Upcoming APEP Training Sessions

Beginning in April and over the following several months, the Division of Member and Provider Services will conduct virtual APEP training sessions for providers that want additional training. The training is voluntary and will directly respond to questions AHCCCS has received since the launch of APEP.

The APEP training courses will be scheduled by "Enrollment Type." Training instruction will include:

- Single -Sign-On process
- Domain Administrator functions
- Specific scenarios within the online application
- Submission of a modification once the re-registration process is complete

More information regarding the APEP training schedule and registration for a virtual class is posted to the APEP website. Please visit the APEP Training Online Registration link to enroll:

APEP Training - Training Online Registration

To receive APEP updates, visit Provider Enrollment E-News.

Subscribe to Provider Email List for the latest news.

Questions can be emailed to PRNotice@azahcccs.gov.

Medicare EOB

AHCCCS maintains a record of each recipient's primary coverage by Medicare and Other primary insurance plans. If a recipient's primary payer's record indicates a first-party coverage (such as Medicare or employer's health plan) or a third-party coverage (i.e. third party liability or TPL) and the claim is filed (sent to AHCCCS for payment) without the primary payer's EOB the claim will be denied.

For more detailed information please refer to the following resources:

- Chapter 9 of the FFS Provider Billing Manual, Medicare/Other Insurance Liability.
- Chapter 7 of the IHS/Tribal Provider Billing Manual, Medicare/Other Insurance Liability.

Other coverage information can be verified using the AHCCCS online eligibility verification portal.

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.

- 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 Second 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

OR

call 602-417-4451

COVID FAQ

Fact Sheet

Quality Management (QM) Housekeeping Tips

The AHCCCS/DFSM Quality Management (QM) investigates QOC Concerns, IADs, and Health and Safety Conditions for members enrolled in FFS Programs in accordance with 42 U.S.C. §1396a(a)(30)(A).

Quality Management is an important component of a member's care, and here are some tips for providers:

- Make sure to verify a Member's eligibility for Behavioral Health and Physical Health assignment when providing services to a new member.

- Please coordinate care with the member's health plan. This includes TRBHAs, who are to be considered as the member's Behavioral Health plan.

- Keep your provider contact information updated with AHCCCS Provider Enrollment. The Division of Fee-for-Service Quality Management frequently utilizes your PMMIS contact information to help with mentioning clinical documentation from your facility.

- Please include all applicable clinical documentation when reporting any incidents, accidents and deaths in the QM Portal.

The AHCCCS Medical Policy Manual chapter on 'Quality of Care Fee-for-Service provider requirements' can be found here:

- https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/830.pdf

Per AMPM 830: "The Tribal ALTCS and TRBHA programs shall participate in the investigation of QOC Concerns, IAD reports and Health and Safety Conditions related to their enrolled members, in accordance with applicable IGAs and in coordination with AHCCCS.

Reports of QOC Concerns and service issues may be raised at AHCCCS internally or externally by members/Health Care Decision Makers and designated representatives, providers, and stakeholders, from anywhere in the community.

The AHCCCS Provider Participation Agreement (PPA) provides the authority for AHCCCS/DFSM to ensure that FFS providers comply with all applicable state and federal rules and regulations, including alignment with state licensure requirements, as well as AHCCCS rules and policies relating to the audit of provider records and the inspection of the provider's facilities. FFS providers are responsible for adhering to the requirements specified in all applicable AHCCCS policies, including this Policy. For specific requirements applicable to Tribal ALTCS and the TRBHAs, refer to the respective IGA."

Preferred Provider Lists

The AHCCCS Division of Fee-for-Service Management (DFSM) maintains a list of Preferred Providers for Fee-for-Service (FFS) programs, including for the American Indian Health Program.

This list includes providers who have contacted the Provider Training Team and confirmed that they serve FFS members, which includes members enrolled in the American Indian Health Program (AIHP), members enrolled in a Tribal Regional Behavioral Health Authorities (TRBHA), and Tribal ALTCS members. Its purpose is to aid in referral pathways for Fee-for-Service members.

For more information, or to view the lists by region, visit the FFS section of our website.

FFS members may choose any AHCCCS registered provider. Locate AHCCCS registered providers.

If you are an AHCCCS registered provider who wishes to be included on the Preferred Provider list, please contact the Provider Training Team.

Vaccination Memos

AHCCCS has published guidance on the Flu and COVID-19 Vaccines for Fee-for-Service providers. These memos can be found on the DFSM Provider Training web page at the below links:

- Flu Vaccine Memo

- Pharmacy AIR Reimbursement for the Flu Vaccine Administration

- UPDATED IHS/638 COVID-19 Vaccine Billing Guidelines (3/31/2021)

2021 All Inclusive Rate Update

The Federal Register has published the 2021 All Inclusive Rates (AIRs). The **2021** rates became effective beginning **January 1, 2021**. IHS/638 providers can begin billing the 2021 rates immediately.

2021 inpatient AIR is $3,631.00

2021 outpatient AIR is $519.00

Note: For dates of service on or after 1/1/21, any claims billed at the 2020 AIR must be resubmitted with the 2021 AIR in order to receive the 2021 rate.

Payment Error Measurement (PERM) Audit Information for Providers

A new, informational page has been added to the AHCCCS website about the Payment Error Rate Measurement (PERM) federal audit. The Centers for Medicare and Medicaid Services (CMS) conducts a periodic audit of State Medicaid and CHIP (KidsCare) programs. This is an audit of randomly selected payments made by the state to providers submitting claims to AHCCCS for Medicaid and CHIP members. The audit of these payments contains a medical record review component.

Providers should know that they may be contacted by the Centers for Medicare & Medicaid Services' (CMS) contractor, NCI, Inc. with a request for the medical records to support the payment being reviewed.

The new web page explains what PERM is, how the audit is performed, an AHCCCS provider's responsibilities and where additional information can be obtained.

Go directly to the new page.

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.

Electronic Visit Verification (EVV)

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health.)

For information on Electronic Visit Verification, please visit the Arizona Medicaid EVV website.

Contact us directly at TribalALTCSinfo@azahcccs.gov if you have other questions/concerns.

Second Quarter Training Schedule Posted

The Division of Fee-for-Service Management's (DFSM) Provider Training Unit conducts periodic trainings on a variety of subjects for providers.

Training topics covered include:

- Instructing providers on how to use the AHCCCS Online Provider Portal and the Transaction Insight Portal to submit claims, prior authorization requests, and additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), as well as how to check a member's eligibility and how to check on a PA or claim's status;

- Trainings on specific topics, such as telehealth;

- Trainings designed for specific provider types, such as for Non-Emergency Medical Transportation (NEMT) providers, Behavioral Health Residential Facilities (BHRFs), Direct Care Worker Agencies (DCWAs), and more; and

- One-on-One training requests, designed for a specific provider based on request.

A schedule of our group training sessions for the second quarter can be found on the DFSM Provider Training web page, on the AHCCCS website.

Scroll down to 'Training Schedules by Year' and click on the drop down to choose 2021. Select 'Training Schedule 2nd QTR 2021'.

COVID-19 - Billing for Services

AHCCCS covers COVID-19 testing. U0001 and U0002 are currently being entered into the AHCCCS PMMIS system with an effective date of February 4, 2020. The rate, as of March 15, 2020, is $35.91 for code U0001 and $51.31 for U0002. The following codes can be used when services are provided telephonically: 98966, 98967, 98968, 99441, 99442, 99443, H0025, H0038, H2014, H2025, S5110 and T1016. When providing services telephonically, providers are required to list the Place of Service (POS) as 02. To request the addition of POS 02 for additional codes, contact CodingPolicyQuestions@azahcccs.gov.

COVID-19 testing is now available through Quest Diagnostics and Labcorp. Additionally, Sonora Quest is anticipated to have the testing available on March 11, 2020.

The World Health Organization has developed an emergency ICD-10 code for the coronavirus: U07.1, 2019-nCoV acute respiratory disease. CDC's National Center for Health Statistics will implement a new diagnosis code into the ICD 10th Revision, Clinical Modification, effective with the next update on October 1, 2020. In the meantime, CDC issued interim coding guidance and guidelines for health care encounters and deaths related to COVID-19.

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.

COVID-19 FAQs

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

If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

Fee for Service Members, including those enrolled in the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, should contact their doctor, the nearest American Indian Medical Home (AIMH), or the nearest IHS/638 facility.

AHCCCS is tracking the latest information we've received from tribes regarding COVID-19 responses and resources. See the Tribal COVID-19 tracking document for hotline numbers, travel restrictions, and general guidance.

If you have other concerns about COVID-19, please call your health plan's Member Services phone number. Find this number on the back of your AHCCCS card or on the AHCCCS website under "Health Plans Available for AHCCCS Medical Assistance."

HHS Releases COVID-19 Care and Vaccine Access Fact Sheets

The US Department of Health and Human Services has released two fact sheets to help patients and providers better understand their rights and responsibilities regarding access to COVID-19 vaccines.

The COVID-19 vaccines are free to all individuals living in the United States and these resources will help to empower patients and educate providers on this fact.

Fact Sheets:

Patient Fact Sheet (English | Spanish)

Provider Fact Sheet (English | Spanish)

 Please feel free to distribute this information to your stakeholder as you see fit.

For more information about how AHCCCS has responded to the needs of its members and providers during the COVID-19 pandemic, see azahcccs.gov/AHCCCS/AboutUs/covid19 and AHCCCS COVID-19 Frequently Asked Questions.

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

Original Release:	March 25, 2020
Last Updated:	April 15, 2021
Effective Date:	June 15, 2021

This memo outlines the updated **AHCCCS 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

Effective June 15, 2021, Sections III. A and B will be no longer be in effect. Note: This change was originally announced during Special Tribal Consultations on 4/13/2021 to be effective on 6/1/2021. OptumRx will be ending these flexibilities and reinstituting utilization management edits and prior authorization requirements that were in effect with the previous plan set-ups, effective June 15, 2021 Agents that are designated as preferred on the AHCCCS Drug List will be in effect and non-preferred medications that were not grandfathered by the AHCCCS Pharmacy and Therapeutics (P&T) process are to be transitioned to the preferred agent(s) of the therapeutic class.

IHS and 638 Pharmacies may:

- Continue to fill 90-day supplies of maintenance medications when billing the All-Inclusive Rate; and

- The allowance for billing for 60-days of specialty medications will be changing back to 30-day prescription fills.

The following Section III. A & B changes, as referenced above, will be ending on June 15,2021.

Please see notations in Sections C and D.

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards Continued

A. **Refill-too-soon edits and 90-day fills**

   1. All health plans must remove the refill-too-soon edit on all non-controlled medications.

     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 once the edit is lifted.

     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.

     c) When the refill-too-soon edit is lifted, Pharmacy Benefit Managers (PBMs) must check to ensure that quantity limits and duplicate therapy edits currently in place will not cause a rejection when the prescription is refilled early.

   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 pharmacy staff or the prescribing clinician shall contact the health plan's PBM help desk for an immediate override. Please ensure that quantity limits and duplicate therapy edits will not cause a rejection when these claims are provided an override.

   3. Removal of prior authorization for specific therapeutic classes

     a) Health plans must remove all prior authorization requirements for the following Therapeutic Classes:

- Antibiotics,
- Antimalarials,
- Antivirals,
- Beta2 Agonist Inhalers and Inhalant Solutions,
- 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, such as:
  - Antihistamines,
  - Nasal Decongestants,
  - Combination products of antihistamines and nasal decongestants,
  - Cough suppression products including guaifenesin and combination products,
  - Guaifenesin oral tablets and combination products, and
  - Analgesics / Anti-febrile products (aspirin, ibuprofen, acetaminophen, acetaminophen suppositories, etc.)
- Mast Cell Stabilizers, and
- Methylxanthines (aminophylline and theophylline).

B. **Addressing Drug Shortages (See note at start of Section III above for reference to changes)**

   1. The AHCCCS Drug List has preferred medications which the AHCCCS Medical Policy Manual (AMPM) 310-V requires to be utilized prior to a non-preferred agent. However, 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, the health plans must allow all other branded and generic albuterol products to be reimbursed through the pharmacy claims system without prior authorization.

   2. When there is a drug shortage and the health plans' network pharmacies are unable to obtain the medication in a timely manner, the health plans shall open up their pharmacy network to pharmacies that have the medication as long as they have an AHCCCS registered ID.

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

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards Continued

- https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm

- https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supplychain-update

C. Pharmacy Copayments - This section will not be changing.

1. Title XIX Member enrolled in AHCCCS Fee-For-Service do not have copayments for prescription medications.

2. Prior authorization is not required during the Federal emergency period for compounded drugs for children under the age of ten years old.

D. Signature Requirements – This section will not be changing during the Federal emergency period.
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

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.

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards Continued

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, and the link is provided below:

- https://azahcccs.gov/AHCCCS/AboutUs/covid19.html

AHCCCS Provider Enrollment Portal (APEP)

Providers are reminded to use the AHCCCS Provider Enrollment Portal (APEP) for all new applications to become an AHCCCS-registered provider, and for updates to current registrations.

What is the AHCCCS Provider Enrollment Portal (APEP)?

On August 31, 2020, AHCCCS launched the AHCCCS Provider Enrollment Portal (APEP), which offers a secure web-based enrollment process and a streamlined provider enrollment process that allows a provider to electronically submit an application for new enrollment or to modify an existing provider ID online.

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, at any time of the day.

This online system allows providers to:

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

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.

- https://www.azahcccs.gov/PlansProviders/APEP/APEPTraining/Videos.html

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

A list of FAQs regarding APEP can be found on the AHCCCS website here:

- https://www.azahcccs.gov/PlansProviders/NewProviders/registration/APEP/faq.html

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

- 1-800-794-6862 (In State - Outside of Maricopa County)
- 1-800-523-0231 (Out of State)