Flu Vaccine Administration For Members 3-18 Years Of Age

Access to the flu vaccine has been expanded as of September 1st, 2020. This expansion allows Fee-For-Service (FFS) members ages 3 through 18 years of to obtain their flu shot at an IHS, 638, or other Optum network pharmacy.

For additional information, including information for IHS and 638 pharmacies and billing the All-Inclusive Rate (AIR), please refer to the Flu Vaccine Administration For Members 3 Years Through 18 Years Of Age memo,

Documentation Requirements and the Transaction Insight Portal (TI)

The Division of Fee-for-Service management 0DFSM) 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 4th 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 Submis-sion and Concurrent Review requirements in the 4th 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 4th quarter of 2020 is also contained below in this newsletter.

Please note that these materials are designed for Fee-for-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

AHCCCS
Arizona Health Care Cost Containment System

# *DON'T BE THE WEAK LINK IN THE CLAIM*

Even if you don't submit Medicaid claims, providers who are not registered with AHCCCS, but who may be the Referring, Ordering, Prescribing, or Attending (**ROPA**) provider, *may keep members from getting needed health care.*

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by January 1, 2021.

Referring

UNREGISTERED PROVIDER — REFERRAL — REGISTERED PHYSICAL THERAPIST
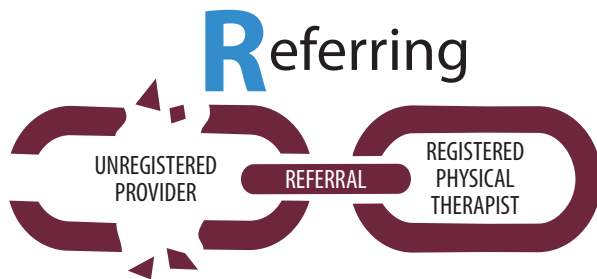
REFERRAL NOT ACCEPTED AND
CLAIM FROM PHYSICAL THERAPIST NOT PAID OR
MEMBER GOES WITHOUT NEEDED CARE

Ordering

UNREGISTERED PCP — ORDER — REGISTERED DME SUPPLIER

ORDER NOT ACCEPTED AND
CLAIM FROM DME SUPPLIER NOT PAID OR
MEMBER GOES WITHOUT DME

Prescribing

UNREGISTERED PCP — PRESCRIPTION — REGISTERED PHARMACIST

PRESCRIPTION NOT COVERED AND
CLAIM FROM PHARMACIST NOT PAID OR
MEMBER GOES WITHOUT PRESCRIPTION

Attending

UNREGISTERED ATTENDING PROVIDER — TREATMENT — REGISTERED HOSPITAL
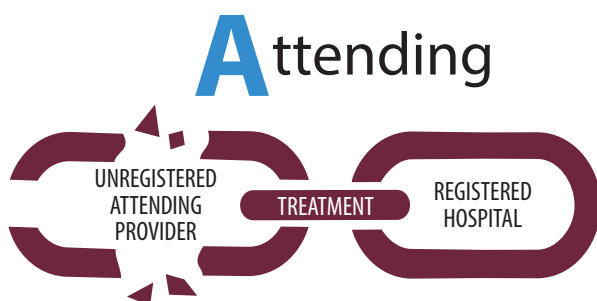
ATTENDING NOT APPROPRIATE AND
CLAIM FROM HOSPITAL NOT PAID OR
MEMBER GOES WITHOUT NEEDED CARE

Rev. 7/23/20

AHCCCS E.V.V. ✓
ELECTRONIC VISIT VERIFICATION

The below notice is only applicable to providers subject to EVV requirements.

For providers participating in Electronic Visit Verification (EVV), additional information can be found on the AHCCCS website at:
www.azahcccs.gov/AHCCCS/Initiatives/EVV/

This notice is intended for stakeholders interested in information on Electronic Visit Verification.

This notice is intended to provide an update on the upcoming EVV training to support providers in preparing to comply with the EVV mandate.

Providers who will use the Sandata EVV System:

AHCCCS is pleased to announce that training will be made available beginning October 5th. The training will be available in both a pre-recorded, eLearning format and through live interactive (web-based) training for the EVV program. Training will be provided by Sandata Technologies, AHCCCS' EVV solution vendor.

The provider agency's primary EVV contact (agency administrator) can expect to receive an email on or around October 1st regarding the details of the training including how to register for the pre-requisite training and requirements for agency administrators. The agency's primary EVV contact was identified by the agency on the Differential Adjusted Payment attestation submitted earlier in the year or subsequently was confirmed by one of the health plans.

The EVV contact must first complete two pre-requisite training courses including a system overview and security module. On October 1st these courses will be available via e-learning and accessible 24/7. This training should take less than 2 hours to complete. Once completed, the agency administrator will receive an email confirmation regarding training completion. This email will contain links to eLearning that will be ready for staff viewing on October 5th and links to register for the live interactive (web-based) training. The EVV contact will also receive instructions on how to access the Sandata EVV system.

The following are some highlights about training:

- The EVV contact must first complete the pre-requisite training before the agency can begin registration for the live interactive (web-based) training.

- **Individuals do not have to take the live interactive (web-based) training and have the flexibility to take part of the training through e-learning AND live interactive (web-based) training OR only take e-learning supported training.**

- Live interactive (web-based) training will be limited to 100 individuals per session for each session, however 113 sessions representing 6 topics will be held on various days and times to accommodate a wide range of participants.

- Registration for live interactive (web-based) training will open on October 5th for sessions beginning October 19th through December 9th.

- The training content is modular, which allows staff to be assigned and to take training that is needed based on their role within the agency. For example, certain topics, such as Visit Capture, can be attended/viewed by caregivers. While other sessions may be attended or viewed by office staff such as the scheduling module

- E-learning (recordings of live instructor-led webinars and videos) will be accessible 24/7 and throughout the life of the EVV program. These can be viewed as many times as necessary by an unlimited number of staff.

Providers who will use their own alternate EVV System:

- **If you plan to use an alternate EVV system, please contact 844-289- 4246 or AZAltEVV@sandata.com** as soon as possible to initiate the process to send information to the Sandata aggregator in order to comply with EVV. If you choose to use an alternate EVV system at the start of the program, your system must be approved and functional by **October 16, 2020**.

- Alternate EVV users will be required to complete some basic online training beginning October 5th. This training is specific to viewing your data sent to the EVV aggregator. You should have already received a link to this training from Sandata.

- If the Alternate EVV Vendor's system will not be compliant by October 16th, the provider agency will be expected to complete all required training offered by Sandata in preparation to use the Sandata EVV system should the alternate system not be ready on January 1, 2021. AHCCCS and Sandata will be monitoring Alternate EVV vendor progress to conduct provider specific outreach to ensure providers are ready to comply with EVV on January 1, 2021.

EVV Continued

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.

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.

COVID-19 Information

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.

On March 17, 2020, AHCCCS submitted a request to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

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.

The AHCCCS COVID-19 FAQs includes information on:

- Billing for services related to COVID-19 (such as CPT/HCPCS and the CR Modifier usage);
- IHS and 638 specifics;
- FFS Programs;
- Alternate Care Sites (ACS);
- Flu Shots;
- Telehealth Services;
- Provider Enrollment;
- Pharmacies and Medications;
- Rates;
- General COVID-19 Questions;
- And much more!

COVID-19 FAQs

Learn how to protect yourself and stop the spread of COVID-19. Visit azdhs.gov/COVID19 and 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 mod-

ifier 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.

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 owned or operated by IHS or tribes under PL 93-638 may now be reimbursed at the current 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:

- Field 42: Rev Code
- 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.

Claim Dispute Process – Office of Administrative Legal Services (OALS)

General Information
Providers should exhaust all authorized processing procedures before filing a claim dispute with the AHCCCS Office of Administrative Legal Services (OALS). It is recommended that providers follow these guidelines before filing a claim dispute.

If the provider has not received a Remittance Advice identifying the status of the claim, the provider should utilize AHCCCS Online at http://www.azahcccs.gov to view the claim's status to determine whether the claim has been received and processed.

Once at the website home page, click on the icon for Plans/Providers (blue tab at top of the screen). A link on the Provider Website (AHCCCS Online) allows providers to create an account so that they can check the status of their claims.

Providers should allow 14 days following claim submission before inquiring about a claim. However, providers should inquire well

before 6 months from the date of service because of the initial claim submission time frame and the time frame for filing a claim dispute.

If a claim is pending in the AHCCCS claims processing system, a claim dispute will not be investigated until the claim is paid or denied. A delay in processing a claim by the AHCCCS Administration may be cause for OALS to entertain a claim dispute on a pended claim provided all claim dispute deadlines are met.

If the provider has exhausted all authorized processing procedures and still has a disputed claim, the provider has the right to file a claim dispute with OALS.

Time Limits for Filing a Dispute

A provider must institute any claim dispute challenging the claim denial or adjudication within 12 months from the ending date of service; the date of a member's eligibility posting; or, for a hospital inpatient claim, within 12 months from the date of discharge; or within 60 days after the date of the denial of a timely claim submission, whichever is later. The date of receipt by OALS is considered the date the claim dispute is filed.

If action is taken on a timely submitted, clean claim fewer than 60 days before the expiration of the 12 month deadline or after the 12 month deadline has passed, the provider will be allowed 60 days from the date of the adverse action to file a claim dispute. The date of the "adverse action" is the status date for the claim as printed on the Remittance Advice.

Claim Example:

- 03/06/2013 Date of service

- 05/15/2013 Initial claim denied by AHCCCS

- 12/16/2013 Date of resubmission of denied claim

- 03/04/2014 Claim is denied by AHCCCS (adverse action date)

- 03/06/2014 12-month claim dispute deadline (clean claim)

- 05/05/2014 Special 60-day claim dispute deadline

NOTE: Because the denial of this example claim was less than 60 days from the 12-month deadline, the provider is given 60 days from the date of the adverse action (03/04/2014) to file a claim dispute.

AHCCCS Announces Provider Enrollment Portal (APEP) Launch

AHCCCS is pleased to announce that the AHCCCS Provider Enrollment Portal (APEP) successfully launched on August 31st, 2020.

APEP offers a secure web-based enrollment process. APEP is designed to ease the provider enrollment process by decreasing processing time and allowing the provider to submit a new enrollment or modification to an existing provider ID effectively any time of the day..

On that date, the AHCCCS Provider Enrollment process will move from a manual, paper-based system to a new, online system. The new online system will allow providers to:

- Enroll as an AHCCCS provider.
- Update information (such phone and addresses).
- Upload and/or update licenses and certifications.

This change, from a manual process to an automated system will streamline the provider enrollment process. Initial applications

will be processed more quickly and changes to current enrolled providers will all be completed online.

Until the automated APEP system is launched, providers are asked to use this Provider Enrollment paper application.

If you have questions, please contact AHCCCS Provider Enrollment at:

- 1-800-794-6862 (In State - Outside of Maricopa County)

- 1-800-523-0231 (Out of State)

For training inquiries, the Provider Enrollment Unit has established a web page with training materials for providers, regarding how to use the AHCCCS Provider Enrollment Portal. Please visit here to view the videos and training materials available online.

If you have additional questions about APEP that are not addressed in those materials, please contact the APEP team at:

- APEPTrainingQuestions@azahcccs.gov

Telehealth

Important Notice:

Information on Telehealth can be found in the following locations:

- AHCCCS Medical Policy Manual (AMPM) 320-I, Telehealth Services.
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
  - Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual
  - Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual

The DFSM Provider Training Web Page.

- Under "Training Presentations by Subject" providers should select "Telehealth" and a variety of telehealth trainings will be available for providers to choose from, including IHS-638 specific telehealth trainings and trainings for FFS providers.

Behavioral Health Facilities Providing Personal Care Services

Effective for dates of service 10/1/2019 and on, Behavioral Health Residential Facilities (BHRFs) who are also licensed through the Arizona Department of Health Services (ADHS) to provide personal care ser- vices may begin billing for H0018 (Behavioral health; short term residential, without room and board, per diem) with the TF modifier for personal care services.

This billing combination is only to be used by BHRFs licensed with ADHS to provide personal care services. Any member receiving such services must have had an assessment by a medical provid-

er indicating that the member's condition requires assistance with personal care.

Please note that a BHRF that is licensed to provide personal care services should only bill H0018 with the TF modifier for members that require personal care services, as documented in their assessment and service/treatment plan.

For additional information please review AMPM Policy 320-V, Behavioral Health Residential Facilities.

Behavioral Health Residential Facility – Prior Authorization Documentation Requests

BHRF providers can submit requested documentation using the AHCCCS Online Provider Portal under the Prior Authorization submission tab.

Examples of documentation that can be submitted on the AHCCCS Online Provider Portal include:

- Assessment Forms
- Updated Treatment Plans
- Continued Stay Requests
- Discharge Planning Documentation

NOTE: Please check all prior authorization requests for additional information and the authorized dates prior to submitting.

Behavioral Health Residential Facility (BHRF) Trainings

The AHCCCS DFSM Provider Training team provides training on a quarterly basis for BHRFs regarding the following topics:

- Policy information contained within AMPM 320-V, Behavioral Health Residential Facilities;
- Prior Authorization Requirements;
- Claim Submission using the AHCCCS Online Provider Portal (specific for BHRFs); and

- General Billing Information (including use of the per diem code).

BHRFs can register for trainings by viewing our provider training schedule on the DFSM Provider Training Web Page, and clicking on the registration link next to the BHRF training of their choice.

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs

The below memo can be found on the [AHCCCS website](#).

Released: March 25th, 2020

Last Update: June 8th, 2020

This memo outlines the updated A**HCCCS Prior Authorization and Concurrent Review Standards for AHCCCS Division of Fee-for-Service Management (DFSM)** in response to Governor Ducey's declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCS).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment

Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

III. Pharmacy Services
A. Refill-too-soon edits and 90 day fills

OptumRx Clinical Affairs is allowing members to refill their maintenance medications early to ensure they have an uninterrupted supply of medication during the COVID-19 emergent time as outlined below.

1. The refill-too-soon edit on all non-controlled medications has been removed.

   a) Members may continue to fill prescriptions for up to a 30-day supply or they may fill a 90-day supply of maintenance medications, both of which may be done early. Members must have refills remaining on file at their pharmacy.

   b) Specialty medications, which are filled for a 30-day supply and delivered to the member's home, may be filled early for the same day's supply as previously filled.

   To override for a specialty medication, IHS & 638 Pharmacies must submit the following in the NCPDP fields:

   - A value of, the number, 1 in the Prior Auth Type Code Field (461-EU); and

   - A value of, the numbers, 88885 in the Prior Auth Number field (462-EV).

   The entry of values into both of these NCPDP fields will allow prescription claims from   IHS/638 Pharmacies to override the 30 Day Supply Limit to a 60-day supply for AIR Specialty when the member has a history of the product in their claim history. The maximum days supply that may be adjudicated is for a 60-day supply.

   c) DFSM's pharmacy benefit manager (PBM), OptumRx, will continue to ensure that quantity limits and duplicate therapy edits will not cause a rejection when the prescription is refilled early.

   d) For IHS/638 Pharmacies, members may continue to obtain their chronic medications for up to a 90-day supply, for reimbursement at the AIR .

2. Controlled Substances may be refilled early when the pharmacy staff has checked with the prescribing clinician and the clinician has agreed to the early refill. The

AHCCCS PA and CR Standards Continued

pharmacy staff or the prescribing clinician shall contact the OptumRx help desk for an immediate override.

- The opioid current maximum fill is 30-days and an additional fill would be for a maximum of 30 days.

3. Removal of prior authorization for specific therapeutic classes:

   a) Prior authorization requirements have been removed for the following Therapeutic Classes:
   - Beta2 Agonist Inhalers, Inhalant Solutions and Oral Agents
   - Inhaled Short and Long Acting Anticholinergic Inhalers
   - Long-acting Beta2 Agonist-Corticosteroid Combination Inhalers
   - Long-acting Beta2 Agonist-Anticholinergic Combination Inhalers
   - Corticosteroid Inhalers and Inhalant Solutions
   - Corticosteroid Oral Agents
   - Nebulizers (must be available through pharmacies)
   - Cough and Cold products
     - o Antihistamines
     - o Nasal Decongestants
     - o Combination products of antihistamines and nasal decongestants
     - o Cough suppression products including guaifenesin and combination products
     - o Guaifenesin oral tablets and combination products
     - o Analgesics/Anti-febrile products (aspirin, ibuprofen, acetaminophen, acetaminophen suppositories, etc.)
   - Mast Cell Stabilizers
   - Methylxanthines (aminophylline and theophylline)

   For Dual Eligible Drug Plans – OTC products that are included in the drug classes above will also be added to the Dual Eligible Drug List.

B. Prior Authorization Extensions

For members enrolled in the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, approved prior authorizations for all medications, which are set to expire on or before May 1, 2020, will be extended for an additional 90 days. The pharmacy may have to contact the provider for an approval to request a fill of an expired prescription, but a prior authorization will not have to be submitted during the 90 day prior authorization extension.

Prior authorizations for medications with significant abuse potential (i.e. opioids) or those that are general dosed for finite durations or intermittently (i.e. hepatitis agents) will not be extended. Those PAs will follow the normal process for renewals.

C. Addressing Drug Shortages

1. The AHCCCS Drug List has preferred medications that the AHCCCS Medical Policy Manual (AMPM) 310-V specifies should be utilized prior to a non-preferred agent. In the event of a shortage, a non-preferred medication must be approved.

   For example, ProAir is the preferred albuterol inhaler. Using ProAir as an example, if there is a shortage of ProAIr, OptumRx, subject to AHCCCS' approval, will allow all other branded and generic albuterol products to be reimbursed through the pharmacy claims system without prior authorization.

   - As of 3/26/20 ProAir and Tamiflu are both in short supply, and OptumRx will allow for reimbursement of all federally and state reimbursable generic and brand products.

2. Please check the FDA web links daily for shortage updates:

   a) accessdata.fda.gov/scripts/drugshortages/default.cfm

   b) www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supply-chain- update

3. To ensure access to care, DFSM and OptumRx shall not require a prior authorization for compounded drugs for children under the age of ten years old.

D. Signature Requirements

42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. While counseling is still required, the Arizona State Board of Pharmacy has waived the member's signature requirement, and will instead allow the pharmacist to enter confirmation that counseling occurred. This will allow members to not have to sign a document and to keep appropriate distance from the counter.

IV. Physical Health Services
A. COVID-19 Testing and Treatment Services

AHCCCS PA and CR Standards Continued

DFSM will not require prior authorization or concurrent review for services related to testing, diagnosis, and/or treatment of COVID-19.

B. Facility Services

1. DFSM will remove prior authorization requirements for the following levels of care:
   - Acute Inpatient hospitalization;
   - Assisted Living Facilities/Centers;
   - Skilled Nursing Facilities (SNFs); and
   - Inpatient Rehabilitation Facilities (e.g. Long Term Acute Care Hospitals).

2. FFS Providers shall coordinate care management activities to ensure FFS members have safe and effective transitions between levels of care.

3. Prior Authorization approvals for elective inpatient services, which are within 60 days of expiration may be extended for 6 months, as needed.

C. Outpatient Services

1. DFSM may extend outpatient service prior authorization approvals, which are within 60 days of expiration, for 6 months, as needed.

2. For services related to the COVID-19 emergency, other than testing, diagnosis and treatment, the document submission period for Prior Authorization will be extended to 90 days. Covid-19 testing, diagnosis and/or treatment are exempt from Prior Authorization. Please see IV A.

V. Non-Emergency Medical Transportation (NEMT) Services

1. Prior authorization requirements have been temporarily waived for NEMT services over 100 miles.

2. AHCCCS has waived the requirement for NEMT drivers to collect a passenger's signature, whether on paper or electronically at this time.

VI. Home Health Services and Durable Medical Equipment: Face-to-Face Requirement Change

CFR § 440.70 requires that the initiation of home health services and medical equipment and supplies be subject to face-to-face encounter requirements for the FFS population. Pursuant to section 1135(b)(5) of the Social Security Act, CMS has temporarily approved an extension of the timeline required for completion of the face-to-face requirement.
Effective 6/8/20, through the duration of the emergency, the face-to-face encounter does not need to be completed before the start of services, and may occur at the earliest time feasible for a provider, provided that the face to face encounter occurs within 12 months from the start of service.
This is a temporary extension of the timeline for completion of the face to face requirement, and all services are subject to post-payment review.

VII. COVID-19 Frequently Asked Questions (FAQs)

We encourage everyone to please continue to check the AHCCCS COVID-19 FAQs. The FAQs are updated daily,

Provider Training Schedule Fourth Quarter 2020

The provider training schedule can be found on the DFSM Provider Training Web Page under "Training Schedules by Year" at:
www.azahcccs.gov/Resources/Training/DFSM_Training.html

All Session will be held via Zoom Only

IHS 638 Nursing Facility Updates	
Tuesday, October 6, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**IHS 638 Nursing Facility Updates** Overview of the recently approved State Plan Amendment changes to reimbursement for nursing facilities being operated by the Indian Health Services (IHS) or tribes under PL 93-638, when providing services to American Indians. Such facilities may be reimbursed at the outpatient All-Inclusive Rate (AIR), effective October 1, 2020. Training session to cover the reimbursement changes, billing information, and fiscal impacts.
Thursday, October 15, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**IHS 638 Nursing Facility Updates** Overview of the recently approved State Plan Amendment changes to reimbursement for nursing facilities being operated by the Indian Health Services (IHS) or tribes under PL 93-638, when providing services to American Indians. Such facilities may be reimbursed at the outpatient All-Inclusive Rate (AIR), effective October 1, 2020. Training session to cover the reimbursement changes, billing information, and fiscal impacts.
Tuesday, November 10, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**IHS 638 Nursing Facility Updates** Overview of the recently approved State Plan Amendment changes to reimbursement for nursing facilities being operated by the Indian Health Services (IHS) or tribes under PL 93-638, when providing services to American Indians. Such facilities may be reimbursed at the outpatient All-Inclusive Rate (AIR), effective October 1, 2020. Training session to cover the reimbursement changes, billing information, and fiscal impacts.
Thursday, December 10, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**IHS 638 Nursing Facility Updates** Overview of the recently approved State Plan Amendment changes to reimbursement for nursing facilities being operated by the Indian Health Services (IHS) or tribes under PL 93-638, when providing services to American Indians. Such facilities may be reimbursed at the outpatient All-Inclusive Rate (AIR), effective October 1, 2020. Training session to cover the reimbursement changes, billing information, and fiscal impacts.

Prior Authorization and Concurrent Review Updates	
Thursday, October 1, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**AHCCCS COVID-19 Prior Authorization and Concurrent Review Updates** FFS Prior Authorization requirements lifted due to COVID-19.
Thursday, November 5, 2020 **10:00 a.m. — 11:00 a.m.** **Zoom Registration Link**	**AHCCCS COVID-19 Prior Authorization and Concurrent Review Updates** FFS Prior Authorization requirements lifted due to COVID-19.
Monday, December 14, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**AHCCCS COVID-19 Prior Authorization and Concurrent Review Updates** FFS Prior Authorization requirements lifted due to COVID-19.

Provider Training Schedule continued

Alternate Care Site Training	
Friday, October 23, 2020 **10:00 a.m. — 10:30 a.m.** **Zoom Registration Link**	**Alternate Care Site (ACS) Training** An ACS is an extension of a hospital or clinic that may treat members during a public health emergency. The ACS Training covers AHCCCS' reimbursement for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes, or tribal organizations with a 638 agreement, performed in Alternate Care Sites (ACS), during the public health emergency.
Monday, November 16, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**Alternate Care Site (ACS) Training** An ACS is an extension of a hospital or clinic that may treat members during a public health emergency. The ACS Training covers AHCCCS' reimbursement for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes, or tribal organizations with a 638 agreement, performed in Alternate Care Sites (ACS), during the public health emergency.
Thursday, December 17, 2020 **1:00 p.m. — 1:30 p.m.** **Zoom Registration Link**	**Alternate Care Site (ACS) Training** An ACS is an extension of a hospital or clinic that may treat members during a public health emergency. The ACS Training covers AHCCCS' reimbursement for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes, or tribal organizations with a 638 agreement, performed in Alternate Care Sites (ACS), during the public health emergency.

Telehealth Training	
Tuesday, October 6, 2020 **10:00 a.m. — 11:00 a.m.** **Zoom Registration Link**	**General Telehealth Training (In Depth Policy Overview and Billing for FFS Providers)** Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions. Session will be held via Zoom
Wednesday, October 7, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**Telehealth and Telephonic Training for IHS and 638 Providers** General telehealth/telephonic policies and definitions, billing, claims, and the "four walls" and their applicability to telehealth/telephonic services.
Monday, November 2, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**General Telehealth Training (In Depth Policy Overview and Billing for FFS Providers)** Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions.
Tuesday, November 3, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**Telehealth and Telephonic Training for IHS and 638 Providers** General telehealth/telephonic policies and definitions, billing, claims, and the "four walls" and their applicability to telehealth/telephonic services.
Monday, December 7, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**General Telehealth Training (In Depth Policy Overview and Billing for FFS Providers)** Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions.
Tuesday, December 8, 2020 **1:00 p.m. — 2:00 p.m.** **Zoom Registration Link**	**Telehealth and Telephonic Training for IHS and 638 Providers** General telehealth/telephonic policies and definitions, billing, claims, and the "four walls" and their applicability to telehealth/telephonic services.
IHS/638 Tribal Forum	
Wednesday, November 4, 2020 **2:00 p.m. – 3:30 p.m.** **Zoom Registration Link**	**IHS/638 Quarterly Forum** Discussion of policy updates, changes, or challenges AHCCCCS and the IHS Facilities are experiencing.

Provider Training Schedule continued

Information for New Providers	
Monday, October 5, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Useful Materials for Providers** Signing up for Constant Contacts; The Claims Clues Newsletter; The Provider Billing Manuals and the AHCCCS Medical Policy Manual (AMPM)
Thursday, October 8, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Verifying Member Enrollment/Eligibility (AHCCCS Online Provider Portal)** The purpose of this training is to demonstrate how to confirm a member's enrollment and eligibility status by using the AHCCCS Online Provider Portal.
Tuesday, October 13, 2020 **1:00 p.m. — 1:30 p.m.** [Zoom Registration Link]	**Submitting a Request for Prior Authorization (AHCCCS Online Provider Portal)** How to verify the status and request a prior authorization using the AHCCCS Online Provider Portal.
Wednesday, October 14, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Claim Submission using the AHCCCS Online Provider Portal** How to submit a claim using the AHCCCS Online Provider Portal. Please note, this is a general training meant to educate providers on how to use the AHCCCS Online Provider Portal to submit claims in general. It is not a 'how to' training on how to bill. Examples of all three claim types (Institutional, Professional and Dental) available on the AHCCCS Online Provider Portal shall be reviewed.
Thursday, October 15, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Submitting Documentation using the Transaction Insight Portal** Submitting supporting documents for a claim using the Transaction Insight Portal (TIBCO).
Monday, October 19, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**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.
Tuesday, October 20, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Checking a Claim Status using the AHCCCS Online Provider Portal** How to verify the status of a submitted claim.
Thursday, October 22, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Verifying Member Enrollment/Eligibility (AHCCCS Online Provider Portal)** The purpose of this training is to demonstrate how to confirm a member's enrollment and eligibility status by using the AHCCCS Online Provider Portal.
Monday, October 26, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Claim Submission for FQHCs (AHCCCS Online Provider Portal)** How to submit a claim using the AHCCCS Online Provider Portal. Please note, this training is for FQHCs.
Tuesday, October 27, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Professional Claim Submission (AHCCCS Online Provider Portal)** How to submit a claim using the AHCCCS Online Provider Portal. Please note, this training reviews professional claims.
Tuesday, October 27, 2020 **11:00 a.m. — 11:30 a.m.** [Zoom Registration Link]	**Institutional Claim Submission (AHCCCS Online Provider Portal)** How to submit a claim using the AHCCCS Online Provider Portal. Please note, this training reviews institutional claims.
Wednesday, October 28, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link]	**Dental Claim Submission (AHCCCS Online Provider Portal)** How to submit a claim using the AHCCCS Online Provider Portal. Please note, this training is for dental providers.
Thursday, November 12, 2020 **1:00 p.m. — 1:30 p.m.** [Zoom Registration Link]	**Submitting Documentation using the Transaction Insight Portal** Submitting supporting documents for a claim using the Transaction Insight Portal (TIBCO).

Provider Training Schedule continued

Thursday, November 12, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**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.
Tuesday, December 1, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**Submitting a Request for Prior Authorization** How to verify the status and request a prior authorization using the [AHCCCS Online Provider Portal](#).
Thursday, December 3, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**Claim Submission using the AHCCCS Online Provider Portal** How to submit a claim using the [AHCCCS Online Provider Portal](#). Please note, this is a general training meant to educate providers on how to use the [AHCCCS Online Provider Portal](#) to submit claims in general. It is not a 'how to' training on how to bill. Examples of all three claim types (Institutional, Professional and Dental) available on the [AHCCCS Online Provider Portal](#) shall be reviewed.
Friday, December 4, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**Submitting Documentation using the Transaction Insight Portal** Submitting supporting documents for a claim using the [Transaction Insight Portal (TIBCO)](#).
Wednesday, December 9, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**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.
Thursday, December 10, 2020 **10:00 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**Checking a Claim Status using the AHCCCS Online Provider Portal** How to verify the status of a submitted claim.

Behavioral Health Residential Facility (BHRF) Training	
Tuesday, October 13, 2020 **9:30 a.m. — 11:00 a.m.** [Zoom Registration Link](#)	**Behavioral Health Residential Facility (BHRF) Overview and PA Submission Training** BHRF Policy overview and How to submit a PA request for BHRF providers only.
Tuesday, November 17, 2020 **9:30 a.m. — 11:00 a.m.** [Zoom Registration Link](#)	**Behavioral Health Residential Facility (BHRF) Overview and PA Submission Training** BHRF Policy overview and How to submit a PA request for BHRF providers only.
Tuesday, December 15, 2020 **9:30 a.m. — 11:00 a.m.** [Zoom Registration Link](#)	**Behavioral Health Residential Facility (BHRF) Overview and PA Submission Training** BHRF Policy overview and How to submit a PA request for BHRF providers only.

General Direct Care Agency (DCA) Worker Training	
Thursday, November 19, 2020 **9:30 a.m. — 10:30 a.m.** [Zoom Registration Link](#)	**General Direct Care Agency (DCA) Worker Training : Audit Tool** The purpose of this training is to provide an overview of the Direct Care Agency Audit Tool, which aims to help ensure the safety of members and the Quality of Care they are receiving.

Provider Training Schedule continued

Reviewing the Remittance Advice	
Friday, October 2, 2020 **9:30 a.m. — 10:30 a.m.** **Zoom Registration Link**	**AHCCCS Remittance Advice** Understanding the Remittance Advice
Monday, November 9, 2020 **9:30 a.m. — 10:30 a.m.** **Zoom Registration Link**	**AHCCCS Remittance Advice** Understanding the Remittance Advice
Thursday, October 1, 2020 **10:15 a.m. — 11:15 a.m.** **Zoom Registration Link**	**OALS Claims Disputes Overview** An overview of what are valid claim disputes, ways to resolve disputes, the timeframes involved, and edit denial reasons.
Wednesday, October 21, 2020 **10:00 a.m. — 11:00 a.m.** **Zoom Registration Link**	**OALS Claims Disputes Overview** An overview of what are valid claim disputes, ways to resolve disputes, the timeframes involved, and edit denial reasons.
Tuesday, November 10, 2020 **10:00 a.m. — 11:00 a.m.** **Zoom Registration Link**	**OALS Claims Disputes Overview** An overview of what are valid claim disputes, ways to resolve disputes, the timeframes involved, and edit denial reasons.

NEMT Trip Report, Updates and Reminders	
Wednesday, November 18, 2020 **9:30 a.m. — 10:30 a.m.** **Zoom Registration Link**	**AHCCCS NEMT Trip Report, Updates** How to fill out an NEMT Daily Trip Report, NEMT Updates and NEMT Billing Reminders
Wednesday, December 2, 2020 **9:30 a.m. — 10:30 a.m.** **Zoom Registration Link**	**AHCCCS NEMT Trip Report, Updates** How to fill out an NEMT Daily Trip Report, NEMT Updates and NEMT Billing Reminders