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

CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

January 2019

Pharmacy Services for AIHP Members

OptumRx

Members enrolled in the American Indian Health Program (AIHP) may have their prescriptions filled at any of the following:

- An Indian Health Service (IHS) facility,*
- A Tribal 638 Facility,* or
- Pharmacies that are part of Optum's network.

Prescriptions filled outside of an IHS or 638 pharmacy are run through OptumRx, AHCCCS' Pharmacy Benefit Manager (PBM). Beginning on April 1, 2019, pharmacies at IHS and Tribal 638 facilities will also run through Optum Rx.

The prescription benefit coverage for members enrolled in AIHP will not change.

If pharmacy staff have questions about a member's prescription coverage, they may contact OptumRx at 1-855-577-6310.

Additional information is also available on the Optum website at: https://ahcccs.rxportal.mycatamaranrx.com/rxclaim/portal/preLogin

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PROVIDER EDUCATION DATES

- General Direct Care Agency (DCA) Worker Training

  1/16/19
  10:00 – 11:00 AM

  1/23/19
  10:00 - 11:00 AM
- IHS/638 Quarterly Forum
  1/24/19
  2:00 – 3:30 PM
- NEMT Training - Daily Trip Report
  2/7/19
  8:30 - 9:30 AM
- NEMT Training - Updates & Reminders
  2/7/19
  10:30 AM - 11:30 AM
- One on One Provider Training
  Dates: 1/31/19; 2/14/19; 2/28/19

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

Pharmacy Services for AIHP Members Continued

BriovaRx Specialty Pharmacy

BriovaRx is OptumRx's Specialty Pharmacy. BriovaRx is part of the PBM for members who are receiving specialty medications, and will provide the special treatments needed for complex conditions like cancer and arthritis. To learn more about BriovaRx, please call 1-855-427-4682 or visit the website at www.BriovaRx.com.

If a member has been receiving hemophilia factor or Ceprotin from BriovaRx or a different specialty pharmacy, their prescriptions for Factor or Ceprotin will be provided by CVS Specialty Pharmacy beginning on October 1, 2018.

Members will have received a letter notifying them of the change. For questions, please contact CVS Specialty Pharmacy at 1-800-237-2767.

Remittance Advice FAQs

Q: Who is a candidate for ERA/835?

A: Information important to note is that an AHCCCS registered provider would receive a remittance advice from AHCCCS as a result of Fee-For-Service (FFS) claims adjudication. To further explain, AHCCCS reimburses providers for services in only two ways:

1. Our AHCCCS health plans directly reimburse providers who subcontract with them and/or provide services to their enrolled members. Each AHCCCS health plan is considered the payer, and providers submit claims for AHCCCS health plan enrolled members directly to the member's AHCCCS health plan.

2. AHCCCS reimburses providers on a FFS basis for services rendered to members eligible for AHCCCS or ALTCS, when they are not enrolled with anAHCCCS health plan. FFS populations include, but are not limited to, members in the Federal Emergency Services (FES) Program, members enrolled in the American Indian Health Program (AIHP), or American Indian members enrolled in a Tribal ALTCS Program. For these members AHCCCS is considered the payer, and providers submit their FFS claims directly to AHCCCS. Members are not enrolled in 'IHS' but in 'AIHP'

On claims for AHCCCS members enrolled with one of our AHCCCS health plans, you would want to contact the health plan regarding their ERA setup requirements. A list of the AHCCCS health plans can be found on our external website at:

https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx

Q: Who can request ERA/835 setup?

A: AHCCCS considers the provider their trading partner and a request for electronic remittance advice (ERA) or 835 transaction setup must come from an authorized individual from within the provider's organization; it cannot be initiated by the provider's clearinghouse, software vendor, or billing service.

For clarification purposes, the authorized individual must be someone from within the provider's own organization that has the authority to accept the electronic Trading Partner Agreement (TPA) executed from the Community Manager (CM) web portal. Only the provider can accept the TPA as it is a contractual agreement between the provider and AHCCCS. The provider's CM account activation cannot be done by the provider's clearinghouse,software vendor, or billing service.

Q: What information does AHCCCS need from a provider requesting ERA/835 setup?

A:

- Customer Name
- Provider Name
- Customer Email Address
- AHCCCS 6 digit Provider ID and/or NPI
- Will the provider be retrieving their own ERA/835 or be using a clearinghouse to retrieve the ERA/835 on the provider's behalf?
- If a clearinghouse is to be used, provide the name of that clearinghouse.

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Remittance Advice FAQs Continued

Q: How do I request ERA setup?

A: AHCCCS Information Services Division EDI Customer Support is the first point of contact for questions related to electronic transactions or to request transaction setup. The preferred method of contact is email. Note: If providing PHI data, please make sure your email is secured.

All inquiries will result in the assignment of a Service Request or Incident for AHCCCS reporting purposes. Contact information:

Email:	EDICustomerSupport@azahcccs.gov
Telephone Number:	(602) 417-4451
Hours:	7:00 AM – 5:00 PM Arizona Time, Monday through Friday

Billing the Global OB When Delivery Occurs at a Different Facility

Recently AHCCCS has received questions regarding how the Global OB code should be billed in the following scenario:

- A member is seen by a physician for all their antepartum and postpartum visits at the physician's office/clinic;
- Due to complications or a lack of resources in the member's area of residence, delivery occurs at a separate hospital that the physician is not affiliated with;
- The same physician performed both the delivery and all antepartum and postpartum visits.

In the above scenario, where the hospital the delivery was performed, it will need listed on the claim as POS 22, with the address and NPI of that facility. This must be done since the facility will also be billing with their address, and if the addresses, date of service, and place of service do not match on the facility claim and professional claim, then unnecessary denials can occur.

The other address on the professional claim would then be the office/clinic address.

In the above scenario AHCCCS would highly encourage the physician's office to contact the hospital's credentialing department where the delivery took place, to obtain temporary privileges during the time span the delivery occurred in. Doing so can prevent unnecessary denials for submitted claims.

Reminders

Providers are reminded to use the following tools:

1. "Claim Research Tools" are available online, and it offers real time updates regarding a claim's status. Using this tool will help providers manage and resolve claims.

2. Using the Interactive Voice Response (IVR) system will help providers eliminate sending claims to an incorrect payer.

Paper Claim Reminders

When submitting paper claims please remember the following:

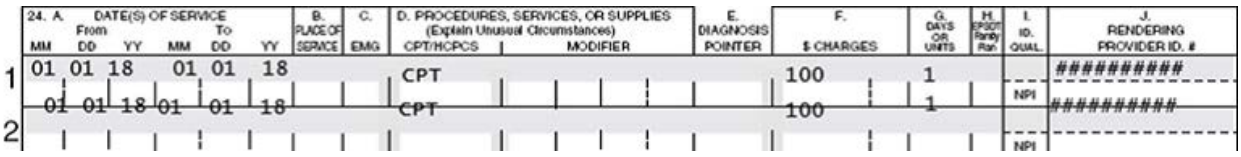
1. Claims that are not legible or that are not submitted on the correct form will be returned to providers without being processed.
2. Black and white paper copies of the CMS-1500 and UM-04 Claim Forms will be returned to the provider.
3. Claims that contain the following are not legible on the imaging system and cannot be read:

- Highlighter marks,
- Color marks,
- Copy overexposure marks, and/or
- Dark edges.

4. Blurred font is not legible. AHCCCS has been receiving a large number of claims where the font is blurred.
5. Stamps should not be placed in the claim fields. This can prevent the imaging system from reading the claim correctly.
6. Resubmissions do not need to have the word resubmission written on them. The claims system will mark it as a resubmission based on the included CRN.
7. Information must be aligned in the proper box/field on the claim form. Claims that are not aligned correctly cannot be read by the claims imaging system, and the submitted claim may not be read correctly. Aligning fields correctly allows for expedient and correct claims processing and reduces errors.

- Personal printing of claim forms may result in claim fields not aligning correctly.
- Misaligned printers can result in claim fields not aligning correctly.

Example of a misaligned claim:



8. Please do not staple claims forms and documentation together.
9. If a claim will be submitted with multiple pages (a multi-page claim) then all lines (1-6) under field 24 (A-J) must be completed on the first page, before proceeding to the second page of the claim.

(Please note that only the required fields on all lines will need filled in.) AHCCCS has received claims where page 1 has had lines (for example) 1-4 filled out, but lines 5 and 6 are skipped. Then a second page is incorrectly submitted. This is an incorrect submission, because a second page cannot be submitted unless all lines on page 1 are utilized and completely filled in first.

Member Eligibility – How to Check if a Member is Designated SMI

AHCCCS offers medical programs and resources to serve Arizona residents who meet certain income and other requirements. When a member becomes eligible for services, they are designated a Behavioral Health Service Category such as Serious Mental Illness (SMI), General Mental Health Services, etc. Providers may verify a member's designation on the AHCCCS Online Provider Portal by using the "Member Verification" option.

To create an account and begin using the AHCCCS Online Provider Portal, providers must go to https://azweb.statemedicaid.us. For technical support when creating an account, providers should call (602) 417-4451.

If you already have an AHCCCS Online Account, the first step will be to sign in using your assigned username and password and click "sign in".

Next, select "Member Verification" in the menu toolbar on the left hand side of the portal.

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Q: Are Contracts Needed for FFS Members?

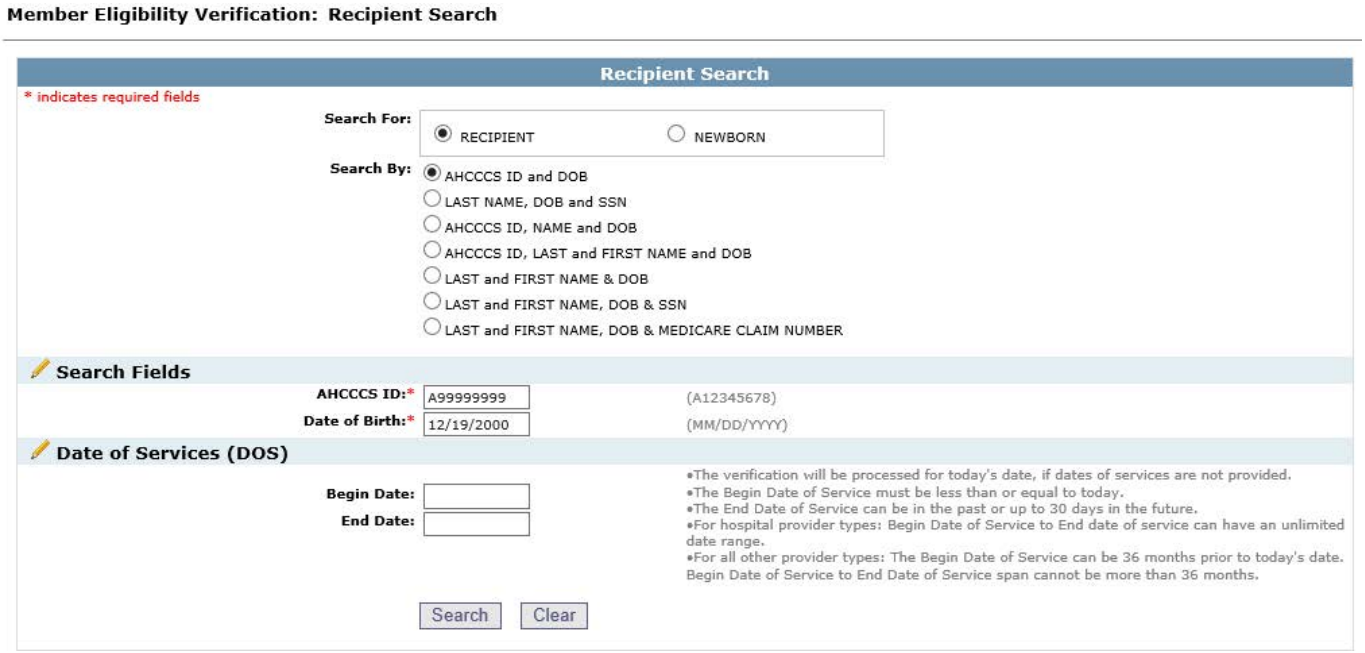
A: Fee-For-Service providers do not need to contract with AHCCCS AIHP, Tribal ALTCS, or a TRBHA to continue providing Medicaid Title XIX/XXI services to FFS members. A provider simply must be an AHCCCS registered provider.

Providers must follow the AHCCCS Medical Policy Manual (AMPM) and Fee-for-Service Provider Billing Manual.

For information on providing services to an ACC Plan enrolled member (not a FFS member), please contact the ACC plan.

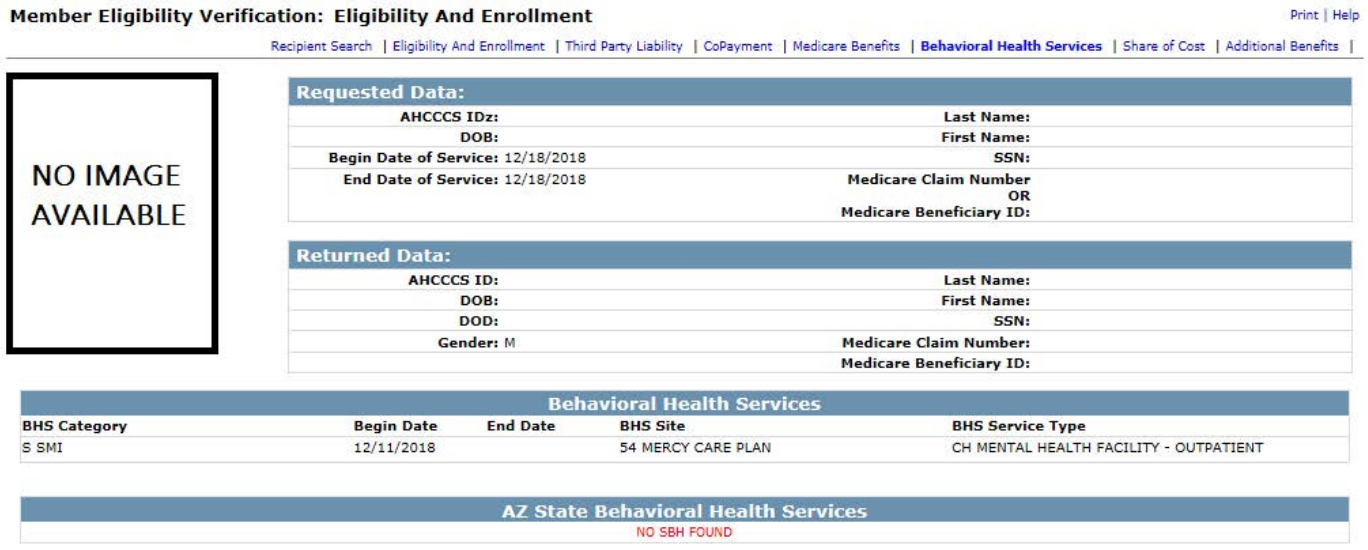
Member Eligibility – How to Check if a Member is SMI Continued

The next screen that will appear is the “Recipient Search” screen. To populate the member’s eligibility, we must enter the required search fields. In this example, we will enter the members AHCCCS ID number and date of birth and select “search”.



To verify the members Behavioral Health Service (BHS) Category, select the “Behavioral Health Services” link as shown below. The BHS Category will populate under the BHS Category. In the example below, the members BHS Category is designated as SMI.

Our latest training on Member Eligibility is posted on the AHCCCS website here.



Covered Behavioral Health Services Guide - Important Updates

In early 2019, information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas:

- AMPM 310-B, Behavioral Health Services Benefit
- AMPM 320-T, Non-Title XIX/XXI Behavioral Health Services Benefit
  - Non-Title XIX/XXI service information will be transferred to AMPM 320-T.
- The Provider Billing Manuals
  - Billing information for Fee-For-Service providers will be transferred to the Provider Billing Manuals.
    - Chapter 19, Behavioral Heath Services, of the Fee-For-Service Provider Billing Manual
    - Chapter 12, Behavioral Heath Services, of the IHS/Tribal Provider Billing Manual
- Appropriate Policies as necessary.
  - i.e. Service benefit information, including transportation and transportation billing information pertinent to MCOs and FFS providers, will be transferred to AMPM 310-BB.

Once the CBHSG is retired additional information will be sent out to providers.

Questions? Email us at ProviderTrainingFFS@azahcccs.gov

The American Indian Health Program (AIHP)

As of October 1st, both physical and behavioral health services can be received through the American Indian Health Program (AIHP), which is state wide. Please note:

- Those AIHP members enrolled with a TRBHA for behavioral health services will remain enrolled with the TRBHA. This means they will remain enrolled in both the AIHP and the TRBHA. There will be no change for these members.
- Those AIHP members enrolled with a RBHA for behavioral health services will be transitioned to AIHP (exceptions noted below). This means they will be enrolled in AIHP for both physical and behavioral health services.

The following members will see no change:

- ALTCS members (EPD and DES/DD);
- Foster care children receiving services through the Comprehensive Medical Dental Program (CMDP); and
- Adults with a Serious Mental Illness (SMI) designation.

American Indian/Alaskan Native (AI/AN) members maintain the ability to choose. AI/AN members may choose to switch their enrollment between an AHCCCS Complete Care (ACC) plan or AIHP at any time. However, they may only change between different ACC plans once per year during annual enrollment.

AI/AN members can still access services from an Indian Health Services (IHS) Facility or a Tribally-Operated 638 Health Program at any time, regardless of their enrollment choice.

A Note of Special Importance:

Fee-For-Service providers do not need to contract with AHCCCS AIHP, Tribal ALTCS, or a TRBHA to continue providing Medicaid Title XIX/XXI services to FFS members. They simply must be an AHCCCS registered provider.

Providers must follow the AHCCCS Medical Policy Manual (AMPM) and Fee-for-Service Billing Manual.

Behavioral Health

On 10/1/18, most AHCCCS members transitioned into a single health plan, either an ACC plan or AIHP, which aligned behavioral health services with physical health services under the same plan. This encourages more coordination between providers, which can mean better health outcomes for members.

Note: The following members will see no change:

- ALTCS members (EPD and DES/DDD);
- Foster care children receiving services through the Comprehensive Medical Dental Program (CMDP); and
- Adults with a Serious Mental Illness (SMI) designation.

Checking a Member's Eligibility

It will be important for providers to check a member's eligibility online as of October 1st, 2018. A provider training on how to verify a member's eligibility and enrollment can be found on the AHCCCS website.

Some AIHP-enrolled members will be changing from a RBHA (for their behavioral health services) to the American Indian Health Program (AIHP). When a provider checks such a member's eligibility on AHCCCS Online they will see a new designation for behavioral health eligibility: 98 AMERICAN INDIAN HLTH PLAN AIHP.

For those members who will begin receiving their behavioral health services through AIHP, under the BHS Site heading it will say 98 AMERICAN INDIAN HLTH PLAN AIHP. This is circled below in red, and can be found under the Behavioral Health Services tab. Providers will need to work with DFSM on appropriate billing requirements.

Billing Considerations

Due to enrollment changes for some members with the transition to a single payer for both physical and behavioral health services, providers should verify a member's enrollment as of October 1st, 2018, prior to submitting a claim.

The member's enrollment determines where the provider submits their claim.

AMERICAN INDIAN HEALTH PROGRAM (AIHP) ENROLLED MEMBERS

For members enrolled with AIHP, both IHS/638 & Non-IHS/638 providers should send their claims for both physical and behavioral health services to AHCCCS DFSM.

On 10/1/18, most AIHP members who were enrolled with a RBHA for behavioral health services were transitioned to AIHP for their behavioral health services*.

The following members remained enrolled with the RBHA:

- Adults with a Serious Mental Illness (SMI) designation,
- Children in foster care receiving services through the Comprehensive Medical Dental Program (CMDP), and
- ALTCS/DD members.

For AIHP members, who remained enrolled with the RBHA for behavioral health services, the claims for behavioral health services should be sent to the RBHA.

*Note: For members who were transitioned to 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 made by the member, not an automatic transition.

TRBHA-ENROLLED MEMBERS

AIHP members enrolled with a TRBHA for behavioral health services remained enrolled with the TRBHA.

Most MCO members enrolled with a TRBHA for behavioral health services transitioned to an ACC plan for their behavioral health services.

The following members remained enrolled with the TRBHA:

- Adults with a Serious Mental Illness (SMI) designation,
- Children in foster care receiving services through the Comprehensive Medical Dental Program (CMDP), or
- ALTCS/DD members.

For members enrolled with a TRBHA, the claims will be sent to AHCCCS DFSM.

AHCCCS COMPLETE CARE (ACC) ENROLLED AMERICAN INDIAN (AI) MEMBERS

For AI members enrolled with an ACC plan:

- **Non-IHS/638 Providers:** Claims for both physical and behavioral health services should be sent to the ACC plan.
- I**HS/638 Providers:** Claims for Title XIX services should be sent to AHCCCS DFSM. Claims for Title XXI services should be sent to the ACC plan.

CLAIM SUBMISSION TO AHCCCS DFSM

The method of claims submission to AHCCS DFSM remains unchanged.

For technical assistance with claims submission, please outreach provider training at ProviderTrainingFFS@azahcccs.gov.