

AHCCCS ASD Advisory Committee
March 26, 2020 Meeting Notes

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Due to the COVID-19 emergency the meeting was held via Zoom. There were 58 participants. Attendance was not recorded.

Sharon Flanagan-Hyde is retiring — please send future correspondence to the facilitator who will be taking over: Barbara Brent, bbrent@nasddd.org

COVID-19 Issues, including Telehealth

Sara Salek, MD, Chief Medical Officer, AHCCCS

Slides included with email distribution of these notes.

Dr. Salek reviewed telehealth changes implemented through the revised telehealth policy that became effective 10/1/19 and additional changes implemented in response to the COVID-19 emergency that are intended to reduce the risk to providers and the members being served. This includes expanding telephonic delivery of services, since not all providers or families have audio and video capabilities.

Expanded Telehealth Policy as of 10/1/19 — AMPM 320-I Telehealth

As of 10/1/19, coverage for telehealth services was greatly expanded. Telehealth is the umbrella term for telemedicine, teledentistry, and asynchronous technologies (store and forward).

Asynchronous technologies is defined as the transmission of recorded health history (e.g. pre-recorded videos, digital data, or digital images, such as x-rays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction.

As of 10/1/19, there are no restrictions on the distant site (site at which provider is located at the time service is provided via telehealth) for providers licensed in Arizona. The originating site was broadened to include home for many codes, and coverage for telemedicine, remote patient monitoring, and asynchronous services. There are no rural versus urban limitations.

Other changes:

Prior to 10/1/19	Implemented 10/1/19
Real-time telemedicine was limited to 17 disciplines	No restrictions on disciplines
High level informed consent requirements	Defers to statute and other policies regarding informed consent requirements
Asynchronous (store and forward) covered in very limited circumstances	Asynchronous coverage limited to dermatology, radiology, ophthalmology, pathology, neurology, cardiology, behavioral health, infectious disease, and immunology/allergy
Telemonitoring limited to congestive heart failure (CHF)	No restrictions on telemonitoring

Prior to the COVID-19 emergency, MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate. The Governor's 3/25/20 executive order required Medicaid and commercial insurers to reimburse for services provided telephonically or via telemedicine. Plans cannot discount the rates for telephonic or telemedicine services. Coding questions can be sent to CodingPolicyQuestions@azahcccs.gov.

Additional Telehealth Policy Changes in Response to COVID-19 Emergency

AHCCCS created a greatly expanded telephonic code set over the course of the emergency in response to telemedicine technical capacity limitations for some providers and/or members. The temporary code set was based on stakeholder requests. The full temporary code set is available on the AHCCCS website. Additional requests and questions can be sent to CodingPolicyQuestions@azahcccs.gov. The effective dates are 3/17/20 until the end of the COVID-19 declared emergency.

AHCCCS telehealth, resources, codes and FAQs on the AHCCCS website are updated frequently: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

Dr. Salek's slides include additional telehealth/telephonic FAQs.

Waiver Request Impacts to Telehealth

On 3/17/20, AHCCCS submitted a request to CMS detailing a number of allowances that would be useful during the emergency. These included (but were not limited to) permission to allow out-of-state providers to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees and suspension of the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent allowable under state law.

Resources

Links to resources are included on Slide 25 of Dr. Salek's slide deck.

Jill Rowland, Chief Clinical Officer, AHCCCS, can address additional questions: jill.rowland@azahcccs.gov

Responses to Questions from Meeting Participants

- The Governor's executive order allows all licensed practitioners to use telehealth, including physical and occupational therapists.
- Requests for additional codes can be considered on an ongoing daily basis.
- AHCCCS is working to ensure that BCBAs can continue to provide telehealth parent training.
- The Arizona Autism Coalition thanked AHCCCS for being the best overall source of COVID-19 information for the Arizona autism community.
- Concern about ensuring the ongoing availability of adequate food and supplies in group homes for both people with developmental disabilities and people with behavioral health support needs during the COVID-19 emergency: Providers are obligated to provide these essentials. There is a quality of care concern email box on the AHCCCS website, or you may contact Jill Rowland: jill.rowland@azahcccs.gov. Also, Dr. Kelly Donahue, DDD, said that quality of concerns should be forwarded to DDD.
- Ginny Rountree, DES, reported that DDD is sending out a survey to all group home providers on March 26 to gain an understanding about how providers are doing and what they need. This complements a survey sent earlier this week to day programs seeking granular information, such as whether members are attending services or not, if programs

have closed or suspended services, what each program's plans would be if this were to occur, and to ascertain the provider's willingness to redeploy direct support professionals (DSPs) from a day program or other settings to work in people's homes/group homes.

- Through the Department of Health Services, a behavioral health task force is being formed to analyze how to support members in transitions of care, including from emergency departments to other places, and to help address the issues of social isolation and depression during this time via telehealth.
- Providers and families are concerned about restrictions in the ability of family members and providers to visit a member who is hospitalized. For individuals with cognitive challenges, or who have difficulty with unfamiliar situations, a hospital can be a tremendously difficult environment. Dr. Salek said that the state is trying to support members wherever they are to reduce isolation through the use of iPads, tablets, and telehealth/telemedicine.

Update on ABA Policy Implementation

Megan Woods, MEd, BCBA, LBA, Integrated Care Administrator, AHCCCS and

Diana Davis-Wilson, DBH, BCBA, LBA, Chief Executive Advisor, Aspen Behavioral Consulting

Slides included with email distribution of these notes.

Megan Woods gave an update on issues in implementing the ABA policy published in November 2019. All AHCCCS policies open on an annual basis for review. Feedback from providers will be included in upcoming iteration of the policy.

There was some confusion about AHCCCS allowing for a third tier for ABA services to be provided. The draft policy will be going for management review in during the next few weeks. This presents an opportunity to highlight the modifiers for behavior analysis trainee billing that are included within the behavioral health services billing matrix and medical coding resources on the AHCCCS website. AHCCCS is clarifying language within contracts to outline expectations more clearly in contract deliverables.

Diana Davis-Wilson provided an overview of the status of ABA policy implementation.

Successes include:

- Providers reported 100% payment with CareFirst since 10/1/2019.
- Providers reported reconciled payments for all denied claims through Health Choice since 10/1/2019.
- Preauthorization process is going better with all the plans.
- Providers reported success in secondary billing with United Community Plan.
- United Community Plan is working on reconciliation of denied claims between 10/1/2019-2/16/2020.
- Some providers expressed appreciation for the quarterly DDD provider meetings.
- Having this progressive ABA policy has improved access to care for members.

Challenges:

- A typo appeared to include ABA providers in a requirement to have all claims include an ordering physician. This is not required. AHCCCS provided a clarification to health plans and a correction was made on 2/17/20. Claims between 10/1/19 and 2/16/20 are being reprocessed by the health plans. Providers were asked to not resubmit claims in an effort

to avoid timely filing denials and duplicates. Providers report that some, but not all of these claims have been reconciled.

- AHCCCS also provided guidance to the health plans on pay and chase. Because of the EPSDT nature of the ABA services, health plans need to cover the services and then coordinate with primary insurance. There were a lot of denials related to primary insurance not being billed first, and that seems to be resolved. There are still a large batch of claims requiring reprocessing.
- There was confusion about timely filing requirements, with conflicting information within a given plan, and differing policies across plans. Having consistent processes, expectations and policies across plans and providers can facilitate timely filing and reduce denials. Also, at the time of the 10/1/19 changes, some providers were told by their provider reps to hold off on submitting claims. When providers subsequently submitted claims, they have gotten timely filing denials.
- Some ABA providers have experienced medical record request flags, with specific prepayment flags and/or post payments flags requiring documentation from the provider to show medical necessity.
- There are some third-party liability issues; some of the secondary billings are being paid and others are not. There are also inconsistencies in the prior authorization. Both in-network and out-of-network providers have reported inconsistencies regarding plans requiring prior auth for secondary billing when there is prior auth for the primary. Efforts are underway to clarify requirements.
- Providers report concerns about the complexity of applying fee schedules, location of services, and reimbursable services. Issues need to be resolved related to application of modifiers, reimbursement rates with specific codes/services, and inconsistent guidance on whether or not case management and travel are billable.
- There are still concerns about network capacity. Some providers are reporting that going in-network is being delayed or denied due to scope of practice limitations; most providers are only trained on one subspecialty of the population, and unless they can broaden scope, going in-network may be problematic.
- There have been delays in execution of contracts. Network status delays are resulting in denied claims, which adds to the administrative burden for both providers and plans.
- Some providers are struggling with referrals outside of their practice and care coordination.
- The impact of claims denials on providers is substantial; a few large and several medium-sized providers report \$30,000 or more in denied or delayed claims. Cash flow problems will intensify with the COVID-19 emergency and impact ability to maintain staff and provide services.
- The role of the behavior analysis trainee is not understood by plans. There is confusion about use of the modifiers to utilize behavior analysis trainees. Providers continue to be told that assessment, supervision, and parent training must be done by a licensed BCBA. This will become an even greater capacity issue with the upcoming ECM/ECB transition.

Recommendations:

- AHCCCS clarify the role of the behavior analysis trainee per the ABA policy with health plans.

- AHCCCS clarify the Child and Family Team role and coordination of care.
- Form an *ad hoc* committee to address ABA policy implementation issues, particularly issues around the different ways that providers, health plans, and families talk about services and policies.
- Review all the 2016 ASD Advisory Committee recommendations and action steps, and identify areas that continue to need work. (*See notes below.*)

New Workgroup: Review Status of 2016 Recommendations and Develop Recommended Areas of Focus Moving Forward

It's been five years since the original ASD Advisory Committee began its year-long work, which culminated in a report to the Governor's Office in February 2016. There is interest in revisiting the recommendations to review and report on the status of the 2016 recommendations and develop potential new recommendations for consideration by the full Committee.

The workgroup would be a small subgroup of the full Committee. The original Committee was comprised of representatives from providers, family member advocates, health plans, and state agencies. The suggested approach is to use the same categories for the new workgroup, with two representatives from each category. Once formed, the workgroup will determine the frequency of meetings and timelines.

If you are interested in serving on the workgroup, please let Barbara Brent know. Her e-mail is bbrent@nasddds.org.

2020 Meeting Schedule

Future meetings are scheduled to be held in the Arizona Room, AHCCCS, 801 E. Jefferson, Phoenix from 3:00-5:00 pm:

- July 8
- October 7

ASD ADVISORY COMMITTEE MEETING

Thursday, March 26, 2019 3:00 - 5:00 pm

Zoom meeting only — we will not meet in person due to COVID-19

Join Zoom Meeting

ID: 665828457

Password: 89zdaf

(US) +1 888-475-4499

Password: 89zdaf

Joining instructions

Time	Topic	Presenter
3:00 pm	Welcome and Guidelines for Today's Meeting	Sharon Flanagan-Hyde, Facilitator
3:10 pm	COVID-19 Issues, including Telehealth	Sara Salek, Chief Medical Officer, AHCCCS
4:10 pm	Update on ABA Policy Implementation	Megan Woods, Integrated Care Administrator, AHCCCS and Diana David-Wilson, Chief Executive Advisor, Aspen Behavioral Consulting
4:40 pm	New Workgroup: Review Status of 2016 Recommendations and Develop Recommended Areas of Focus Moving Forward	Sharon Flanagan-Hyde
4:55 pm	Facilitator Transition	Sharon Flanagan-Hyde
5:00 pm	Meeting Adjourned	

Barbara Brent is taking over facilitation of the AHCCCS ASD Advisory Committee

Please send Announcements and Future Agenda Topics to Barbara: bbrent@nasddds.org

2020 Meeting Schedule

All meetings are currently scheduled to take place in the Arizona Room, AHCCCS, 801 E. Jefferson, Phoenix from 3:00-5:00 pm:

July 8

October 7



AHCCCS Telehealth Response to COVID-19 Emergency

Sara Salek, M.D.
Chief Medical Officer, AHCCCS
March 20, 2020



Today's Webinar Overview

- AHCCCS Policy on Telehealth Services prior to COVID-19 Emergency
- AHCCCS Updates to Telehealth Services since COVID-19 Emergency Declared
- Questions/Answers Session

Overview of AHCCCS Telehealth

October 1, 2019 Changes



Overview of October 1, 2019 AHCCCS Telehealth Policy Changes

1. Broadening of POS allowable for distant and originating sites
 - a. No restrictions on distant site (where provider is located)
Non-IHS/638 providers required to be licensed in AZ
 - b. Broadening of originating site (where member is located) to include home for many codes
2. Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous

Overview of October 1, 2019 AHCCCS Telehealth Policy Changes

3. No rural vs. urban limitations
4. MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate
5. GT modifier required for real time, interactive audio video communications + POS for originating site
6. GQ modifier required for asynchronous (store and forward) + POS for originating site
7. No changes in telephonic service delivery

AMPM 320-I Telehealth

Pre 10/1/19

- Telehealth definition

Implemented
10/1/19

- Telehealth to be utilized as umbrella term to describe telemedicine, teledentistry, and asynchronous technologies

AMPM 320-I Telehealth

Pre 10/1/19

- Real-time telemedicine limited to 17 disciplines

Implemented
10/1/19

- No restrictions on disciplines

AMPM 320-I Telehealth

Pre 10/1/19

- Contains high level informed consent requirements

Implemented
10/1/19

- Defers to statute and other policies re: informed consent requirements

AMPM 320-I Telehealth

Pre 10/1/19

- Contains high level confidentiality requirements

Implemented
10/1/19

- Defers to statute and other policies re: confidentiality requirements for telehealth

AMPM 320-I Telehealth

Pre 10/1/19

- Asynchronous covered in very limited circumstances

Implemented
10/1/19

- Asynchronous coverage limited to:
- Dermatology
- Radiology
- Ophthalmology
- Pathology
- Neurology
- Cardiology
- Behavioral Health
- Infectious Disease
- Allergy/Immunology

AMPM 320-I Telehealth

Pre 10/1/19

- Telemonitoring limited to CHF

Implemented
10/1/19

- No restrictions on telemonitoring

AHCCCS Telehealth Policy Changes to Address COVID-19 Declared Emergency



Created Temporary Telephonic Code Set

- In response to telemedicine technical capacity limitations for some providers and/or members, AHCCCS greatly expanded codes available via telephone over the course of the emergency
- Temporary code set developed based on stakeholder requests
- Additional requests-email:
CodingPolicyQuestions@azahcccs.gov

Temporary Telephonic Code Set

- Full [code set](#) available on AHCCCS Website
- Examples of codes included are:
 - Group psychotherapy
 - Family psychotherapy
 - Medical nutrition therapy
 - Evaluation and management codes
- Coding guidelines
 - UD modifier must be utilized
 - POS=originating site (where member is located)
- Medical necessity standards still apply
- Documentation standards still apply
- Effective dates of service March 17, 2020 until the end of the COVID-19 declared emergency

Maintaining Permanent Telephonic Code Set

- Code Set Includes:
 - Telephonic Evaluation and Management Codes
 - Skills Training and Development
 - Self help/peer support services
 - Case Management
- Coding standard unchanged
 - Utilize POS 12 Telehealth

Additional Telehealth/Telephonic FAQs

Question: Will all AHCCCS Health Plans and the AHCCCS Fee-For-Service Programs honor the use of the telehealth and/or telephonic services and service codes, as expanded by AHCCCS in response to COVID-19?

Answer: Yes, regardless of whether a provider is specifically contracted to provide telehealth and/or telephonic services, AHCCCS Health Plans and AHCCCS Fee for Service Programs will reimburse for services.

Additional Telehealth/Telephonic FAQs

Question: For members who have been receiving behavioral health services through the AHCCCS Behavioral Health in Schools Initiative, can telephone and telehealth be leveraged to provide these services in the member's home and/or community while school is closed?

Answer: Yes, AHCCCS strongly encourages Behavioral Health Providers to continue to provide behavioral health services to children and their families in their home and community while schools are closed. Please see other telehealth FAQs for additional information on telehealth and telephonic service delivery

Additional Telehealth/Telephonic FAQs

Question: Is there an AHCCCS Fee Schedule rate difference for services provided “in-person” versus services offered via telehealth and/or telephonically?

Answer: No, there is no rate difference in the AHCCCS Fee Schedule between services provided “in-person” and services offered via telehealth and/or telephonically.

Additional Telehealth/Telephonic FAQs

Question: Are AHCCCS health plans required to reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically?

Answer: Yes, effective March 18, 2020 until the end of the COVID-19 emergency declaration, AHCCCS health plans shall not discount rates for services provided via telehealth and telephonically as compared to contracted rates for "in-person" services.

Additional Telehealth/Telephonic FAQs

Question: Can Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) offer services via telehealth?

Answer: Yes, on March 18, 2020, CMS issued guidance for Medicaid programs confirming that FQHCs and RHCs can offer services via telehealth, including services via telephone.

Additional Telehealth/Telephonic FAQs

Question: What rate will AHCCCS pay an FQHC/RHC for services delivered via telehealth?

Answer: In accordance with the March 18, 2020 guidance from CMS, for services offered via telehealth within the scope of the FQHC/RHC benefit, health plans and AHCCCS FFS programs will pay the established PPS rate. For services offered via telehealth that are not covered as part of the FQHC/RHC benefit, health plans will reimburse FQHCs/RHCs at contracted rates and AHCCCS FFS programs will reimburse FQHCs/RHCs consistent with the AHCCCS fee schedule.

Teledentistry Changes to Address COVID-19 Emergency

- New codes available for use effective 3/20/20
 - *D9995 teledentistry* – synchronous
 - *D9996 teledentistry* – asynchronous
- D9995 or D9996 billed on CDT form along with dental service performed
- As with telehealth reimbursement model for physical and behavioral health services, reimbursement rate tied to service performed (ie, no separate reimbursement for D9995 or D9996)

Waiver Request Impacts to Telehealth

- On Tuesday, March 17th, AHCCCS submitted a [request to CMS](#) detailing a number of allowances that would be useful during the emergency event
- The requests include, but are not limited to:
 - Permission to allow out of state providers to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees
 - Suspension of the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent allowable under state law

Online Course: “Developing Telemedicine Services”

- **Monday, March 23, 2020.**
- The program will be presented in two 3-hour blocks. 9:00 a.m. until 12 noon, and 1:00 p.m. until 4 p.m.
- This online, full-day course will feature national leaders in telemedicine and distance learning.
- Registration: <https://telemedicine.arizona.edu/training/developing-telemedicine-services/webinar/2020-03-23>

The national award-winning Arizona Telemedicine Program (ATP), headquartered at the University of Arizona Health Sciences in Tucson, Arizona, will conduct a major, online training program regarding the COVID-19 pandemic for health-care providers, administrators, and educators.

“Telemedicine is a key capability for healthcare providers and the community they serve to slow the spread of the COVID-19,” notes Ronald S. Weinstein, MD, a pioneer in telemedicine and founding director of the Arizona Telemedicine Program. The ATP has been producing in-person telemedicine and telehealth training programs for the past 20 years. Thousands of individuals, from hundreds of healthcare organizations, have attended these programs and given them high marks. “Now, in response to the COVID-19 pandemic, we are taking the course online for the first time.” He added, “Obviously, this will open the session to a far larger audience, filling an urgent need at this time.”

Resources

- [AHCCCS Telehealth Policy – 310-I](#)
- [AHCCCS Medical Coding Resources](#)
- [AHCCCS Telehealth Code Set](#)
- [COVID FAQs](#)
 - [AHCCCS Telephonic Code Set \(Temporary\)](#)
 - [AHCCCS Telephonic Code Set \(Permanent\)](#)
- [SAMHSA OUD FAQs](#)
- [HHS Telehealth Notification](#)
- [DEA COVID-19 Info Page](#)
- Send your Coding Questions to CodingPolicyQuestions@azahcccs.gov

Questions?





ABA POLICY UPDATE: IMPLEMENTATION

OVERVIEW OF THE CURRENT IMPLEMENTATION STATUS



REPORTED SUCCESSES



- Providers report 100% payment with CareFirst since 10/1/2019
- Providers report reconciled payments for all denied claims through Health Choice since 10/1/2019
- Providers report success in secondary billing with United Community Plan
- United Community Plan is working on reconciliation of denied claims between 10/1/2019-2/16/2020
- Providers express appreciation for DDD provider meetings
- Access to care for Families – Benefit of the Policy

BILL CODES, CLAIM PROCESSING & DENIALS



DK modifier / Ordering Physician

- Website was not updated; Not required for ABA – Corrected 2/17/2020
- 10/1/2019 – 02/16/2020 – Reprocessing
 - Providers requested to not resubmit claims in effort to avoid timely filing denials & duplicates

Pay & Chase

- AHCCCS Provided Clarification to requirement – Corrected 2/17/2020
- 10/1/2019 – 02/16/2020 - Status of reprocessed claims unknown

Timely Filing

- Inconsistencies across payors, policies and denials

Medical Record Request Flag

- Prepayment
- Post payment (Audit)

Secondary Billing Issues (Prior Auths, In-network TPL)

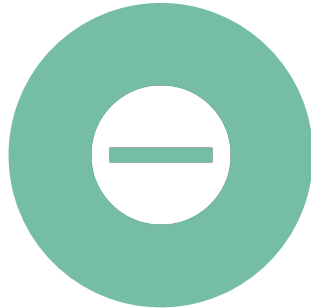
Complexity of Fee Schedules

- Application of modifiers / location of services
- 97151 Reimbursement Rate
- Lack of reimbursement for travel & case management

CONTRACTS / RURAL COMMUNITY NETWORK / PROVIDER ACCESSIBILITY



PROVIDERS REPORTING THAT
THEIR NETWORK STATUS IS
DELAYED OR DENIED DUE TO
SCOPE LIMITATIONS



DELAY IN EXECUTION OF
CONTRACTS / NETWORK STATUS
UPDATES RESULTING IN DENIED
CLAIMS.



APPLICATION OF ARTICLE 9
REQUIREMENTS



COORDINATION OF CARE /
REFERRALS



IMPACT OF DENIALS

\$30,000+ PER PROVIDER

ROLE OF THE BEHAVIOR ANALYSIS TRAINEE

- Providers continue to be told assessment, supervision and parent training must be done by a licensed BCBA
- Capacity Implications with upcoming ECM/ECB Transition



Clarification from
AHCCCS on the
Behavior Analysis
Trainee Role

Clarification from
AHCCCS on CFT
Role / Coordination
of Care

Consideration of
stakeholder
ADHOC
committee

Bigger picture?
Original 2016 ASD
Recommendations

ON-GOING RECOMMENDATIONS

PROPOSED STAKEHOLDER ADHOC COMMITTEE

- **ATTENDEES:** AHCCCS, Health Plans, Parent Representatives, Providers (including AzABA)
- **PURPOSE:** Resolve language, training and policy barriers to ABA Policy Implementation
- Health Plans, AHCCCS, AzABA, Contracted Providers, Parent Support Group Representatives
- **FORMAT:** Monthly call (fade as deemed appropriate)
- **PROJECTED OUTCOMES:**
 1. Timely implementation of change
 2. Streamlined communication
 3. Opportunities for Coordination of Training

A green road sign with a white border, tilted at an angle. The word "Questions" is written in large, white, sans-serif capital letters. The sign is mounted on a metal pole. The background is a bright blue sky with scattered white clouds.

Questions