

Welcome!

We are asking that everyone make sure and mute your phones throughout the meeting.

Do not put us on hold.

Once the presentation is completed we will open it for questions and call on anyone that has indicated that they have a comment or question.

To unmute your phone you will need to click on the microphone icon to remove the X or select *6 on your phone.

ARIZONA'S AHCCCS COVID-19 RESPONSE



Peer Family Run Organizations AHCCCS COVID-19 Response

Presented by Dana Flannery, Assistant Director &
Sara Salek, Chief Medical Officer

Where do I find the latest information about COVID-19?

- AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans.
- Please find guidance at: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- These are in English and Spanish.



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):

24-Hour Nurse Line Numbers by Health Plan

Health Plan

Nurse Line Number

Sections of the Frequently Asked Questions (FAQs) include:

Billing & Claims

Clinical Delivery

General COVID-19 Questions

Health Plan & AHCCCS Fee-For-Service Programs Guidance

Health Plan Requirements and Deliverables

Pharmacy & Supplies

Provider Enrollment and Requirements

Rates

Telehealth Delivery and Billing

Examples from the FAQ:

Question: Will members lose coverage during the COVID-19 emergency?

Answer: No, per the Families First Coronavirus Response Act, AHCCCS will not disenroll members during the emergency (with the exception of death, those who move out of state, or those who voluntarily withdraw). Members who lost AHCCCS eligibility in March 2020 will be notified of their reinstatement.

Question: Does AHCCCS cover testing for COVID-19?

Answer: Yes, AHCCCS covers COVID-19 testing. HCPCS U0001 and U0002 have an effective date of February 4, 2020. CPT 87635 has an effective date of March 13, 2020. All codes have been entered in the AHCCCS PMMIS system.

Examples from the FAQ:

Question: During the COVID-19 emergency will AHCCCS members be required to pay premiums?

Answer: No. For the duration of the emergency, premium payments will be suspended for members enrolled in KidsCare and Freedom to Work programs. Members who have already paid March 2020 premiums will be credited, and individuals who were disenrolled in March will be reinstated for the duration of the emergency.

Examples from the FAQ

Question: Question: Can all AHCCCS covered services be delivered via telehealth (including telephonic) and reimbursed by AHCCCS?

Answer: All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency. Ultimately, it is up to the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person. All scope of practice, coding, and documentation requirements still apply to services delivered via telehealth. For more detail about medical coding please see the [Medical Coding Resources web page](#).

Examples from the FAQ

Question: What codes can be used when services are provided telephonically?

Answer: AHCCCS has established two telephonic code sets that are available for use:

- Table I, **AHCCCS Telephonic Code Set (Temporary)** provides the lists of codes available on a temporary basis to be provided telephonically starting on dates of service March 17, 2020 until the end of the COVID-19 declared emergency.
 1. The UD modifier must be used when billing the applicable CPT or HCPCS code to designate telephonic service.
 2. The Place of Service (POS) is the originating site (ie, where the member is located at the time of the telephonic service delivery). POS home (12) is allowable for all temporary telephonic codes.
- Table II, **AHCCCS Telephonic Code Set (Permanent)** are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency. There is no change to the coding standards for these codes. When providing these services telephonically, please continue to utilize POS 02 telehealth.

Examples from the FAQ:

Question: Will AHCCCS provide financial assistance to providers to address revenue losses experienced as a result of the COVID-19 emergency?

Answer:

- AHCCCS recognizes that some providers may experience a reduction in the number of services they can provide during the emergency period as a result of members avoiding provider offices. AHCCCS is actively exploring opportunities to ensure provider sustainability to address this challenge.
 - One option that AHCCCS intends to implement is to make interim payments to Targeted Investment (TI) Program participants for Year 3 as soon as possible. Information has been emailed to TI participants regarding these interim payments.
 - AHCCCS is also evaluating potential flexibility the Centers for Medicare and Medicaid Services (CMS) may provide, which would allow AHCCCS and its Health Plans to make limited "retainer" payments to specific types of providers. These payments would be specifically related to reductions in utilization of services related to the COVID-19 emergency, such as missed appointments or decreased frequency of members receiving services. Such payments would be intended to help offset the reduction in revenue experienced by providers due to members staying home and avoiding care.
 - The Arizona Legislature has passed legislation stating that AHCCCS may authorize payments to specific types of providers to ensure that providers maintain capacity to continue to provide services during the state of emergency, however, no additional funding was appropriated for this purpose.
- Any action AHCCCS takes will require CMS approval and upon approval AHCCCS will work swiftly to operationalize the dissemination of retainer/retention dollars.

Examples from the FAQ:

Question: Does AHCCCS have any update on retainer payments for providers?

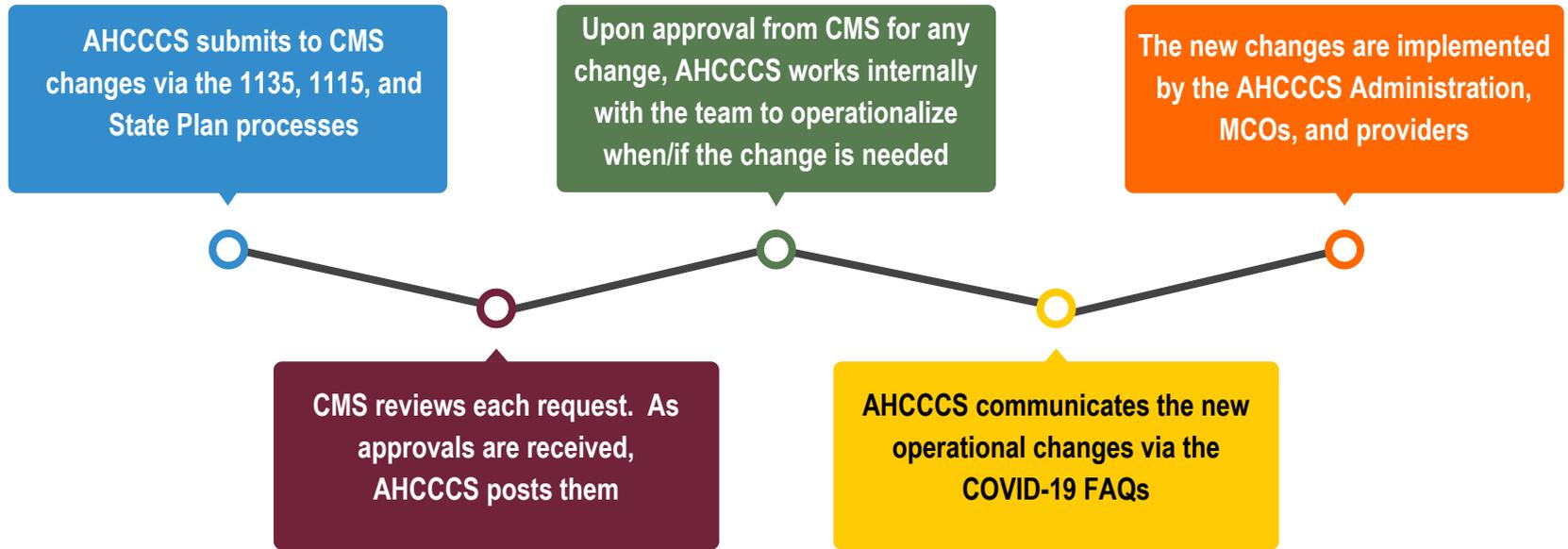
Answer: CMS has indicated that it will approve retainer (also referred to as retention) payments for HCBS providers of personal care services. As such, AHCCCS intends to make retention payments to providers serving members enrolled in the ALTCS Elderly and Physical Disabilities (EPD) program, to include both Attendant Care and Personal Care services.

At this time, CMS' approval is limited to 30 days of retention payments for participating providers. AHCCCS has established preliminary guidelines for provider qualifications to receive retention payments but is still developing details. Among those guidelines is a requirement that providers not lay off staff, and maintain staff salary and wages at pre-COVID-19 levels. This FAQ will be updated when the guidelines are finalized and an effective date is established. The Department of Economic Security/Division of Developmental Disabilities (DES/DDD) has established COVID-19 Value Based Payments for HCBS providers serving members enrolled in the ALTCS DD program. See more details [here regarding this DES/DDD VBP](#) initiative. AHCCCS is in frequent contact with CMS regarding its request for approval authority for retention payments for other provider types and services including but not limited to behavioral health providers. The FAQs will be updated as new information is received.

AZ Governor's Emergency Declaration

- On March 11, Governor Doug Ducey issued a Declaration of Emergency and an Executive Order regarding the COVID-19 outbreak in Arizona
- This action provides health officials and administrators with tools and guidance necessary to combat the continued spread of COVID-19 and to reduce financial burdens on Arizonans by lowering healthcare costs associated with the virus

How does the state pursue flexibilities to address COVID-19?



COVID-19 Federal Emergency Authorities Request

- **On March 17, 2020**, AHCCCS was one of the first states to submit a formal request to CMS to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of COVID-19, including mitigating any disruption in care for AHCCCS members
- A second request for flexibilities was sent to CMS on **March 24, 2020**, requesting additional authority for the duration of the emergency period

AHCCCS Website - COVID 19 Emergency Authorities Request Letter

Learn more about coronavirus (COVID-19)

AHCCCS
Arizona Health Care Cost Containment System

Google Custom Search

Advanced search

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?

Home / AHCCCS info / This Page

About Us

- About AHCCCS
- Acronyms
- AHCCCS Programs
- Awards & Studies
- COVID-19 Information
- Director's Biography
- News & Press Releases
- Initiatives
- Public Notices
- Program Planning
- Healthcare Advocacy
- Committees & Workgroups
- Transparency

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 [AZ 2020-001](#) and an Executive Order [AZ 2020-001](#) regarding the COVID-19 outbreak in Arizona, and subsequent Executive Orders [AZ 2020-002](#) with further administrative actions.

On March 17, 2020 and March 24, 2020, AHCCCS submitted requests 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.

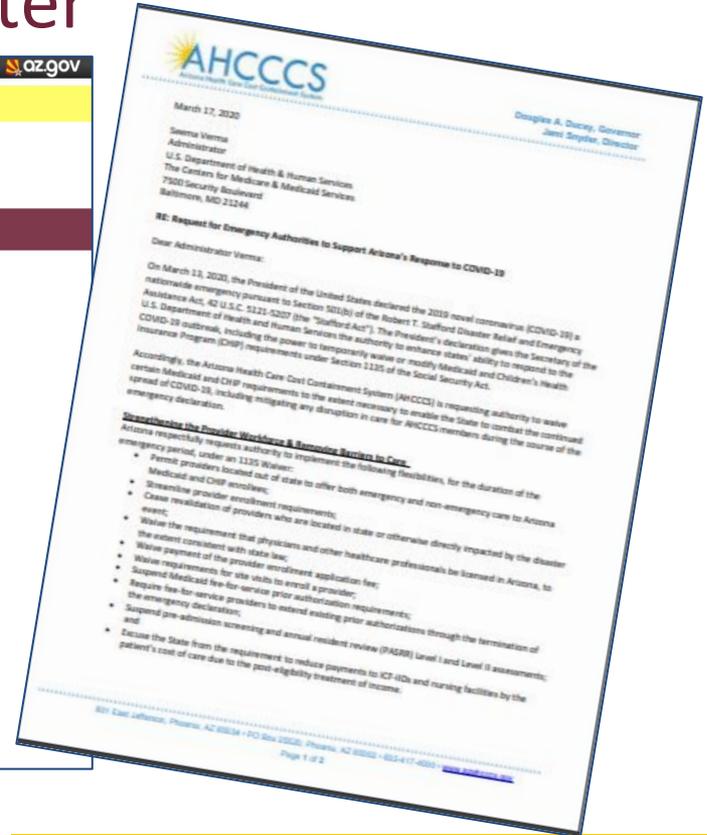
[COVID-19 FAQs](#)

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):

24-Hour Nurse Line Numbers by Health Plan

Health Plan	Nurse Line Number
Arizona Complete Health (ACC & RBHA)	1-866-534-5963
Banner (ACC & LTC)	1-888-747-7990



Status of AZ's Federal Emergency Authorities Request as of April 6, 2020

- CMS has approved components of Arizona's request:
 - 1135 Waiver - **March 23rd**
 - Expansion of ALTCS Respite Hours - **March 25th**
 - Medicaid Disaster Relief SPA - **April 1st**
 - 1115 Waiver Appendix K Request - **April 6th**
- Items still pending with CMS:
 - Medicaid Disaster Relief SPA (changes to home health authorization and bed-hold days)
 - CHIP Disaster Relief SPA
 - 1115 Waiver Request

Flexibilities in the FAQ

Question: Due to the COVID-19 emergency, CMS is granting State Medicaid programs the flexibility to waive and/or modify certain Medicaid requirements. What flexibilities has AHCCCS requested?

Answer: AHCCCS has requested various flexibilities to waive and/or modify certain Medicaid requirements under the 1135 and 1115 Waivers and the State Plan Amendment. CMS has begun to review and grant approval of these requests. As approval is granted, AHCCCS is making operational decisions regarding implementation, and tracking progress in the [Status of AHCCCS Emergency Authority Requests](#) document on this page.

Families First Coronavirus Response Act

- The Families First Coronavirus Response Act includes several Medicaid provisions, to help states response to COVID-19, including:
 - Prohibition of cost sharing on COVID-19 testing
 - An option to use Medicaid to provide testing for uninsured individuals at 100% FMAP
 - 6.2 percentage point increase to the state's normal FMAP for each quarter in which the national emergency remains in effect
 - Continuous enrollment of Medicaid members for the duration of the emergency period

FFCRA in the FAQs

Question: How does AHCCCS plan to use the additional 6.2 % in federal matching funds appropriated for Medicaid programs under the Families First Coronavirus Response Act?

Answer: We are aware of stakeholder interest in how AHCCCS plans to use the enhanced federal funding available through the **Families First Coronavirus Response Act**. We continue to evaluate how to best use the funds, in light of the expected member growth due to the COVID-19 emergency. In order to receive the match, AHCCCS is required not to disenroll members, and expects membership growth as the existing members remain enrolled and new members are added. As such, AHCCCS must first ensure that the additional funding will cover the cost of the enrollment growth that will occur.

CARES Act

Coronavirus Aid, Relief, and Economic Security (CARES) Act contains a vast array of provisions for health care providers, including:

- \$100 billion to the “Public Health and Social Services Emergency Fund” to reimburse “eligible health care providers” for health care related expenses or lost revenues that are attributable to coronavirus.
- \$1.32 billion in supplemental funding to community health centers for detecting, preventing, diagnosing, and treating patients for COVID-19
- Expands existing Medicare accelerated payment program to more hospitals, including critical access hospitals and those in rural and frontier areas
- Permanently aligns substance use disorder disclosure rules at 42 CFR Part 2 with rules governing other protected health information under HIPAA

CARES Act in the FAQ

Question: Is AHCCCS aware of any opportunities for providers to secure loans during the COVID emergency?

Answer: On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES) passed, including immediate loan assistance for small businesses. Providers may wish to review loan opportunities authorized under the Act to determine if they qualify for this stimulus funding. Stimulus loans are not under the purview of the Medicaid program and AHCCCS does not play a role in the administration of small business loan assistance.

ARIZONA'S AHCCCS COVID-19 RESPONSE

Question and Answer Time

The remaining slides you can review later if we do not get to them.

1135 Waiver Authorities Requested

- Permit providers located out of state to offer both emergency & non-emergency care to AHCCCS members
- Streamline provider enrollment requirements
- Waive the provider enrollment fees
- Suspend revalidation of providers who are located in state or otherwise directly impacted by the disaster event
- Waiving the requirement that physicians & other healthcare professionals be licensed in Arizona, to the extent consistent with state law
- Suspending pre-admission screening and annual resident review (PASRR) for individuals being considered for admission to a nursing facility
- Modifying existing prior authorization requirements for AHCCCS' fee-for-service programs

1115 Waiver Authorities Requested

Arizona requested the following new 1115 Waiver Authorities for the duration of the emergency period:

- Authority to make retention payments to all provider types as appropriate
- Expand the provision of home delivered meals to all eligible populations
- Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19
- Continuous coverage for KidsCare members, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination
- Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)

Appendix K Authorities Requested

- Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period)
- Permit retainer payments for ALTCS providers of habilitation and personal care services
- Permit payment for HCBS rendered by legally responsible individuals (parents)
- Authority to provide long-term care services and supports to impacted members regardless of whether or not timely updates are made in the plan of care, or if services are delivered in alternative settings

Appendix K Authorities cont.

- Authority to add an electronic method of service delivery (e.g., telephonic), allowing services to continue to be provided remotely in the home setting for:
 - Case managers
 - Personal care services that only require verbal cueing
 - In-home habilitation
- Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers

Appendix K Authorities cont.

- Allowing case management entities to provide direct services in response to COVID-19
- Extending reassessments and reevaluations of a member's institutional level of need for up to one year past the due date, if needed
- Allowing the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings
- Adjusting prior approval/authorization criteria approved in the waiver
- Adjusting assessment requirements
- Adding an electronic method of signing off on required documents, such as the person-centered service plans

1115 Waiver Appendix K Authorities cont.

- Authority to waive the State from complying with the HCBS settings requirement that individuals are able to have visitors of their choosing at any time. The state is seeking this authority to minimize the spread of infection during the COVID-19 pandemic
- Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)
- Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings

Medicaid Disaster Relief SPA Authorities

- Waiver of public notice and Tribal Consultation requirements
- Permit state to cover COVID-19 testing for uninsured individuals at 100% FMAP
- 12 months of continuous eligibility for members under 19 regardless of change in circumstance
- Suspension of all copays, premiums or any cost sharing for all members for the duration of the declared emergency
- Flexibility to makes exceptions to published Preferred Drug List if drug shortages occur
- Flexibility to allow other provider types to order Home Health services throughout the duration of the declared emergency
- Extend payment for reserved bed-hold days to 30 days, for the duration of the emergency period, for Nursing Facilities, Intermediate Care Facilities, "Special hospital" licensed to provide psychiatric services, Behavioral health inpatient facilities, or Behavioral health residential facilities

CHIP Disaster Relief SPA Authorities

- Waiver of public notice and Tribal Consultation requirements.
- Suspension of premiums and waiver of premium balance
- Suspension of the requirement that a child is ineligible for KidsCare for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage
- Waiver from requirements related to timely processing during the disaster
- Waiver from timely processing of renewals and/or deadlines for families to respond to renewal requests

Next steps:

The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.

Questions?

AHCCCS COVID-19

- AHCCCS COVID-19 Information:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>
- AHCCCS FAQs Regarding COVID-19:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- AHCCCS Federal Authorities Request:
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html>

Thank You.