



AHCCCS

CLAIMS CLUES

A Publication of the AHCCCS Claims Department
April 2011

MANDATORY UNPAID FURLOUGH DAYS TO END

Recently the Arizona Legislature approved, and Governor Jan Brewer signed into law, a series of bills to implement a state budget for Fiscal Year 2012. This legislation allows for the elimination of all future mandatory furlough days for State Employees. However, the legislation also allows agencies to implement furlough days, if needed, due to the individual agency's budget circumstances.

AHCCCS will be ending the unpaid furlough day program and will restore these days as normal days of business.

AHCCCS RESTORES COVERAGE OF PREVIOUSLY COVERED TRANSPLANTS FOR ADULTS

As part of the recently enacted budget, the Arizona Legislature adopted Governor Brewer's Medicaid Reform Plan which restores funding of previously covered transplants for adults that were eliminated effective October 1, 2010. Retroactive to [April 1, 2011](#), AHCCCS will once again cover the following transplants for members 21 years of age and older:

- Pancreas-after-kidney transplants
- Liver transplants in patients with Hepatitis C
- Allogeneic unrelated hematopoietic cell transplants
- Heart transplants in patients with non-ischemic cardiomyopathies
- Lung transplants
- Heart-lung transplants

Transplants that were not covered by AHCCCS prior to October 1, 2010, including pancreas only transplants, partial pancreas transplants and pancreas islet cell transplants, are not affected by this legislation. Those transplants

remain non-covered consistent with AHCCCS policies. In addition to the medically necessary transplants covered for adults, AHCCCS continues to cover *all* medically necessary, non experimental transplants for members under the age of 21 years as required by EPSDT.

Coverage criteria for restored transplants will be the same as the criteria in place prior to October 1, 2010. Physicians with patients they believe meet the criteria for any AHCCCS covered transplant should contact the AHCCCS health plan in which the patient is enrolled to refer the patient for transplant evaluation.

For more information, please see the AHCCCS website at:

<http://www.azahcccs.gov/reporting/legislation/sessions/2010/BenefitChanges.aspx#transplantRestoration>

AHCCCS PROVIDER PARTICIPATION TO BE TERMINATED FOR INACTIVITY

An AHCCCS provider's participation in the AHCCCS program may be terminated for any of several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration; one of the AHCCCS contracted health plans or program contractor within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers will be terminated **effective April 2011**.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the AHCCCS FFS Provider Manual for information on provider participation

Direct Care Workers

Effective July 1, 2012, AHCCCS will be implementing new specific training and testing requirements for agency employed ALTCS in-home caregivers, referred to as Direct Care Workers (DCW). This new requirement will be in addition to the existing requirement that caregivers have Cardio-Pulmonary Resuscitation (CPR) and First Aid training before they begin care to members.

All DCWs, including those who are family members, will be required to demonstrate skills, knowledge and ability **prior** to providing care as a paid caregiver to ALTCS members. The specific knowledge and skills that will be required is dependent on the type of care a particular member needs. The basis for the required training and testing is a curriculum, created through the

Arizona Direct Care Workforce Initiative, called "Principles of Caregiving". Links to the training and testing materials can be found at <http://www.azahcccs.gov/dcw> under "Policy and Support Documents".

A DCW who was working for a home care agency prior to January 1, 2011 will be deemed to meet the training and testing requirements at the agency with whom they are currently employed. However, if the DCW changes employment to another agency or is newly hired by a home care agency on or after January 1, 2011, the DCW will have until July 1, 2012 to meet the training and testing requirements through an AHCCCS approved training and testing site. These individuals can continue to provide care until the training and testing is completed.

Direct Care Workers hired on or after July 1, 2012 however must have completed the AHCCCS approved training and testing prior to providing care as a paid caregiver to ALTCS members.

Please note this training and testing requirement does not apply to Attendant Care providers who are independently registered with AHCCCS (Provider Type 24) and those caregivers not employed by a home care agency.

Questions about this requirement should be submitted via email to dcw@azahcccs.gov

RATE REDUCTION EXEMPTION FOR IHS/638 PROVIDERS

On [April 1, 2011](#), AHCCCS reduced provider rates by the following percentages:

- Inpatient and Outpatient Hospital Fee Schedule - 5%
- Physician Fee Schedule - 5% (includes DME, radiology and lab, but excludes drugs administered in a physician's office)
- Dental Fee Schedule - 5%
- Emergency and Non-Emergency Transportation - 5%
- ALTCS EPD HCBS Services - 2.5% (a 2.5% reduction was imposed on October 1, 2010)

AHCCCS submitted a waiver to CMS to exclude services that are reimbursed at 100% Federal dollars. The waiver was approved, therefore, services that qualify for reimbursement under the 100% Federal Match Percentage will be exempted from the rate reduction.

Examples of these services, when billed by IHS or tribally operated 638 programs only, are:

In-patient services reimbursed at the All Inclusive Rate
Out-patient services reimbursed at the All Inclusive Rate
In-patient professional services reimbursed at the AHCCCS FFS rate
Out-patient surgical and anesthesia services reimbursed at the AHCCCS FFS rate
Residential Treatment Centers reimbursed at the ADHS rate
Non Emergency Medical Transportation services reimbursed at the AHCCCS FFS rate

This exemption will apply to Title 19 recipients, as Title 21 services are not claimable at 100% Federal dollars.

In order for the previous rate to stay in effect, IHS/638 providers will need to bill Title 19 claims billed on a CMS 1500 claim form utilizing place of service 06 for an IHS facility and 08 for a tribally operated 638 program. Claims submitted for Title 21 recipients should still be billed utilizing the current places of service in effect for the type of service being rendered. If claims for Title 21 recipients are billed with a 06 or 08 place of service, they will be denied.

In addition, Prior Authorization will not be required for non-emergency medical transportation services that are billing through IHS/638 programs, designated as such in the AHCCCS system.

Questions should be referred to Rebecca.Fields@azahcccs.gov.

FAQs FOR THE AMERICAN INDIAN HEALTH PROGRAM and ALTCS FFS

What is the American Indian Health Program (AIHP)?

The AHCCCS Acute Fee For Service Program for American Indians, administered by the State through the Division of Fee For Service Management at AHCCCS.

Who can treat AIHP members?

Any AHCCCS Registered Provider that has not opted out of fee for service. The AHCCCS FFS Program does not contract with individual providers.

How do you submit a claim for an American Indian?

If member is enrolled in AIHP and you are an AHCCCS FFS Provider (any AHCCCS Registered Provider that has not opted out of fee for service).	Claims are submitted to AHCCCS/Division of Fee For Service Management (DFSM).
If member is enrolled with managed care or a program contractor and services are NOT provided at an IHS/Tribal 638 facility.	Claims are submitted directly to the plan / program contractor.
If member is enrolled with managed care or a program contractor and services ARE provided at an IHS/Tribal 638 facility.	Claims are submitted to AHCCCS/DFSM.
If member is receiving Behavioral Health services at an IHS/Tribal 638 facility.	Claims are submitted to AHCCCS/DFSM.
If member's Behavioral Health Services are NOT provided at an IHS/Tribal638 facility.	Claims are submitted to the member's RBHA or TRBHA.
If member receives Transportation and Case Management services for Behavioral Health, regardless of where the services were received.	Claims are submitted to the member's RBHA or TRBHA.

Please use this link to submit your AHCCCS/DFSM claims online.

<https://azweb.statemedicaid.us/Home.asp>

What about Referral Services?

AIHP members do not need referrals to see an AHCCCS registered provider. For more details:

http://www.azahcccs.gov/commercial/Downloads/ClaimsClues/2009/ClaimsClues_Jan09.pdf

What AHCCCS eligibility cards would a provider see for a FFS American Indian?

Please use this link to view samples of AHCCCS FFS ID Cards.

[AHCCCS FFS ID Cards.](#)

Which services need PA requirements for AIHP members?

Please use these links to Chapter 820 in the AMPM; Chapter 6 in the IHS/638 Provider Billing Manual; and Chapter 8 in the FFS Provider Manual.

<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap800.pdf>

<http://www.azahcccs.gov/commercial/Downloads/IHS-TribalManual/IHS-Chap06PA-IHSRef.pdf>

http://www.azahcccs.gov/commercial/Downloads/FFSPProviderManual/FFS_Chap08PriorAuthorizations.pdf

Can an American Indian switch from a health plan to FFS and back again?
Yes. Under federal law, American Indians may not be required to choose a managed care plan. Please use this link to sign in and verify eligibility online at the time of service.

<https://azweb.statemedicaid.us/Home.asp>

What are the FFS Programs?

AIHP, FES (Federal Emergency Services), Tribal ALTCS (including Gila River Indian Community, Hopi Tribe, Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe, Tohono O’Odham Nation, White Mountain Apache Tribe, and Native American Community Health), and QMB Only. A QMB Only is a Non-AHCCCS Member who retains original Medicare coverage and has no AHCCCS health plan enrollment. The member opts out of “QMB Dual” coverage, and AHCCCS pays for coinsurance and deductible for Medicare.

Please use this link for information on ALTCS Tribal Case Management.

<http://www.azahcccs.gov/tribal/providers/tribalALTCS.aspx>

Where do you go for answers to further questions regarding AIHP eligibility, coverage, and provider billing rates?

The AHCCCS Website/AIHP Portal

<http://www.azahcccs.gov/tribal/default.aspx>

The IHS/Tribal Provider Billing Manual

<http://www.azahcccs.gov/commercial/ProviderBilling/manuals/IHSTribalBillingManual.aspx>

AHCCCS Medical Policy Manual (AMPM)

<http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=providermanuals>

FFS Provider Manual

<http://www.azahcccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx>

Provider Billing Rates

<http://www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx>

Behavioral Health Services Guide

<http://www.azahcccs.gov/commercial/shared/BehavioralHealthServicesGuide.aspx?ID=providermanuals>

If you have further questions, you may call AHCCCS Provider Services at (602) 417-7670 for specific billing and eligibility questions.

VISITING THE AHCCCS ADMINISTRATION OFFICES?

Please be sure to schedule an appointment with the person that you wish to see. Due to varied schedules we want you to be able to spend the appropriate time with the person you need to visit. By scheduling an appointment, we will be able to give you the time and attention that is needed.

Providers wishing to meet with someone regarding an audit conducted by the AHCCCS Claims Unit must have a scheduled appointment.

PERM 2011 UPDATE

CMS has awarded a contract to the Lewin Group to perform as the Statistical Contractor for the PERM Federal Fiscal Year 2011. CMS has sent a new timeline to the State outlining the new claims submission timeline as follows:

<i>FY 2011 Quarter</i>	<i>Claim Date Paid</i>	<i>Data Submission Due</i>
<i>Quarter 1</i>	<i>October 1 - December 31, 2010</i>	<i>May 2, 2011</i>
<i>Quarter 2</i>	<i>January 1 - March 31, 2011</i>	<i>May 2, 2011</i>
<i>Quarter 3</i>	<i>April 1 - June 30, 2011</i>	<i>August 1, 2011</i>
<i>Quarter 4</i>	<i>July 1, 2011 - September 30, 2011</i>	<i>October 17, 2011</i>

AHCCCS will be submitting our first and second quarter claims universes on May 2, 2011, however it may still be several months before the Review Contractor, A Plus Government Solutions, requests medical records on the fee-for-service claims selected. Please do everything you can to submit the medical documentation they request timely. We had fourteen errors in the PERM 2008 cycle for non-submission of medical records. The State is required to recover the funds from the provider for these claims.

While there has been a delay we will still be required to have all PERM reviews completed by June 30, 2012. If you have any questions regarding PERM you may contact:

Kim Sanchez, PERM Project Manager (602) 417-4563
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Kyra Westlake, Claims Manager (602) 417-7532
Kyra.westlake@azahcccs.gov
Carol Nilson, Medical Review Manager (602) 417-4505
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