CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

AHCCCS
Arizona Health Care Cost Containment System
DIVISION OF FEE FOR SERVICE MANAGEMENT

March 2018

AMPM 320-N

Prior Authorization Request for Direct Acting Antiviral Medication Treatment for AHCCCS Members Age 18 Years and Older

Previously, in order to qualify for prior authorization for the treatment of Hepatitis C with Direct Acting Antiviral Medications members had to meet certain fibrosis level criteria.

AHCCCS is excited to announce that the fibrosis level requirements have been removed as a qualifying prior authorization factor as of 1/1/2018. This is primarily due to cost savings associated with the medication Mavyret. Complete information regarding the prior authorization criteria can be found in the updated policy, AMPM 320-N.

Occupational Therapy

Effective date of service 10/1/2017 and later, occupational therapy is now covered for members 21 years of age and older. Acute care members may receive:

- 15 rehabilitative visits per contract year (October 1-September 30) to restore a particular skill or function the member previously had but lost due to injury or disease and to maintain that function once restored; and

- 15 rehabilitative visits per contract year (October 1-September 30) to attain or acquire a particular skill or function never learned or acquired and to maintain that function once acquired.

Outpatient OT services are covered when medically necessary for EPSDT, KidsCare, and ALTCS members.

Demographic Transition Communication

Since July 1, 2016, and the process of administrative simplification, AHCCCS has spent a great deal of time soliciting stakeholder feedback in a variety of ways regarding provider reporting of Demographic and Outcome Data Set (commonly known as the DUG) data. The consistent message received is that there is an undue burden placed on providers for reporting this data, most of which is necessary for grant reporting. Also included in the DUG data, however, are important elements regarding members' social determinants of health which could be leveraged by AHCCCS and its Contractors to improve member outcomes. As AHCCCS embarks on its most transformative changes to the delivery system in the history of the program, with behavioral health services for the majority of members to be managed by a number of integrated Contractors in the same geographical region, it is clear that simplification at the provider level must be a priority.

After extensive research, numerous workgroups, and a thorough review of this critical stakeholder feedback, AHCCCS has developed a plan to

PROVIDER EDUCATION DATES

- Dental
  3/1/18
  1:00 – 2:00 PM

- Online Claim Submission: Dental Claims
  3/8/2018
  1:00 – 2:00 PM

- Prior Authorization
  3/22/2018
  1:00 – 2:00 PM

- Third Party Liability (TPL)
  3/29/2018

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

Demographic Transition Communication Continued

transition the collection of demographic data. At this time, AHCCCS has opted not to make the DUG data collection specific to services funded from grant only funds. The goal of the transition plan is to facilitate the reduction of the number of data points behavioral health providers will be required to report in order to relieve administrative burden, and to ensure that the current burdensome process is not duplicated with the implementation of the AHCCCS Complete Care (ACC) Program effective October 1, 2018.

AHCCCS' transition plan consists of a three-pronged approach to collecting members' demographic data.

1. The Use of Alternative Data Sources
   AHCCCS, with the assistance of stakeholders, has identified demographic elements that currently exist in other AHCCCS data systems, and/or available through other data source agreements. These elements include:

   • TRBHA ID
   • AHCCCS ID
   • Date of Birth
   • Race
   • Gender
   • Diagnosis (behavioral health and physical health)
   • Behavioral Health Category
   • Assessment Date
   • Member Enrollment and Disenrollment From

   Services (will be determined through the AHCCCS Behavioral Health Enrolled and Served methodology, which identifies members who are actively receiving behavioral health services via claims and encounter data)

The use of alternative data sources will be implemented October 1, 2018.

2. The Use of Social Determinants of Health ICD-10 Diagnosis Codes
   AHCCCS will begin to use Social Determinants of Health diagnosis codes reported on applicable claims to track member outcomes where possible. AHCCCS will require the usage of these codes beginning April 1, 2018, as outlined in the attached memorandum. AHCCCS expects all providers with ICD-10 coding capabilities will use these codes as appropriate.

3. For those demographic elements with no identified alternative data source or Social Determinate identifier, AHCCCS will create an online portal to be accessed directly by behavioral health providers for the collection of the remaining data elements for members receiving behavioral health services. It is AHCCCS' intent that the provider organizations that historically provided data for the DUG will transition to providing the required data via the portal on 10-1-18.

The table below delineates those elements to be included in this portal:

Demographic Elements for Online Portal
Referral Date Referreal Source
Involvement in DES Rehabilitative Services
Participate in self-help/recovery
CASII Intensity Level CASII Intensity Date
Substance Use Type (Primary, Secondary, Tertiary) Substance Use Frequency (Primary, Secondary, Tertiary) Substance Use Route (Primary, Secondary, Tertiary) Substance Use Age First Use (Primary, Secondary, Tertiary)

Demographic Transition Communication Continued

Demographic Elements for Online Portal
Employment Status
Treatment Participation
Number of Arrests
ADC or Parole ADJC Parole AOC Adult Probation AOC Juvenile Probation
School Special Ed
SP Woman DC
Military Status

As noted, the Portal is expected to be operational effective October 1, 2018. The current DUG process will be discontinued upon the implementation of the Portal. In the interim, no changes to the current DUG process are contemplated.

All of the demographic data collected by AHCCCS, via one or more of the three methods identified above, will be shared with the ACC Contractor, RBHA, or TRBHA with which the member is enrolled, as well as the RBHA responsible for the GSA in which the member resides, if applicable. AHCCCS will work closely with providers, ACC Contractors, RBHAs, and

TRBHAs to test both the Portal and the transmission of member specific demographic data as outlined above. AHCCCS expects this process will be ongoing as future sources of information are identified, and will continue to seek stakeholder feedback. This collaboration will be vital to ensure successful completion of this transition, and to achieve the goals of reducing provider burdens.

Should you have any questions about these requirements, the portal or this plan, please email CodingPolicyQuestions@azahcccs.gov.

Transportation Reminders

Note: Revisions to NEMT Policy 310-BB are posted to the AHCCCS website. This policy was open for public comment until 12/30/17. Once the policy has been finalized providers will be notified.

Please be sure to join the FFS email list to receive important updates, and notifications. You can sign up to receive important email updates

NEMT Authorization Requests:

- Accurate mileage (based on vehicle odometer readings) must be requested on all authorization requests.
- Must be to the nearest appropriate provider (unless documentation is provided that

establishes necessity for travel beyond the nearest provider).

- Must be submitted prior to service delivery in order to be considered timely. Exception: NEMT services provided by ambulance providers or NEMT air transport providers must be received on or prior to the date of service to be considered timely.
- Must provide a specific reason for the transport. The information submitted with the authorization request must provide enough information for Transportation area staff to determine whether the service the member is being transported for is a covered service. Entities referring members

Transportation Reminders Continued

or coordinating transport services for members should provide NEMT providers with the reason for transport.

- Must be verifiable against the matching medical or behavioral health service the member is being transported to and from or with treatment plan information as needed.

- Urgent/Expedited requests should be submitted online with supporting documentation, **AND** a call must be made to the FFS Transportation line to notify transport staff that an expedited request has been submitted.

- Requests with special circumstances should be clearly documented at the time of submission.

These requests require an explanation of:

- o Why a member is receiving services at a location that requires long distance travel or travel beyond what appears to be the nearest appropriate provider.

- o Why a member is being transported to a location that are not readily identifiable as a covered service location.

- o Why a member is being transported to or from pick up or drop off locations, other than the member's place of residence, that result in additional mileage.

- o Why a member requires NEMT for frequent prescription refills.

Medical Authorization Reminders

- Authorization requests and associated documentation should be submitted using the online Web Portal.

- Multiple clinical documents uploaded using the Web Portal Attachment feature should be uploaded as a single file.

- All admission notifications and/or authorization requests for inpatient admissions must be accompanied by a facility face sheet verifying the member's diagnosis.

- Faxed requests must be accompanied by a Fee for Service Authorization form. Faxes are limited to one member and one provider per form,

- Separate authorization is not required for AIHP members receiving rehabilitative therapies while inpatient at a Skilled Nursing Facility (SNF). The inpatient authorization includes therapies received during authorized SNF admissions.

- Hospital authorizations pended for a discharge date should be updated online. Providers must attach a discharge summary using the web portal attachment feature.

- Authorization requests should not be submitted for Federal Emergency Service Program (FESP) members, as only emergency services are covered for FESP members per Policy 1100. Claims for FESP members should be billed with clinical documentation supporting the emergent nature of the services rendered.

- No authorization is required for services that were rendered during a period of retroactive eligibility for FFS members.

- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff will no longer provide authorization status or issue standard authorizations over the phone.

- The ability to view authorization status online is delayed for faxed authorization requests. Providers are encouraged to use the web portal to enter authorization requests to have immediate access to an authorization number and authorization status.

- *Urgent/Expedited medical requests should be submitted online with supporting documentation, **AND** a call must be made to the FFS Prior Authorization line to notify PA staff that an expedited request has been submitted.

*Note: Failure to submit requests in a timely manner and/or submission of requests on short notice does not constitute an urgent request. An urgent/expedited request can take up to three working days to review. Requests submitted as urgent that are determined not to be urgent in nature will be processed within standard timeframes.