be sent to the [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov). Please include contact name and telephone number as well as your provider identification number.

## IHS 638 Nursing Facility and Skilled Nursing Facilities AIR Updates

**Effective October 1, 2020**, nursing facility and skilled nursing facility services furnished by facilities owned or operated by the Indian Health Services (IHS) or tribes under PL 93-638, provided to American Indians, **may be reimbursed at the outpatient All-Inclusive Rate (AIR)**.

- Note: For the purposes of this article, nursing facility services and skilled nursing facility services shall be referred to as “nursing facilities” and “nursing services”.

Per the Arizona Medicaid State Plan, nursing facilities operating by IHS or tribes under PL 93-638 may now bill for services to be reimbursed at the outpatient AIR.

### **Billing Guidance**

Nursing Facilities operated by IHS or tribes under PL 93-638 bill as follows:

- **Claim Form:** UB-04 Claim Form
- **Revenue Codes:** 0183, 0185, 0191, 0192, and 0193
- **Diagnosis Codes:** ICD-10
- **Reimbursement Rate:** Outpatient AIR

There is *no change* to how the UB-04 Claim Form is filled out, except for the reimbursement rate requested. This will be reflected in the following fields:

- o Field 42: Rev Code
- o Field 47: Total Charges

For additional instructions on “how to” fill out a UB-04 Claim Form, please visit Chapter 5, Claim Forms, of the IHS/Tribal Provider Billing Manual at:

- [www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap05CImFormRequire.pdf](http://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap05CImFormRequire.pdf)

## COVID-19

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a [Declaration of Emergency](#) and an [Executive Order](#) regarding the COVID-19 outbreak in Arizona, and subsequent [Executive Orders](#) with

further administrative actions.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

### **COVID-19 FAQs**

Learn how to protect yourself and stop the spread of COVID-19. Visit [azdhs.gov/COVID19](http://azdhs.gov/COVID19) and [cdc.gov/COVID19](http://cdc.gov/COVID19).

## COVID-19 Modifier Use

AHCCCS has designated the CR modifier to be used on all claims for services provided as a result of, or related to COVID-19.

It is imperative that providers begin utilizing this modifier immediately in all appropriate instances in order for AHCCCS

to identify the costs of services attributable to this emergency. All other guidance regarding use of modifiers continues to be applicable.

## Provider Location within the United States

Per the Provider Participation Agreement (PPA), “pursuant to Section 6505 of the Affordable Care Act of 2010 [42 U.S.C. 1396a(a) (80), AHCCCS shall not make any payments for items or services provided under the State Plan or under a waiver to any financial institutions or entity located outside of the United States.”

Providers rendering services to an AHCCCS member must be located within the United States, or a territory of the United States, and also be an AHCCCS-registered provider, in order to be reimbursed.

## Long Acting Reversible Contraceptives (LARC)

Long Acting Reversible Contraceptive (LARC) devices are permitted to be separately reimbursed outside of the APR-DRG payment when billed by the Hospital on a CMS 1500 claim form with the appropriate HCPCS procedure code and will be reimbursed at the appropriate AHCCCS fee schedule rate for that code. In addition to procedure code 58300 (insertion of Intrauterine Device (IUD)), AHCCCS has identified LARC procedure codes as follows:

J7297 Levonorgestrel-Releasing Intrauterine Contraceptive System, 52mg

3 Year Duration

- J7298 Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 Mg

5 Year Duration

- J7300 Intrauterine Copper Contraceptive
- J7301 Levonorgestrel-Releasing Intrauterine Contraceptive System, 13.5 Mg

Many unintended pregnancies could be prevented through the use of Immediate Postpartum LARC (IPLARC). National organizations such as the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP) recommend improving access to IPLARC. Providing access to LARC in the hospital after delivery is expected to increase utilization of such devices.

Currently no ICD-10 PCS code for the LARC device exists for inpatient hospital use thus AHCCCS will pay hospitals for the device in addition to a DRG payment. For additional information, please refer to the Fee-For-Service (FFS) Provider Billing Manual, Chapter 11 Addendum – APR-DRG on the [AHCCCS Website](#).

## Behavioral Health Matrix Reminder

As a reminder for our Behavioral Health Providers, the Medical Coding Resources web page on the AHCCCS website has the new and improved Behavioral Health Services matrix (Formerly B2 Matrix) available at: [www.azahcccs.gov/PlansProviders/MedicalCodingResources.html](http://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html)

Please note this is a GUIDE only and all policy, correct coding and documentation guidelines must be met.

Instructions on how to use the Matrix:

- 1) The gold colored tabs have drop down options for you to search the specific pages.
- 2) The blue colored tabs contain all the complete information with no drop down capability.
- 3) Read tab 1 for the policy links and other pertinent information.

- 4) The revisions tab will reflect all the updates made with the date. This “Matrix” will be updated monthly if needed. Always check the revision date on top of this page for the most current changes.
  - The blue links below will take you to the correct page for the information listed. Just a reminder, Behavioral Health Services Matrix questions, changes and updates must be submitted via the Reference Table Review and Update (RTRU) Form listed on the page.

Matrix with instructions [www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#BHSMatrix](http://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#BHSMatrix)

Update form with instructions [www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#RTR](http://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html#RTR)

## Vaccination Billing Information for IHS & Tribal Providers

AHCCCS has published billing guidance for IHS and 638 providers related to flu vaccine administration, and also for the administration of the Covid-19 vaccine.

The Division of Fee For Service Management (DFSM) will continue to post these updates on the DFSM training webpage as applicable. These memos can be found beneath the heading “Vaccination Memos” at:

[https://www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](https://www.azahcccs.gov/Resources/Training/DFSM_Training.html)

You may also view the current memos by clicking on the links below:

- Click [here](#) to view the Flu Vaccine memo.
- Click [here](#) to view the Pharmacy AIR Reimbursement for the Flu Vaccine memo.
- Click [here](#) to view the IHS/638 COVID-19 Vaccine Billing Guidelines memo.

\*\*\*Article added December 21, 2020