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

CLAIMS CLUES
A Publication of the AHCCCS DFSM Claims Department

October 2022

Serious Mental Illness (SMI) Changes Effective 10/1/2022

American Indian Health Program (AIHP) Integration for Members with a Serious Mental Illness (SMI) Designation Effective October 1st, 2022 – Information for Providers

The Arizona Health Care Cost Containment System (AHCCCS) Division of Fee-for-Service Management (DFSM) serves as the health plan for Fee-for-Service (FFS) Medicaid members. The DFSM is responsible for the clinical, administrative and claims functions for the FFS population. Effective 10/1/22, American Indian/Alaskan Native (AI/AN) members with a Serious Mental Illness (SMI) designation will have the choice to be part of the integrated American Indian Health Program (AIHP) for coverage of both behavioral and physical health services.

Individuals with an SMI designation currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA) will have:

- Behavioral Health services transition to AIHP effective 10/1/2022, and
- Physical health services continue with AIHP.

Individuals with an SMI designation currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA) will have:

- Physical health services transition to AIHP effective 10/1/2022, and
- Behavioral health services continue with the TRBHA.

Effective 10/1/22, RBHAs will be called ACC-RBHAs (AHCCCS Complete Care Contractors with Regional Behavioral Health Agreements). SMI members' choice of enrollment remains intact; they may choose between integrated ACC-RBHA or integrated FFS (AIHP). They may also continue to receive services via IHS/638 tribal facilities, same as they can today.

This integration of AI/AN SMI designated members will not affect the ability of both physical and behavioral health providers to offer services to these members. AHCCCS encourages all providers to continue to care for members with an SMI designation. Providers currently serving AI/AN SMI designated members who continue to serve these members after 10/1/22 may be eligible for Differential Adjusted Payments (DAP).

The DFSM seeks to partner with facilities/providers for ongoing care management support and health plan technical assistance. All providers of behavioral and physical health services who are registered with AHCCCS can provide care and submit claims to DFSM for services provided to members enrolled with AIHP. No separate contract beyond the Provider Participation Agreement is required. See the AHCCCS Provider Enrollment website for more information.

For additional care management resources please contact casemanagers@azahcccs.gov.

For technical assistance with billing, claims and prior authorization please visit our website or email ProviderTrainingFFS@azahcccs.gov.

Please sign up for DFSM's "Constant Contact" E-mail notifications for providers and select the SMI Service list to receive SMI specific notifications.

ANNOUNCEMENTS

IMPORTANT: For Transaction Insight Portal (TIBCO/TI) users, for account creation, to add additional users, or for password resets please make sure to use the following email address of servicedesk@azahcccs.gov

TRAINING AND CONTACTS

Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the DFSM Provider Training Web Page on the AHCCCS website at: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

The DFSM Provider Training Team's First Quarter Training Schedule is posted on the DFSM Provider Training web page.

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

- 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

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Claims Customer Service Billing Questions (602) 417-7670 - Option 4

Provider Registration Process Questions (602) 417-7670 - Option 5

Provider Registration – Fax Applications (602) 256-1474

Electronic Payment Sign Up (Remittance Advice Sign Up/835)

ELECTRONIC PAYMENT SIGN UP

(Remittance Advice Sign Up/835) Contact: ISDCustomerSupport@azahcccs.gov –OR- call (602) 417-4451

COVID FAQ

FAQs COVID Fact Sheet.

Please note that these materials are designed for Fee-for-Service programs, including American Indian Health Program (AIHP), Tribal Regional

Behavioral Health Residential Facility Policy 320-V Update

Did you know that there are several changes being made to AMPM 320-V effective October 1, 2022? Some of the changes may impact Fee-for-Service (FFS) providers.

We recommend BHRF providers check out the AHCCCS Website and refer to AHCCCS Medical Policy Manual (AMPM) 320-V Behavioral Health Residential Facilities Policy to ensure you have the most updated policy for reference.

AHCCCS Medical Policy Resources:

Medical Policy Manual

Medical Policy Manual 300/320-V

Fee-for-Service Prior Authorization Website

Payment Error Rate Measurement (PERM) Audit

The Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) program recorded the Provider Education webinar conducted in April 2022. The recorded webinar is intended to educate the provider and supplier community about the PERM program and explain the responsibilities to those who are participating in the Medicaid program and/or Children's Health Insurance Program (CHIP). The PERM program is designed to measure and report improper payments in the Medicaid and CHIP programs. Improper payment rates are based on reviews of Fee-For-Service (FFS), managed care, and eligibility components of Medicaid and CHIP in the Reporting Year (RY) under review. The improper payment rate is not a "fraud rate" but a measurement of payments made that did not meet statutory, regulatory, or administrative requirements. These improper payments may be overpayments or underpayments and do not necessarily represent expenses that should not have occurred.

The objectives of this recorded webinar is for those participating in the Medicaid and CHIP programs to better understand:

- The PERM program.
- The PERM medical review process.
- PERM medical record and documentation requests.
- Methods for record submission.
- Provider best practices.
- PERM resources for providers.

CMS uses a 17-state rotational approach to review the states' Medicaid program and CHIP so that the PERM program measures each state once every three years. Listening to this recorded webinar is an opportunity for the provider and supplier community to better understand their responsibilities during a PERM cycle. For additional information, please go to the CMS PERM website.

What is Payment Error Rate Measurement (PERM) Audit

What is Payment Error Rate Measurement (PERM) AUDIT?
The PERM Audit is designed to measure improper payments in the Medicaid and CHIP programs, as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Improvement Act or IPERA, and the Improper Payments Elimination and Recovery Improvement Act of 2012 IPERIA). The improper payment rates are based on reviews of the Fee-for-Service (FFS), managed care, and eligibility components of Medicaid and CHIP in the year under review.

Provider Billing Reminders:
It is the provider's responsibility to make sure that all claims are billed appropriately and accurately prior to submission for reimbursement. For each claim submitted, you must be sure to include the correct member's name and AHCCCS ID number, date(s) of service, revenue, procedure codes, units, and charge amounts (etc.). Claims should adhere to standard coding practices to also include modifiers if applicable. Providers should utilize the respective state and federal billing & coding resources to ensure claims meet the appropriate billing guidelines.

Responding to PERM Documentation Requests:
Providers must submit the requested information by the due date noted on the request. Please note that it will be the responsibility of the provider identified on the claim to ensure that all supporting medical records, from the provider who rendered an AHCCCS covered service for which the claim payment under review was requested, is submitted in a timely manner. Please see the webiste for more information.

Important Update: Provider Participation Reporting Requirements Deadline Has Been Extended Until January 1, 2023

AHCCCS has extended the deadline for providers to begin reporting the individual practitioner who rendered services on professional and dental service claims until January 1, 2023.

In order to retain information related to the actual professional practitioner that is participating in or performing services associated with the clinic visit, this information must be reported on the claim and will impact all claims for AHCCCS providers registered as:

- Integrated clinics (Provider Type IC)
- Behavioral health outpatient clinic (Provider Type 77)
- Clinic (Provider Type 05)

AHCCCS and its Managed Care Organizations will deny claims for dates of service on and after January 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

Claim Form Types:

- CMS 1500 claim form, Field 19 Field Title: Additional Claim Information
- ADA claim form, Field 35 Field Title: Remarks

Denial Edit Code H482 "NPI Missing or Invalid" will append to the claim if the participating provider information is not entered or is in the incorrect format.

See Exhibit 10-1 of the AHCCCS Fee-For-Service Provider Billing Manual for billing instructions for proper claims submissions.

APEP Reminder –Service Addresses Can Be Updated Directly in APEP

If the user has APEP domain permissions to access the file, submit a modification request in APEP and add the service address(es) in Step 2: Locations.

If the user does not have domain permissions email APEPTrainingQuestions@azahcccs.gov to open a service ticket, include the APEP username of the person requesting domain permissions and the provider NPI and name.

Quick Reference Guide – What Services Require A FFS Prior Authorization

Need to know what services may require a FFS Prior Authorization: FFS Authorization Guidelines

Missing Remittance Requests

Paper Remit/Paper Explanation of Benefits

The Division of Business Finance DBF only supports providers that are receiving paper copies of the remittance advice and can be reached at 602-417-5500

Electronic Remittance Advice (ERA) 835

Providers that are receiving the 835/ERA, HIPPA compliant detailed explanation of how AHCCCS processed the claims. If you need a to request a copy of the 835/ERA, providers must open a ticket to servicedesk@azahcccs.gov. Providers should also include in their request to assign the service ticket to the **Data Security team**.

Provider Self-Service Tips AHCCCS Online Provider Portal

The AHCCCS Online Provider Portal is designed to help FFS providers to be able to perform many self-service functions. Providers can review claim details, narrow your search by date, CPT/HCPCS code, obtain check payment information to include EFT/Check numbers and much more.

- Verify member eligibility. Use the Eligibility & Benefits tab to view detailed information relating to the members' enrollment and eligibility.
- Submit and Status FFS Claims. Claims submitted on the Online portal are processed as electronic claims which can result in quicker payment of claims. Use the Claim status tab to search /view the progress of the claim.
- Submit Correction Claims. The Online Portal can be used to submit a correction claim, even when the initial submission was EDI, clearing house or by paper.
- Claim Denials. View claim denials and the Provider Denial Edit Resolution guide.
- Submit Prior Authorizations. Use the Authorization Submission transaction to initiate requests.
- Please note providers cannot adjust claims that are more than a year old using the AHCCCS Online Provider Portal.

How to Create an AHCCCS Online Provider Portal Account

AHCCCS encourages providers to sign up for the AHCCCS Online Provider Portal, due to its ease of use and availability. Registration is free and there are no transaction charges.

Register for an AHCCCS Online account.

On the left hand side of this page under the heading NEW ACCOUNT, Click "Register for an AHCCCS Online Account" tab. You will need to enter the provider NPI number and the Tax ID number and simply follow the prompts. A confirmation letter with the authentication access code will be sent to you by regular mail.