

May 2018

ATTENTION: Participants in the Targeted Investments Program

****Please Read****

The Targeted Investments Team frequently sends out important information via email to Program participants. If you or your staff has not been receiving our program updates via email, please email us at targetedinvestments@azahcccs.gov with a name, phone number, and email address. Also, if there are updates to your TI Program contact information, please notify us through the [TI email box](#).

Behavioral Health Prior Authorization Requests

The online PA submission process is now available for Tribal Regional Behavioral Health Authority (TRBHA) member inpatient admissions to Level 1 facilities.

With AHCCCS Online authorization submissions, it is not necessary to fax an Authorization Request Form to AHCCCS. Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a pending authorization number, and use the attachment feature to upload the supporting documents directly with their requests.

Providers who require training on submission of authorization requests using the AHCCCS Web Portal can request training through ProviderTrainingFFS@azahcccs.gov

Note: If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.



PROVIDER EDUCATION DATES

- Non-Emergency Medical Transportation (NEMT)
5/3/2018
1:00-2:00 PM
- National Drug Code (NDC)
5/10/2018
12:00 – 1:00 PM
- Prior Authorization
5/17/2018
12:00 – 1:00 PM
- Claims Clues
5/22/2018
10:00 – 11:00 AM

UPCOMING HOLIDAY

5/28/2018 Memorial Day

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

Online Prior Authorization (PA) Submission Requirements for FFS Providers Effective 7/1/18

AHCCCS registered providers, including behavioral health providers, are now able to submit prior authorization requests for acute services* via the AHCCCS Online Provider Portal.

***Note:**

- Authorization requests for long term care (non-acute) services for Tribal ALTCS plan members must be submitted to the member's Tribal Case Manager.
- Federal Emergency Services Plan (FESP) members: Online authorization submission does not apply. Do not submit online authorization requests. Please refer to the information in the FESP section at the end of this article for instructions and requirements.

Over the next two months, May and June 2018, AHCCCS is transitioning to an all online PA submission process (excluding exceptions noted above). Providers who are not already submitting their PA requests online should begin submitting their requests online at this time. Provider training on the online submission process will be held in May and June, 2018. For additional information, please email ProviderTrainingFFS@azahcccs.gov.

Effective 7/1/18, AHCCCS registered providers will be expected to submit their PA requests online via the AHCCCS Online Provider Portal. Providers who submit their authorization requests online will automatically receive a pended authorization number that will serve as verification of receipt of the request, and allow them to check the status of their request via the online portal. Providers are also able to attach their clinical documentation directly to their online request, so faxing requests is no longer necessary.

Providers who continue to submit PA requests via fax after 7/1/18 will receive a notification on their return fax indicating that their request should be submitted online.

Note: If submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.

Effective 8/1/18, PA staff will discontinue faxing responses to fax authorization submissions. Providers should use the online system to submit and verify status of authorizations submitted. PA staff will direct callers seeking authorization status to the online system for status verification.

Federal Emergency Services Plan (FESP) Member Prior Authorization Requirements

Providers should not submit and/or should discontinue submission of routine PA requests for Federal Emergency Services Plan (FESP) members. Emergency services provided to FESP members do not require prior authorization. Providers should continue to submit Initial Dialysis Case Creation forms for enrollment of FESP members with end stage renal disease (ESRD) who require dialysis

three times per week or more, via fax, as specified on the Initial Dialysis Case Creation form.

Providers who request verification that there is no FESP prior authorization requirement can access this information by viewing [FESP policy information](#). PA staff will discontinue faxing responses to routine PA requests for FESP members, effective 5/1/18.

FAQ Round-up

In response to inquiries, AHCCCS would like to address several frequently asked questions regarding FQHCs, Behavioral Health Case Management, Group Therapy, and AIMHs.

Case Management & FQHCs

Effective with dates of service on and after October 1st, 2015, AHCCCS does not recognize case management as a PPS-eligible service. This is not a change in policy and is simply a reminder that case management services, when reimbursable, will be reimbursed according to the Capped FFS Fee Schedule.

Group Therapy and FQHCs

Group therapy does not qualify as an FQHC service, since it is not a face-to-face encounter, and therefore is not a PPS-eligible service. For a visit to qualify as a face-to-face encounter the visit must be one-on-one, and this disqualifies group therapy since multiple parties are involved. This is not a change in policy, and is simply a reminder.

American Indian Medical Homes that are also an FQHC or a 638 FQHC

An American Indian Medical Home (AIMH) receives a Per Member Per Month (PMPM) rate for case management service. As such, an AIMH will not be eligible for reimbursement of medical and behavioral health case management services (T1016).