













Provider Enrollment Overview & Basic Provider Information

June 2021



About this Course

Please note that these materials are designed for Fee-for-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).

This training will provide information on provider enrollment. Please note this is *not* an all inclusive training and is meant to provide general guidance on the process.

If you have any questions about this presentation please email the providertrainingffs@azahcccs.gov



Provider Overview

What will this training cover?

- What is the AHCCCS Provider Enrollment Portal (APEP)?
- Where can I find provider registration materials?
- What is the Provider Participation Agreement (PPA)?
- Where can I find the PPA?
- What is the New Provider Check List, and where can I find it?
- Where can I find policies and billing information for providers?
- Where can I find rates information?



AHCCCS Provider Enrollment Portal (APEP)

What is the AHCCCS Provider Enrollment Portal (APEP)?

The AHCCCS Provider Enrollment Portal (APEP) launched August 31, 2020.

It is an online portal that allows providers to securely submit an application to become an AHCCCS provider, and it allows existing AHCCCS providers to securely modify their existing provider ID's information.



AHCCCS Provider Enrollment Portal (APEP)

What is the AHCCCS Provider Enrollment Portal (APEP)?

The online portal allows providers to:

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

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

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



AHCCCS Provider Enrollment Portal (APEP)

What is the AHCCCS Provider Enrollment Portal (APEP)?

For training inquiries on how to use the APEP system, the Provider Enrollment Unit has established a web page with training materials for providers.

- Please visit <u>here</u> to view the videos and training materials available online.
- Videos: https://www.azahcccs.gov/PlansProviders/APEP/APEPTraining/Videos.html
- Instructional Tutorials: <u>https://www.azahcccs.gov/PlansProviders/APEP/APEPTraining/Tutorials.html</u>

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

APEPTrainingQuestions@azahcccs.gov



New Providers

Any person or company may participate as an AHCCCS registered provider, if the person/company is qualified to render AHCCCS covered service and complies with all AHCCCS policies and procedures for provider participation.

New provider materials can be found on the AHCCCS website at:

 https://www.azahcccs.gov/PlansProviders/APEP/ProviderEnr ollmentApplication.html



New Providers

All providers of AHCCCS-covered services (either Fee-For-Service or managed care) must:

- Register with the AHCCCS Administration which requires signing the Provider Agreement that includes Federal requirements under 42 CFR Part 431.107.
- Meet AHCCCS requirements for professional licensure, certification or enrollment.
- Complete all applicable enrollment forms.



- Institutions (companies/facilities) are required to pay an <u>enrollment fee</u>, effective January 1, 2012.
- Specific provider types will require an OIG site visit prior to enrollment, and are subject to unannounced post enrollment site visits (<u>Required Fee and-or Site Visit by Provider Type</u>).
- Once registered, providers are encouraged to use the following check list to assist them in working with AHCCCS: <u>Provider Office Check List</u>.
- AHCCCS uses a variety of resources to help providers understand policies, prior authorization, claim submission, and changes to the program. An important notification regarding resources for Fee-for-Service providers can be found here: <u>Provider Welcome Letter</u>.



- Provider Enrollment Contact Information
 - In Maricopa County: 602-417-7670 and select option 5 Outside Maricopa County: 1-800-794-6862
 - Out-of-State: 1-800-523-0231
 - o Call Center Hours:
 - Monday-Friday
 - 8 a.m. 12 p.m. and 1 p.m. 4 p.m.
 - o Fax: 602-256-1474



New Providers

AHCCCS Contact Information

Write to:

Arizona Health Care Cost Containment System (AHCCCS)

ATTN: Provider Enrollment Unit

PO Box 25520, MD-8100

Phoenix, AZ 85002



New Providers

Provider Enrollment Packets – These can be found on the AHCCCS website at:

 https://www.azahcccs.gov/PlansProviders/Downloads/ProviderReg istration/ProviderEnrollmentFillableForm.pdf

Additionally, revalidation packets, address update packets, and out of state/one-time waiver of registration requirement packets can be found on this web page.



- Make sure to sign up for <u>APEP</u>
- 2) Know if your provider type has additional application requirements.

Provider Types with Additional Application Requirements			
Attendant Care / Company	Affiliated Practice Hygienist	Homemaker	Independent Testing Facility
Nurse-Midwife	Physician Assistant	School Based Bus Transportation	Naturopath
NEMT Provider	NEMT Transportation Network Company	NEMT Equine	



- 3) Licenses and Certifications:
 - All applicable licenses and certifications must be submitted with the provider application. Providers must maintain current certification or licensure as a condition of participation in the Medicaid Program. If your profession requires a certification or licensure in the State of Arizona, these qualifications must be active at the time of enrollment and throughout the duration of the active status of the provider enrollment AHCCCS ID.
 - Note: If you have questions regarding the types of applicable licenses or certifications, please contact Provider Enrollment.



- 4) Submit All Supporting Documentation
 In addition to a complete application, each provider is required to submit all applicable supporting documentation at the time of submission to avoid processing delays.
- 5) Ensure a Certified W9 is On File

 Any provider who will be receiving state/federal funds for services
 rendered or provided to Medicaid recipients must have a certified W9 tax
 form on file with the State.

New Providers

6) Have a National Provider Identifier (NPI) Number (if needed for your Provider Type)

The federal government requires that providers who administer "medical and other health services" should obtain a NPI number – a unique 10-digit identification number for covered health care providers.

For more information visit the National Plan and Provider Enumeration System (NPPES) webpage at https://nppes.cms.hhs.gov or contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

Ensure a Certified W9 is On File



Provider Participation Agreement

Provider Participation Agreement

The Provider Participation Agreement (PPA) is an agreement between AHCCCS and the Provider, pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern:

- (1) the registration and payment for the health care services provided by the Provider to fee for service eligible persons who are not enrolled with a Contractor under contract with AHCCCS (Contractor) or who receive emergency services only,
- (2) the registration for a Provider to participate and deliver health care services to eligible persons who are enrolled with a Contractor, and
- (3) the registration of a Provider who wishes to participate and qualify under the onetime only waiver option.



Provider Participation Agreement

Provider Participation Agreement

All providers, both Fee-for-Service and providers for MCO members, must sign the PPA. The PPA requires that providers adhere to all AHCCCS guidelines, policies and manuals, including but not limited to:

- The AHCCCS Medical Policy Manual (AMPM);
- The AHCCCS Fee-For-Service Manual;

Note: This refers to the <u>Fee-for-Service Provider Billing Manual</u> and the <u>IHS/Tribal Provider Billing Manual</u>;

- AHCCCS <u>Claims Clues</u>; and
- Reporting Guides.



New Provider Welcome Letter

New Provider Welcome Letter

The New Provider Welcome Letter can be found on the AHCCCS Website at:

https://www.azahcccs.gov/PlansProviders/Downloads/ProviderWelcomeLetter.pdf

IMPORTANT INFORMATION FOR PROVIDERS PLEASE READ

Note of Importance: All AHCCCS registered providers can provide services to Fee-For-Service members, including those enrolled in the American Indian Health Program (AIHP) or Tribal ALTCS.

In addition to the Provider Billing Manuals found on the AHCCCS website, AHCCCS also provides the "Claims Clues" (newsletter) & "The DFSM Email Notification List" (email notifications, previously called Constant Contacts) to assist Providers in locating important information.

We strongly encourage you and your employees to dedicate time to sign up for and review these resources.



New Provider Welcome Letter

These publications are incorporated, by reference, into the Provider Participation Agreement. It is the provider's responsibility to remain apprised of information contained within these publications.

A COMPLETE list of policies and procedures can be found at:

https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html

The Provider Fee-For-Service Billing Manual can be found at:

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

The IHS/Tribal Provider Billing Manual can be found at:

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbilling
Manual.html

The AHCCCS Fee-for-Service Health Plans web page can be found at:

https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans



Policies & Billing Manuals

Where can the policies & billing manuals be found?

The AHCCCS Medical Policy Manual can be found at:

https://www.azahcccs.gov/shared/MedicalPolicyManual/

The AHCCCS Contractors Operations Manual can be found at:

https://www.azahcccs.gov/shared/ACOM/

The AHCCCS Fee-for-Service Health Plans web page can be found at:

https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans



AHCCCS Medical Policy Manual (AMPM)

AHCCCS Medical Policy Manual (AMPM)

The <u>AHCCCS Medical Policy Manual (AMPM)</u> provides information to Contractors and Providers regarding services that are covered within AHCCCS programs. The AMPM is applicable to Managed Care and Fee-For-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other agency manuals such as the AHCCCS Contractor's Operations Manual (ACOM), the AHCCCS Fee-For-Service Provider Billing Manuals, and applicable contacts.

The Medical Policy Manual (AMPM) can be found at:

https://www.azahcccs.gov/shared/MedicalPolicyManual/



FFS Provider Billing Manual

Fee-For-Service Provider Billing Manual

The Fee-For-Service (FFS) Provider Billing Manual is intended to outline billing requirements for providers who are billing the AHCCCS Division of Fee-for-Service Management (DFSM) unit for reimbursement.

It includes chapters on the following:

- Member eligibility;
- Provider records & registration;
- General billing rules; Instructions for billing on the UB-04, ADA 1200 and CMS 1500 claim forms;
- Prior authorization;
- Billing when a member has Medicare or other insurance liability at play;



FFS Provider Billing Manual

Fee-For-Service Provider Billing Manual

It includes chapters on the following (continued):

- Individual practitioner services (detailing important information pertaining to individual provider types);
- Hospital/inpatient billing;
- Billing for pharmacy, transportation, DME, free standing birthing centers, FESP members, home health care, nursing facilities, hospice services, transplants, and behavioral health services;
- ALTCS;
- Claims processing and correcting claims errors; and
- Understanding the remittance advice.



IHS/Tribal Provider Billing Manual

Indian Health Services (IHS) / Tribal Provider Billing Manual

The IHS/Tribal Provider Billing Manual contains similar information to the FFS Provider Billing Manual. However, it is customized to assist IHS/638 providers with billing for the All Inclusive Rate (AIR).

It additionally contains a chapter specifically for the 638 FQHC (C5) provider type.



Rates & Fee Schedules

FFS Fee Schedules

The Fee-for-Service fee schedules are available on the AHCCCS website and can be found here:

https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/feeschedules.html

AHCCCS Capitation Information is available on the AHCCCS website and can be found here:

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ManagedCare/capitation.
 html



Coding Information

FFS Fee Schedules by Procedure Code

A **Procedure Code Lookup Tool** is available on the AHCCCS website, and it can be found here:

 https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/physicia nrates.html

This tool is meant to assist providers in looking up rates by procedure codes.



Coding Information

Medical Coding Resources Web Page

- AHCCCS has a Medical Coding Resources web page on the AHCCCS website at: https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html
- The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc. They can be reached by email at: 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.



Provider Training

DFSM has a Provider Training Team!

The AHCCCS Provider Training Unit can assist providers in the following:

- How to fill out claim forms;
- How to submit claims and PA requests through the AHCCCS Online Provider Portal;
- How to status a claim or PA request through the AHCCC Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.











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
- Coding Questions on AHCCCS Coding should be directed to the coding team at <u>CodingPolicyQuestions@azahcccs.gov</u>
 - 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



Technical Questions?

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

 AHCCCS ISD Customer Support Desk at 602-417-4451 or <u>ISDCustomerSupport@azahcccs.gov</u>



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.



Policy Information

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/IHStrib albillingManual.html

AHCCCS Medical Policy Manual

https://www.azahcccs.gov/shared/MedicalPolicyManual/



Questions?

Please outreach providertrainingffs@azahcccs.gov with questions.



Thank You.

