



# IHS/638 Tribal Providers Quarterly Billing Forum

## First Quarter 2022

Wednesday, February 09, 2022

Time: 2:00 – 3:30pm

# IHS/638 Providers Quarterly Billing Forum Agenda

- 2022 Quarterly Tribal Consultation Meeting Schedule
- IHS/638 Facilities All Inclusive Rates CY 2022
- American Indian Medical Home (AIMH)
- COVID-19 OTC and Testing
- Division of Developmental Disabilities (DDD) Tribal Health Plan (THP)
- Telehealth Reminders and Updates
- ROPA News and Updates
- Billing Durable Medical Equipment (DME)
- Prior Authorization Reminders
- FQHC / 638 Billing Reminders



# 2022 Quarterly Tribal Consultation Meetings

# 2022 Upcoming Tribal Consultation Meetings

Time: 1:00 p.m. - 5:00 p.m. (Arizona Time)

Location: Virtual until further notice.

Date:	Registration Information
February 10, 2022 (Thursday)	<a href="#">REGISTER for SESSION</a> Agenda Item Requests due to <a href="#">AHCCCS Tribal Liaison</a> by 5 pm MST on January 17, 2022.
May 12, 2022 (Thursday)	<a href="#">REGISTER for SESSION</a> Agenda Item Requests due to <a href="#">AHCCCS Tribal Liaison</a> by 5 pm MST on April 18, 2022.
August 11, 2022 (Thursday)	Call-in Information TBA
November 03, 2022 (Thursday)	Call-in Information TBA



# IHS/638 Tribal Providers 2022 All Inclusive Rates

# IHS/638 All Inclusive Rates for Calendar Year 2022

The Federal Register has not published the **2022** All Inclusive Rates (AIR). Once this information is received AHCCCS will notify IHS/638 providers via the Constant Contact email alert notification system.

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# American Indian Medical Home (AIMH)

# American Indian Medical Home

What is an American Indian Medical Home?

American Indian Medical Homes help address health disparities that exist between American Indians and other populations in Arizona by offering services and supports which improve access to critically needed care. Learn more about DFSM's efforts on the [AIMH web page](#).



# What is an American Indian Medical Home

The American Indian Medical Home (AIMH) is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.

AIMHs help address health disparities between American Indians and Alaskan Natives in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.

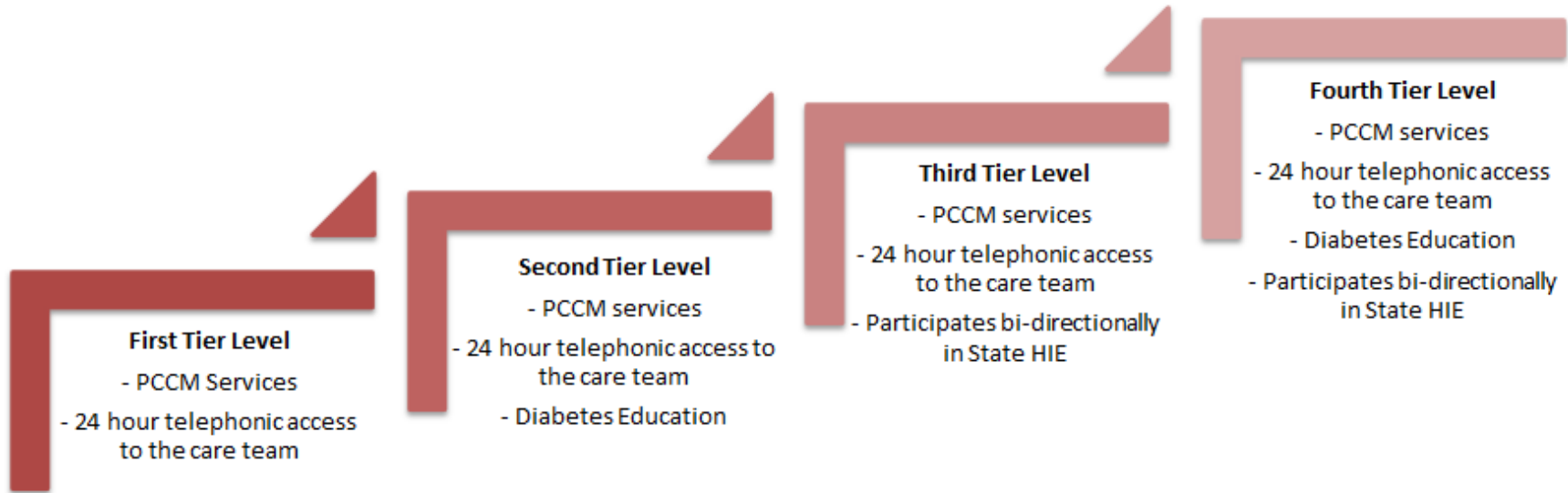
# AIHM Medical Provider Types

Provider Type	Description
02	Hospital
05	Clinic (excluding Dental Providers)
29	Community / Rural Health Center
C2	Federally Qualified Health Clinic (FQHC)
C5	638 Federally Qualified Health Clinic (FQHC)
IC	Integrated Clinic

# AIHM Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Medical Home (PCMH) accreditation
- Provide 24-hour telephonic access to the care team
- Dependent on selected Tier Level
  - Provide diabetes education
  - Participate bi-directionally in the State Health Information Exchange (HIE)

# American Indian Medical Homes Tier Levels



# AIMH Reimbursement Rates 2022

AIMH 4.6% rate increase calculation – 10 year forecast

Calendar Year	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Level 1	13.26	13.87	14.51	15.18	15.87	16.60	17.37	18.17	19.00	19.88	20.79
Level 2	15.26	15.96	16.70	17.46	18.27	19.11	19.99	20.91	21.87	22.87	23.93
Level 3	20.76	21.71	22.71	23.76	24.85	25.99	27.19	28.44	29.75	31.12	32.55
Level 4	22.76	23.81	24.90	26.05	27.25	28.50	29.81	31.18	32.62	34.12	35.69

# Active American Indian Medical Homes

## Tier 1

**Fort Yuma Indian Health Center  
(12)**

## Tier 2

**Phoenix Indian Med Center  
(5,480)  
White River Indian Hospital  
(6,336)**

# Active American Indian Medical Homes

## Tier 3

**Winslow Indian Medical Center  
(3,705)**

## Tier 4

**Chinle Comprehensive Health Care  
(13,618)**

**San Carlos Apache Healthcare  
(4,127)**

**Tuba City Regional Hospital  
(2,717)**

# AIMH Resources and General Information

IHS/638 Providers can send questions to [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)

Review AIMH information at

<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

State Plan Amendment (SPA)

<https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>





# COVID-19 Tests, Over the Counter (OTC), Test Units and Billing Information

# COVID-19 TESTING INFORMATION

## Does AHCCCS Cover Testing for COVID-19?

Yes, AHCCCS covers all FDA-approved COVID-19 testing. COVID-19 testing options include:

- Home collection: Tests and collection kits where samples are collected at home and sent to a lab for processing.
- Point-of-care: Tests and rapidly return a result at your doctor's office or other health care setting.
- Multi-analyte: Tests that detect the virus that causes COVID-19 and other viruses like flu. At-home: Tests performed at home with a self-collected sample.

# COVID-19 TESTING INFORMATION

Where can I find information on COVID-19 testing sites?

- Please visit the Arizona Department of Health Services (ADHS) COVID-19 *Everyone-Get Tested* website: <https://www.azdhs.gov/covid19/index.php#everyone-get-tested>

Is a prior authorization required for COVID-19 testing?

- No, health plans (including AHCCCS' Division of Fee-for-Service Management) are not permitted to prior authorize COVID-19 testing.

Does AHCCCS health plans cover COVID-19 testing by out-of-network providers?

- Yes, AHCCCS health plans must reimburse AHCCCS registered in and out-of-network providers for COVID-19 testing.

# COVID-19 and OTC Test Units and Billing

What is the coverage limit for at-home COVID-19 testing?

- AHCCCS will cover one at-home COVID-19 testing kit (two tests) per member per month with a prescription when filled at a pharmacy.

How do I order free COVID-19 tests from the federal government?

- Americans can request free tests at [COVIDTests.gov](https://www.covidtests.gov). The initial program will allow four free tests to be requested per residential address. Tests are expected to ship within 7-12 days of being ordered.



# Division of Developmental Disabilities (DDD) Tribal Health Plan (THP)

# DFSM/DDD THP Partnership

- Effective April 1, 2022, AHCCCS Division of Fee-for-Service Management (DFSM) will manage acute physical and behavioral health services and authorizations for American Indian THP enrolled members via an agreement with the DDD Tribal Health Plan (THP).
- DDD will retain full responsibility for the following services:
  - Care coordination,
  - Case management functions for all DDD THP members, and
  - Authorization of Long-Term Services and Support (LTSS).
- The DFSM/DDD THP subcontract will improve THP member access to care.

# AI/AN members who are eligible for both DDD and ALTCS have options for how they want to receive health care services

Option	Physical Health Services	Behavioral Health Services	Children's Rehabilitative Services	Long Term Services and Supports	Case Management
1	DDD Health Plan	DDD Health Plan	DDD Health Plan	DDD ALTCS	DDD Health Plan
2	DDD Health Plan	Tribal Behavioral Health Authority (TRBHA)	DDD Health Plan	DDD ALTCS	DDD Health Plan
<b>3</b>	<b>Tribal Health Program</b>	<b>Tribal Behavioral Health Authority (TRBHA)</b>	<b>Tribal Health Program</b>	<b>DDD ALTCS</b>	<b>DDD Health Plan</b>
<b>4</b>	<b>Tribal Health Program</b>	<b>Tribal Health Program</b>	<b>Tribal Health Program</b>	<b>DDD ALTCS</b>	<b>DDD Health Plan</b>

# How Will This Change Impact FFS Providers?

To minimize the administrative burden for FFS providers the following can be submitted via the AHCCCS Online Provider Portal effective for dates of service April 01, 2022.

- Service authorizations for acute physical and behavioral health services for DDD THP members.
- Claims for acute services for DDD THP members.
- Providers must register to use the AHCCCS Provider Portal.



# How Will This Change Impact DDD THP Members

- Members will continue to be eligible for the same services and benefits.
- Members will continue to use the existing network of fee-for-service providers.
- Members will see improved access to care.

# What is NOT Changing

- DDD is currently responsible for the assessment and oversight of Long Term Services and Supports (LTTS) through its Qualified Vendor Network. This will continue after April 1, 2022.
- DDD will continue providing Support Coordination (case management) for all DDD enrolled members.

# Where Can I Find Information If I Have Questions?

- DDD has published a website with information about this transition, <https://bit.ly/ddd-ffs>.
- Fee for Service providers are encouraged to sign-up to receive updates and information from AHCCCS DFMSM using this link, <https://bit.ly/ahcccsdfsm>.



# Telehealth Billing Updates

# Telehealth Billing Updates

- Telehealth Changes Starting 01/01/2022, the FQ (audio-only) modifier becomes available, and all audio-only services should be billed using the FQ modifier and POS should be the originating site (where the member is located).
- This replaces previous AHCCCS audio-only coding rules prior to the pandemic (e.g., POS 02 for audio-only) as well as audio-only coding during the pandemic for the temporary telephonic code set (e.g., UD modifier).

# Telehealth Billing Updates

- FQ modifier, the service was furnished using audio-only communication technology.
- The 2022 Telehealth updates are posted on the Medical Coding Resources webpage and can be accessed at the link provided. Please make sure you review these updates when they are published. The columns will identify whether GT, GQ or FQ modifier is allowed.
- The POS will be where the member is located.
- <https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>



# Referring, Ordering, Prescribing, Attending Providers Updates (ROPA)

# ROPA Providers

## New Streamlined Registration Application Process

AHCCCS providers who do not bill AHCCCS FFS will be able to use a Streamlined Registration Application.

- All health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA."
- Federal ROPA requirements stipulate that any provider (with some exceptions) who serves Medicaid beneficiaries must register with AHCCCS.



# ROPA Providers

## New Streamlined Registration Application Process

To make the ROPA registration process as simple as possible, AHCCCS will develop a streamlined application for ROPA providers who meet all of the following criteria:

- Have a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES),
- Already fully enrolled in Medicare or another state's Medicaid program, and
- Do not intend to bill AHCCCS for services.

[AHCCCS News Webpage](#)

# ROPA Providers

## New Streamlined Registration Application Process

- The streamlined registration application is expected to be available in late 2022. Following this implementation, claims that originate from an un-registered ROPA provider will not be reimbursed.
- [AHCCCS News Webpage](#)



# Durable Medical Equipment Billing Reminders

# IHS/638 Providers

## Durable Medical Equipment

- DME services are not reimbursed at the All-Inclusive Rate and *are not* billed on the UB-04.
- DME services are reimbursed at the AHCCCS capped FFS rate.
- DME must be billed on the CMS 1500 claim form.
- DME must be billed with the appropriate modifiers:
  - RR- rental of DME equipment
  - NU – new equipment
  - LL – lease



# Prior Authorization Reminders

# Prior Authorization Requirements

- When services are provided at a Non-IHS/638 Tribal facility, the facility must obtain a prior authorization when applicable.
- The facility that is rendering the service must obtain a separate and distinct authorization from the surgeon.
- The surgeon must obtain a separate and distinct authorization from the facility.



# FQHC/638 Billing Reminders

# FQHC/RHC Billing Reminders

## FQHC/RHC Multiple Visits on the Same Day

- The member must be seen by different practitioners with different specialties.
- The diagnoses billed on the second claim must be “unrelated”.
- Each encounter/visit must be billed on a separate claim form.
- Multiple encounters with the same health professional on the same day at a single location constitute a single visit.



# FQHC / RHC Billing Reminders

- FQHC/RHC providers can submit individual claims for multiple visits on the same day with “unrelated diagnosis” codes when the services are performed by different providers with different specialties.
- FQHC/RHC should bill the encounter code on the first line with the PPS rate and include all other informational lines and CPT codes to identify the services provided with \$0.00 amount.
- The appropriate place of service codes must be billed.
- FQHC/RHC claims may be billed on the CMS 1500, 837P, ADA 2012, and 837D.

# FQHC/RHC Billing Dental Services

FQHC/RHCs are allowed to bill for AHCCCS covered dental services. To receive reimbursement for an AHCCCS covered dental service, the FQHC/RHC must bill using HCPCS code T1015, and the appropriate CDT dental codes.

- Claim Form Type: ADA 2012 or 837D
- Billing: Encounter/visit code T1015
- Secondary lines: Bill the detail line items at \$0.00
- Reimbursement Rate: Prospective Payment Schedule (PPS)

# FQHC/RHC Billing Multiple Visits - Modifier 25

- Multiple visits on the same day within the same discipline which are distinct based upon the FQHC/RHC visit definition above must be identified by billing the T1015 visit code for the same-day subsequent visit with a *modifier 25* to indicate a distinct and separate visit.

# Billing Reminders Cont.

- Denied claims
  - Providers should take the appropriate steps to submit corrected claims when denied.
  - **Billings resources for claims resubmission can be found here:**
  - [https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2021/2021\\_VoidOrReplacementClaim.pdf](https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2021/2021_VoidOrReplacementClaim.pdf)
- **Additional billings resources and information can be found here:**
- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>
- **Correcting Claim Errors**
- <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap17ClaimErrors.pdf>
- [https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS\\_Chap26ClaimErrors.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap26ClaimErrors.pdf)



# DFSM Provider Education and Training Unit

# DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

# Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- Coding - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)
  - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

# Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or [ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov)



# Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

**NOTE:** Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

# Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
  - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
  - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

# Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

**NOTE:** Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

# Billing and Policy Resources

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Questions?

Thank You.