



WELCOME

IHS/638 Quarterly Forum

July 27, 2018
2:00 – 3:30 PM
Gold Room





Introductions





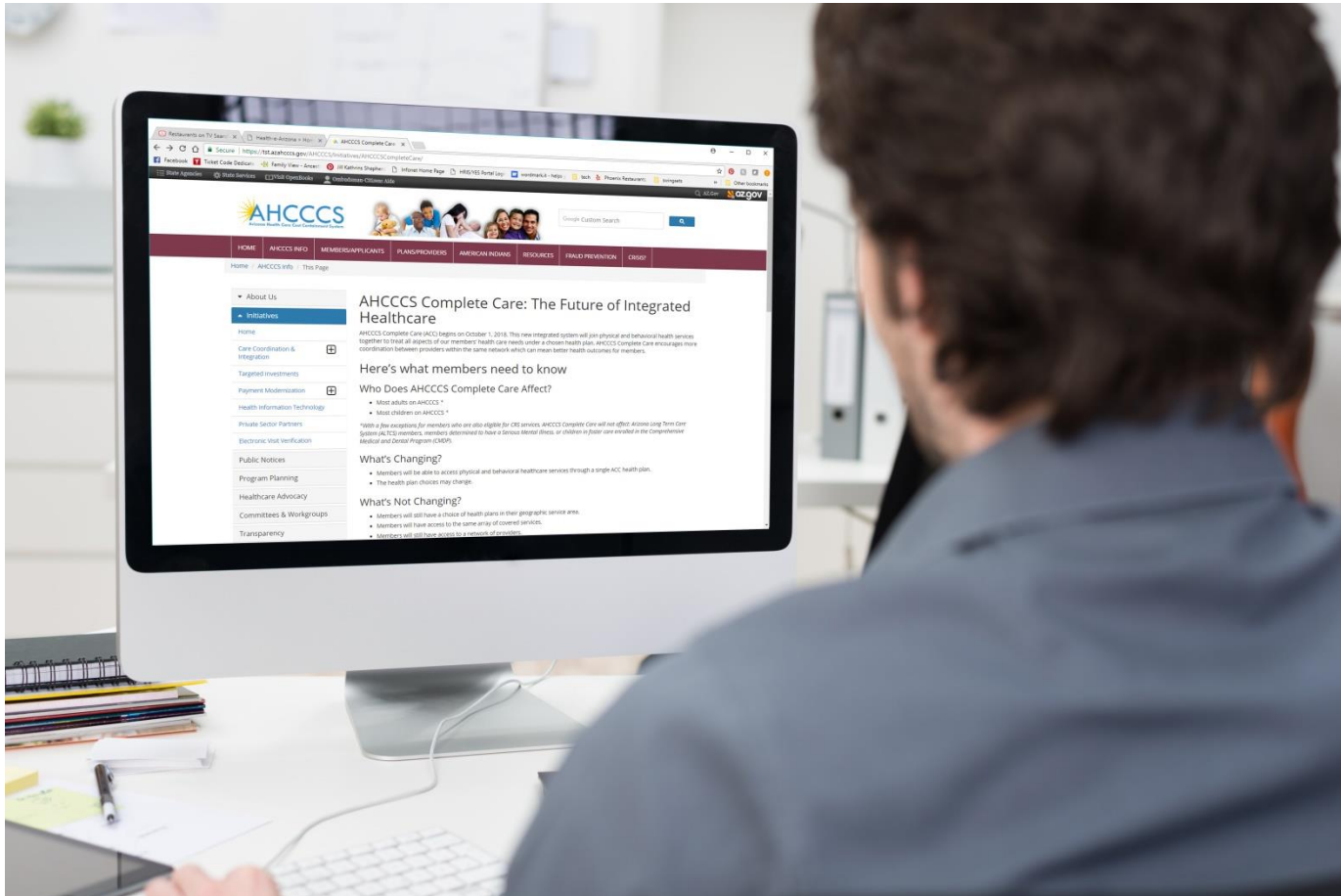
AHCCCS Complete Care

Coming October 1, 2018

Today's Presentation

- AHCCCS Complete Care
 - What is AHCCCS Complete Care?
 - Who is affected?
 - When is it effective?
- New ACC Health Plans
 - Who are the new and exiting ACC Health Plans?

This presentation and more is available at:
www.azahcccs.gov/ACC





- ▼ About Us
- ▲ Initiatives
- Home
- AHCCCS Complete Care
- Care Coordination & Integration +
- Targeted Investments
- Payment Modernization +
- Health Information Technology
- Private Sector Partners
- Electronic Visit Verification
- Public Notices
- Program Planning
- Healthcare Advocacy
- Committees & Workgroups
- Transparency

Frequently Asked Questions

- Q: Will covered services change?
- Q: Will CRS members have to change health plans?
- Q: What are the geographic service areas (GSA) to be served by ACC Plans?
- Q: What are the available ACC Plans in each geographic service area (GSA)?
- Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?
- Q: If my child is enrolled in AIHP, how will she/he receive CRS services?
- Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?
- Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?
- Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?
- Q: How will CRS conditions be determined and will members still have a CRS designation?
- Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?
- Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?
- Q: Can my child continue to receive services from current providers?
- Q: Will anything change at age 21 for a member with a CRS designation?
- Q: Will there be any changes to how other insurance coverage is handled?

Q: Will covered services change?

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

Q: Will CRS members have to change health plans?

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (UnitedHealth Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.

when?

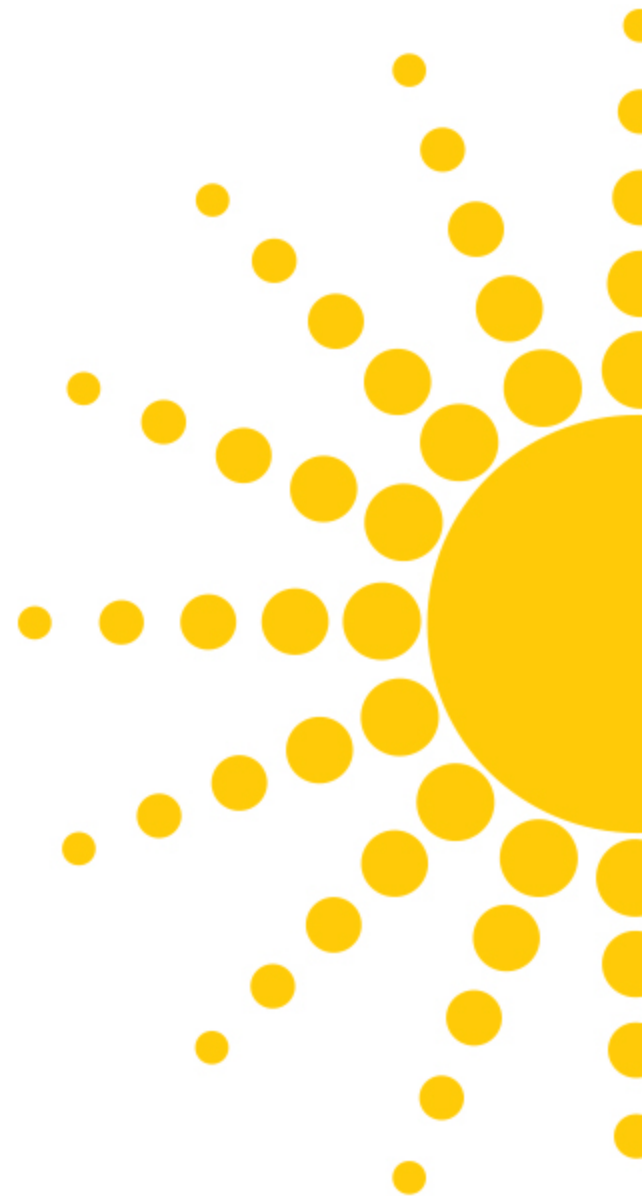
who?

what?

where?

AHCCCS Complete Care (ACC)

What, Who and When?



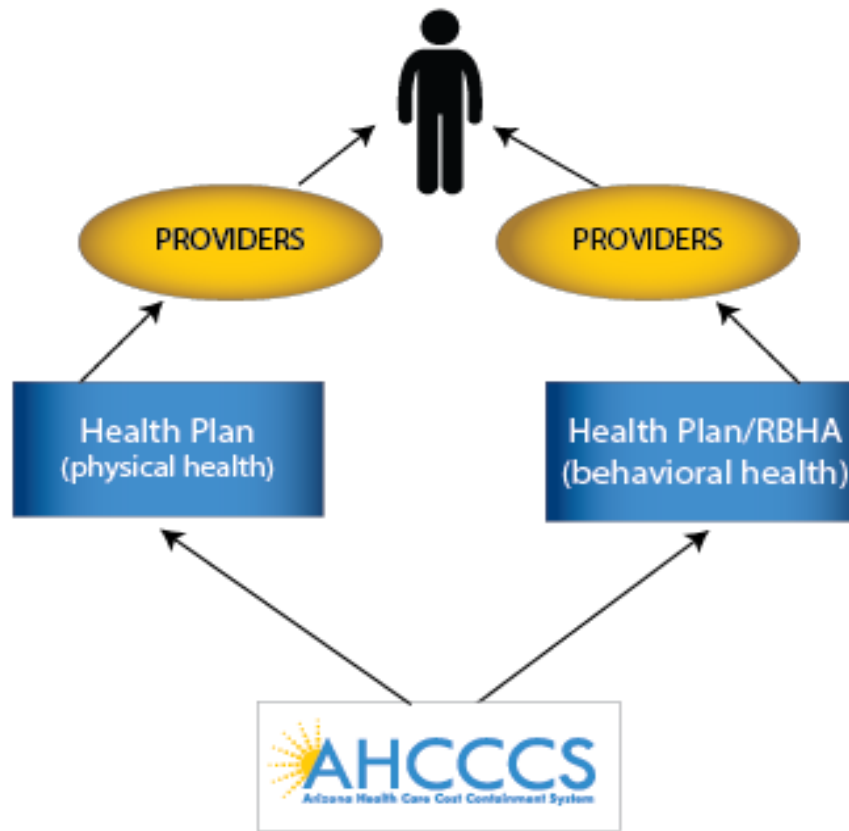
The Benefits of Integration

1

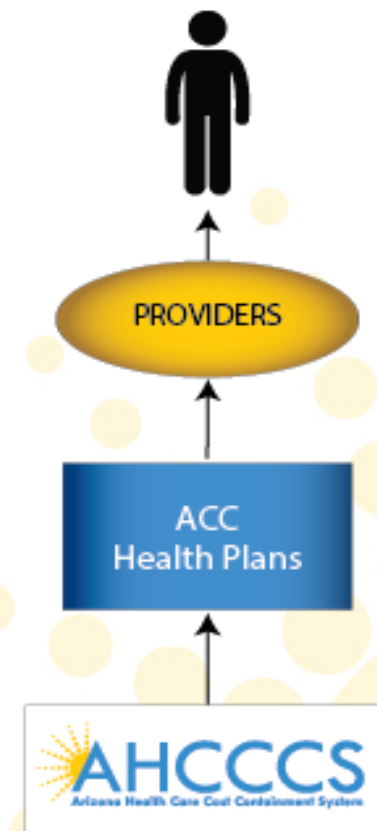
- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person's whole health

Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM



Reaching across Arizona to provide comprehensive quality health care for those in need

Who Is Affected and When?

- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD)
- Adult members with a serious mental illness (SMI)
- Most Comprehensive Medical Dental Plan (CMDP)

Starts on October 1, 2018!

2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

KEY

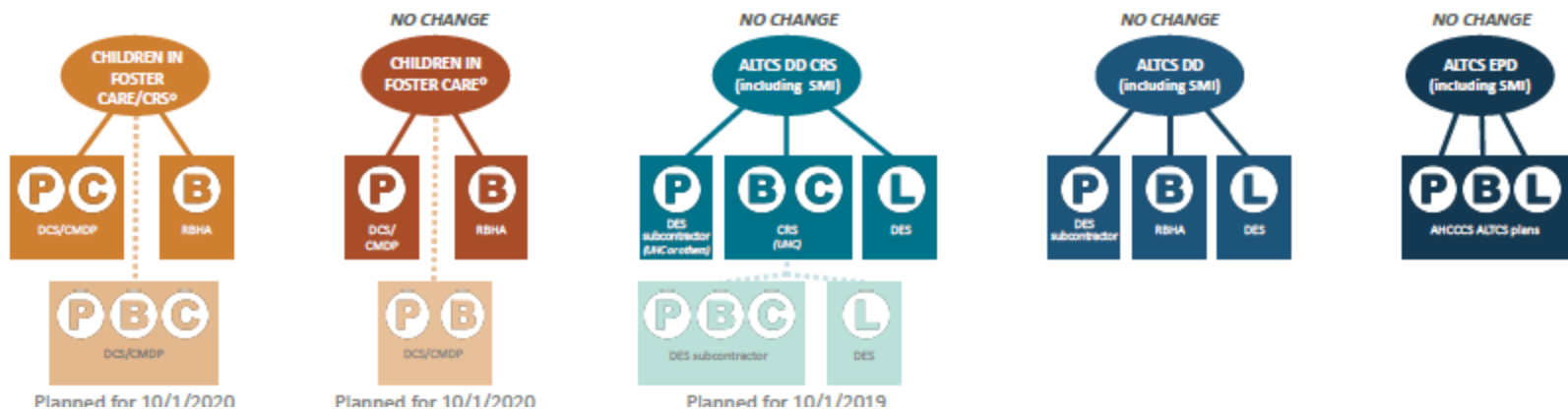
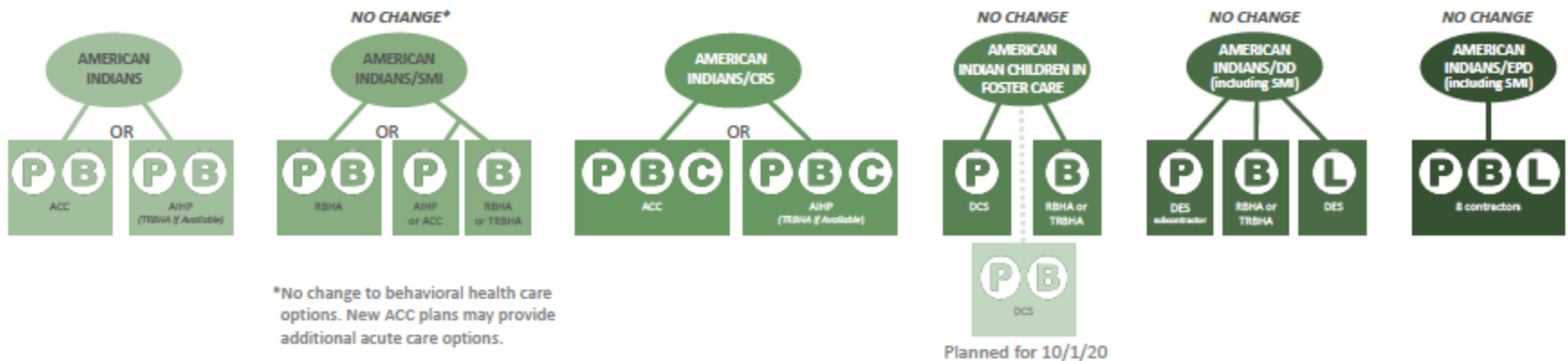
- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES

UHC UnitedHealthcare
 + Including CRS & members
 # Excluding SMI & CMDP
 0 Excluding ALTCS

Population Group

Plan

Future Integration

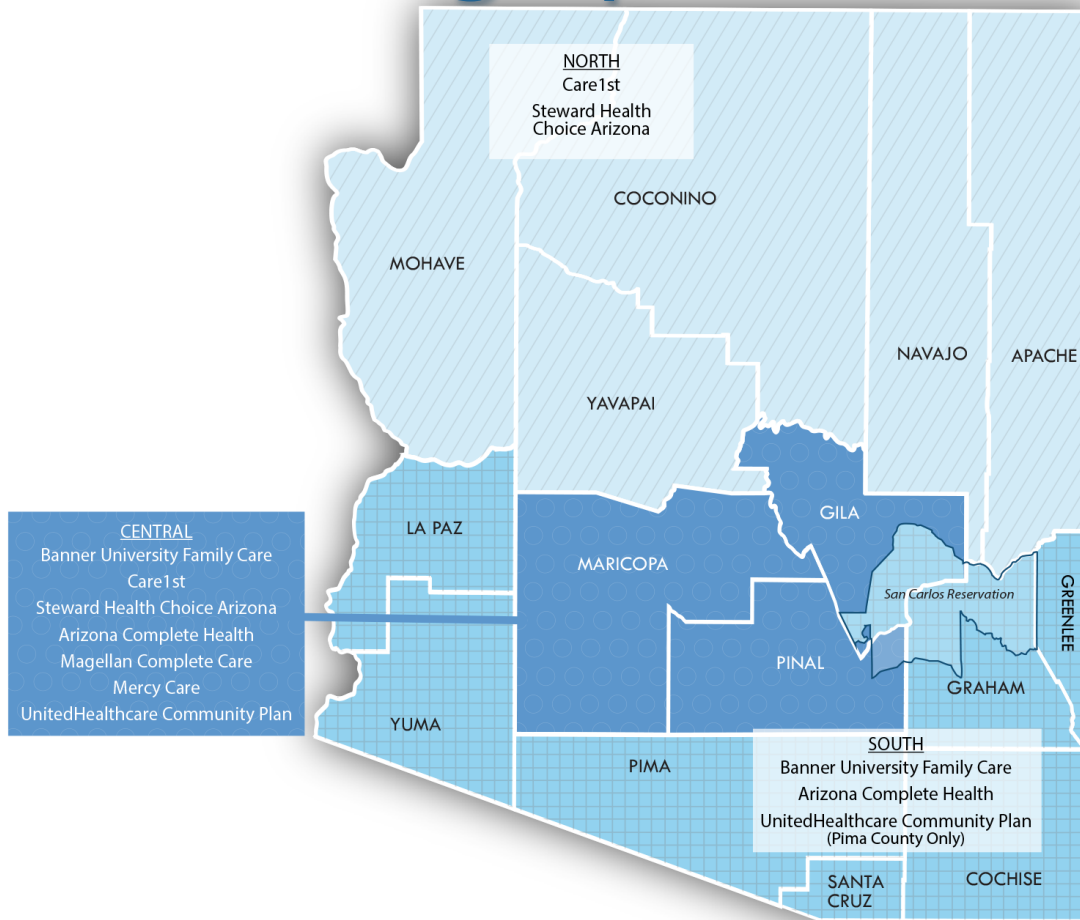


AHCCCS Complete Care Health Plans (ACC Plans)

Who and Where?



ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

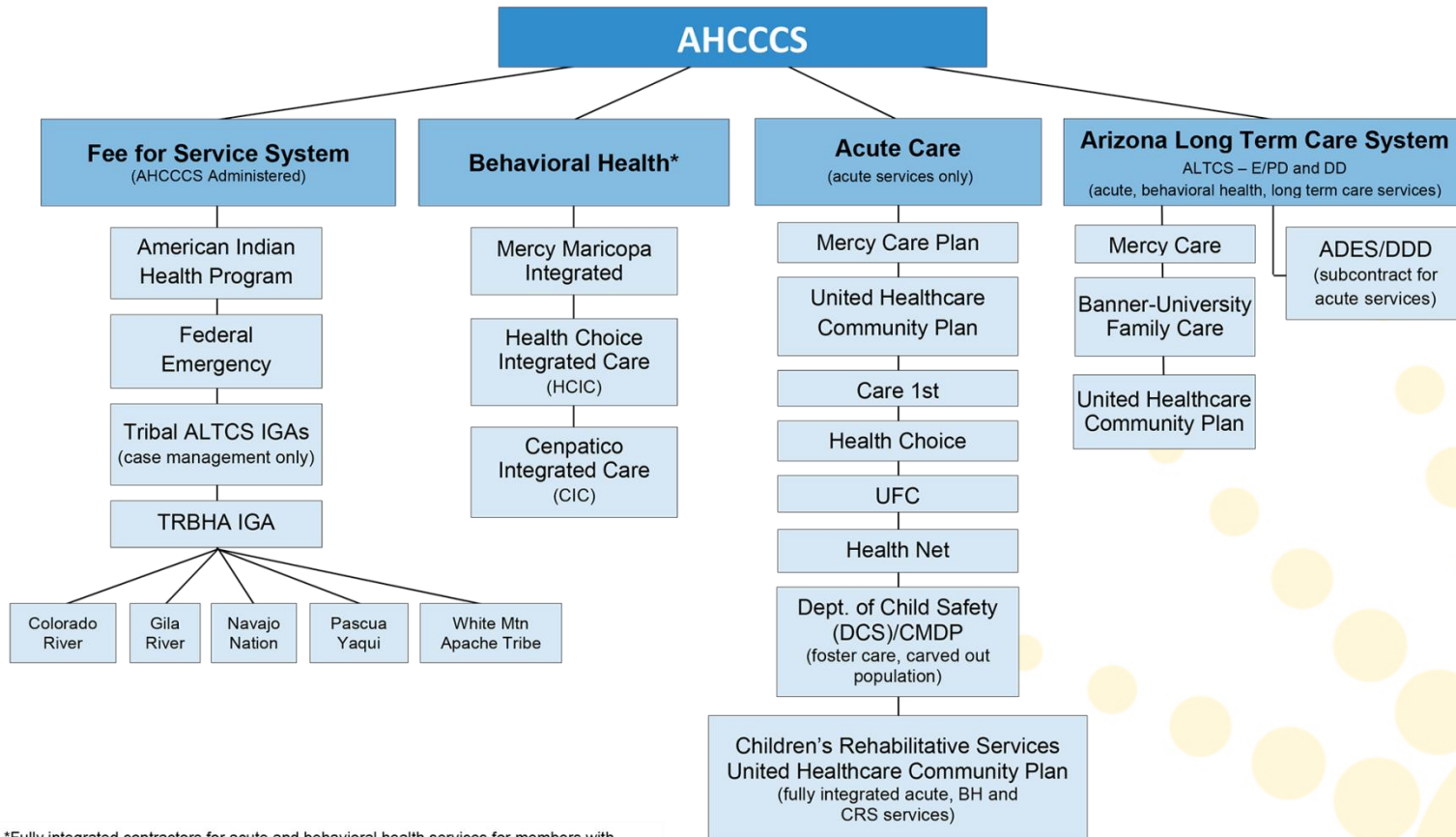
AHCCCS Complete Care (ACC) Plans

as of Oct. 1, 2018

Central GSA	South GSA	North GSA
Banner University Family Care	Banner University Family Care	
Care1st		Care1st
Steward Health Choice Arizona		Steward Health Choice Arizona
Arizona Complete Health	Arizona Complete Health	
Magellan Complete Care		
Mercy Care		
UnitedHealthcare Community Plan	UnitedHealthcare Community Plan (Pima County Only)	

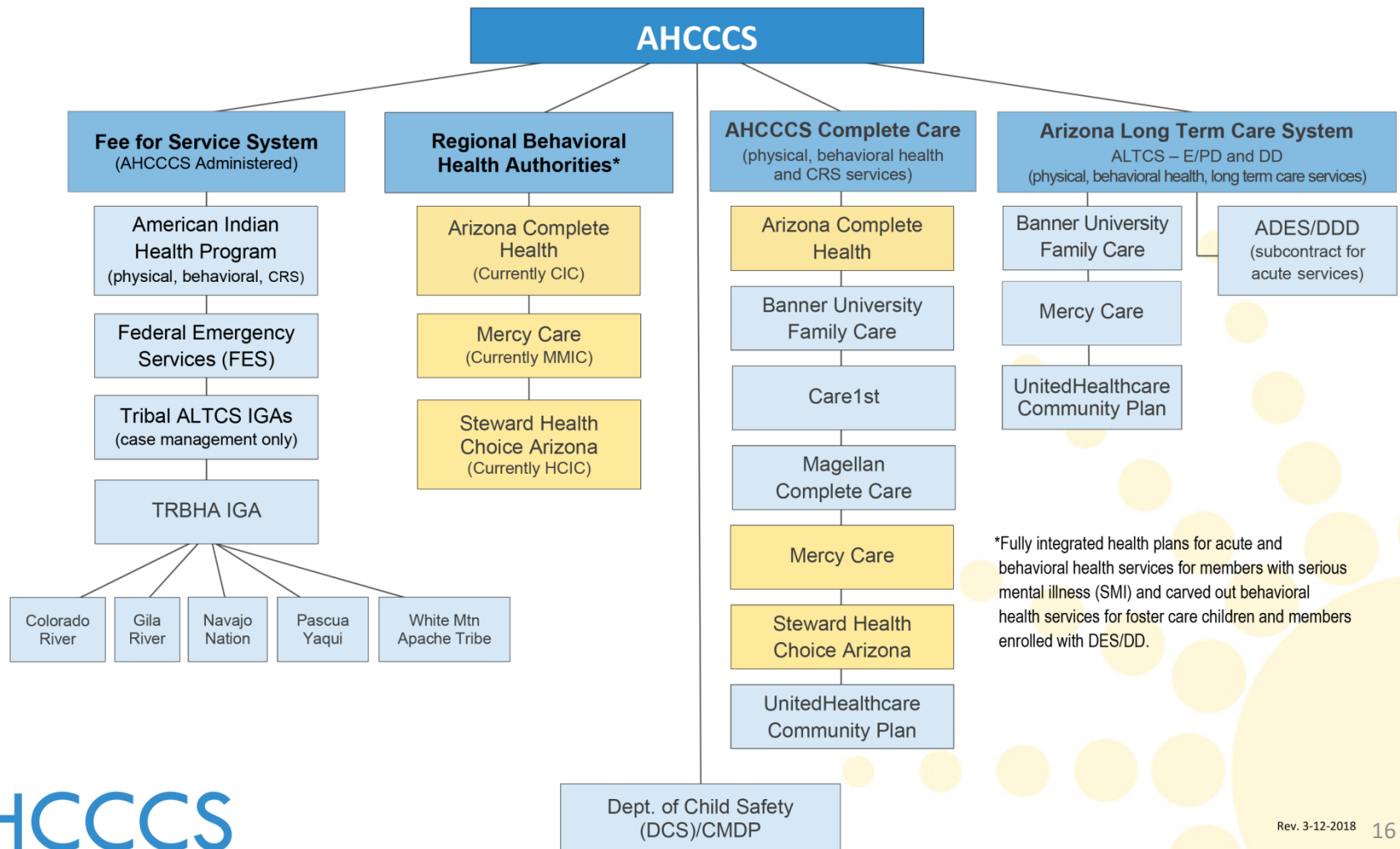
Current Care Delivery System

Pre 10/1



*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

Care Delivery System as of Oct. 1, 2018



*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

What's Next?



RBHA Affiliated ACC Plans

GSA	RBHA (current)	RBHA Affiliated ACC
North	Health Choice Integrated Care	Steward Health Choice Arizona
Central	Mercy Maricopa Integrated Care	Mercy Care
South	Cenpatico Integrated Care	Arizona Complete Health

Children's Rehabilitative Services (CRS) Changes



CRS Members

- CRS members will have choice of ACC Plan
- Members currently enrolled with CRS will receive all physical health and behavioral health services from an ACC Plan.
- CRS members will continue to be identified and designated by AHCCCS.

American Indian Health Program (AIHP) Changes

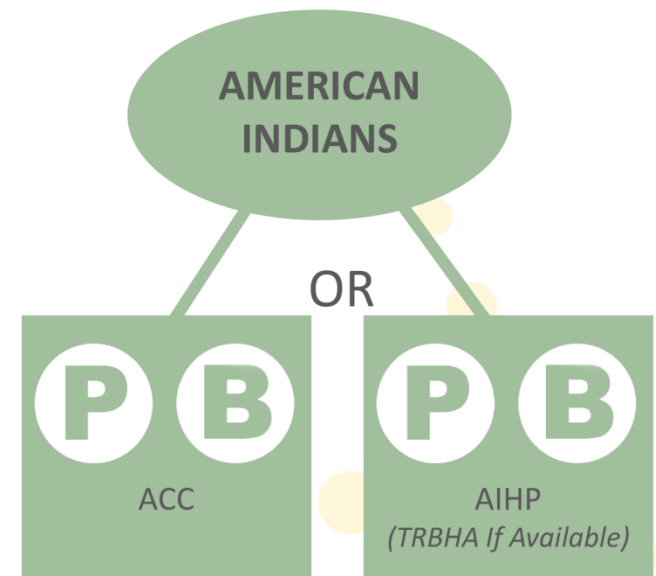


Changes for American Indian Health Program (AIHP)

- AIHP will:
 - Pay for and manage care for physical and behavioral health services
 - Pay for and manage care for CRS services
 - RBHA will only continue to serve American Indian members with SMI
 - Manage care with TRBHAs when available and member enrolled

Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
 - AIHP or AIHP and TRBHA; or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



Choice for American Indian Populations

- Tribal members will continue same frequency of choice options
- Enrollment options continue
- American Indian members can still choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can still only change from one ACC Plan to another once a year.

Provider Participation Agreement (PPA)

- As stated in the PPA, with respect to Fee-For-Service eligible persons, the Provider agrees to bill and accept payment in accordance with the terms of this Agreement, state and federal rules and regulations, and all pertinent documents incorporated by reference.
- All AHCCCS registered providers, do not require a separate contract with AIHP.

Resources

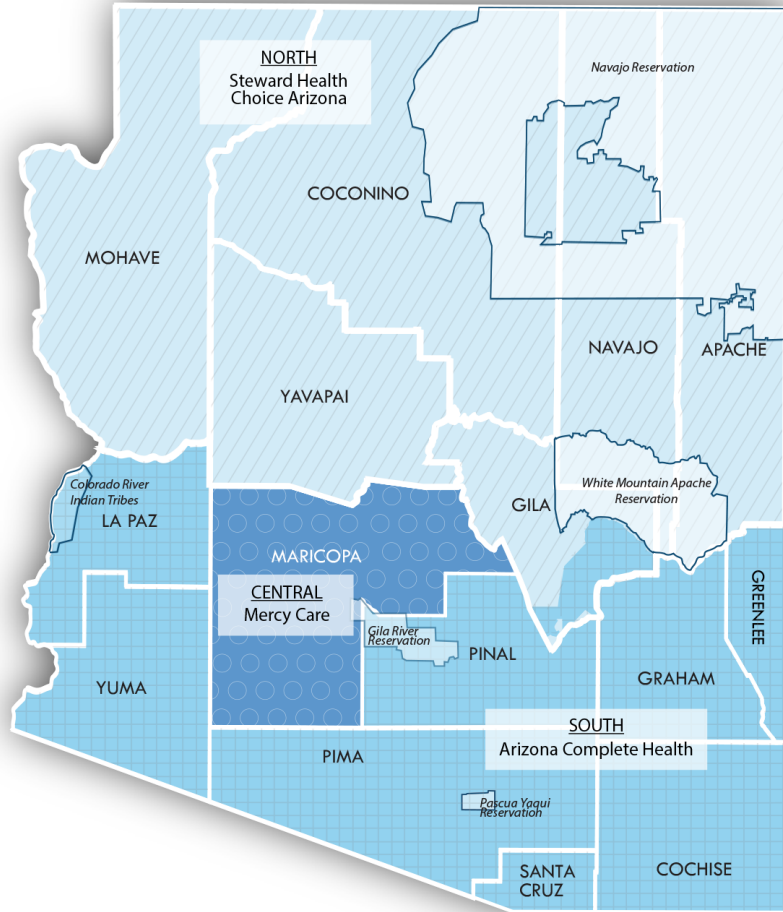
Policy changes and updates related to Integration are reflected in the following manuals:

- AHCCCS Medical Policy Manual (AMPM)
 - <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
- 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>

Other things to be aware of...



RBHA/TRBHA and Crisis Services



- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

Continuity of Care – Plan Provider Transitions

- For transitioning members, ACC Plans must:
 - Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
 - Allow members with CRS qualifying conditions in active course of treatment on plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first

Questions?



Thank you!





American Indian Medical Home (AIMH)



American Indian Medical Home

- AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of a Primary Care Case Manager (PCCM)

American Indian Medical Home

- As of October 1, 2017 IHS and Tribal 638 Facilities serving AHCCCS Members enrolled with the American Indian Health Program (AIHP) are able to submit the AIMH application.
- Phoenix Indian Medical Center (PIMC) and Chinle Hospital recently established as AHCCCS' first two American Indian Medical Homes.

AIMH Eligible Provider Types

- Eligible IHS/638 Provider Types:
 - 02 – Hospital
 - 05 – Clinic (excluding Dental Providers)
 - IC – Integrated Clinic
 - C2 – Federally Qualified Health Center (FQHC)
 - C5 – 638 Federally Qualified Health Center (FQHC)
 - 29 – Community/Rural Health Center (RHC)

AIMH Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Case Management (PCCM) accreditation
- Provide 24 hour telephonic access to the care team
- Dependent on selected tier level
 - Provide diabetes education
 - Participate in the State Health Information Exchange (HIE)

Obtaining PCCM and Diabetes Education Accreditation

- Primary Care Case Management (PCCM) accreditation
 - National Committee for Quality Assurance (NCQA)
 - The Joint Commission PCMH Accreditation Program
 - National IHS Improving Patient Care (IPC) program annual attestation
- Accredited Diabetes Education Programs
 - American Association of Diabetes Educators
 - Diabetes Training and Technical Assistance Center (DTTAC) at Emory University
 - Solera – An Integrated Health Network
 - State of Wellness

*Or other appropriate accreditation body

AIMH Service Tier and Reimbursement Levels

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.

Fourth Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Bi-directional participation in the State HIE
- PMPM rate: \$23.81

Third Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Bi-directional participation in the State HIE
- PMPM rate: \$21.71

Second Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- PMPM rate: \$15.96

First Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- PMPM rate: \$13.87

AIMH Provider Packet Submission Documents

- Submit Signed IGA
- Submit Provider Registration Form
 - PCMH recognition or IHS IPS annual attestation, 24 hour care management telephone line number, other documentation dependent on tier level
- DFSSM EDI AIMH Checklist
 - Provider ID, NPI, Tax ID, EFT, etc.
- IRS Form W-9
- AIMH Cover Sheet (if faxing submission)

Provider Registration Form

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM AMERICAN INDIAN MEDICAL HOME REGISTRATION FORM		
I. PROVIDER INFORMATION		<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> ANNUAL RENEWAL
AHCCCS Provider ID:	Provider Name:	TIN:
Service Address:		
City:	State: AZ	ZIP Code:
II. PROVIDE A FINANCIAL POINT OF CONTACT		
Name:		
Phone:	Email:	
III. PROVIDE A POINT OF CONTACT FOR MAIL CORRESPONDENCE AND QUESTIONS REGARDING YOUR APPLICATION		
Name:		
Phone:	Email:	
IV. PLACE AN "X" ON THE REQUESTED SERVICE LEVEL TIER OF YOUR MEDICAL HOME <i>"Documentation that supports an accredited Diabetes Education Program and/or Proof of enrollment in the HIE, as applicable, must be included with your application packet."</i>		
<input type="checkbox"/>	Tier Level 1 – Primary Care Case Management services and 24 hour telephonic access to the care team.	
<input type="checkbox"/>	Tier Level 2 – All services described in the first level and diabetes education. This level will require an AIMH to have proof of a diabetes education accreditation through a recognized accreditation agency.	
<input type="checkbox"/>	Tier Level 3 – All the services described in the first level and proof of participation in the Arizona State Health Information Exchange (HIE). A bi-directional relationship with the HIE is required.	
<input type="checkbox"/>	Tier Level 4 – All services described in the first three levels above.	
<i>"For more information on the PMPM payment level rates, please click on the link below and select the "Information for Medical Home Providers" tab - https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/</i>		
V. PROVIDE THE 24 HOUR CARE MANAGEMENT TELEPHONE NUMBER ACCESS TO THE CARE TEAM		
Please provide your 24 hour Care Management Telephone Access line number: _____		
VI. PLACE AN "X" ON THE APPROPRIATE PRIMARY CARE CASE MANAGEMENT (PCCM) QUALIFICATION <i>"Proof of accreditation or attestation that supports the PCCM qualification must be included with your application packet"</i>		
<input type="checkbox"/>	Patient Centered Medical Home recognition through an appropriate accreditation body	
<input type="checkbox"/>	IHS IPC Patient Medical Home annual attestation	
VII. SIGNATURE		
I agree that submission of this application does not guarantee the applicant's acceptance into the American Indian Medical Home ("AIMH") program. If accepted into the AIMH program, I agree that this application packet and the affirmations made therein will be incorporated into the Intergovernmental Agreement (IGA). I further agree that participation in the AIMH program does not diminish or replace any obligations of the applicant under any Provider Participation and/or Group Biller Agreement(s) between the applicant and AHCCCS. I affirm that I have the authority to submit this application packet and bind the applicant to the obligations created by participation in the AIMH program. I affirm under penalty of law that the information I have provided in the application packet (including this form) is true, accurate and complete to the best of my knowledge.		
Signature of Applicant: _____		Application Date: _____

- I have included a current IRS Form W-9 with my application packet. You may find the IRS Form W-9 at this link: [IRS Form W-9](#)
- I have included my DFSM AIMH (EDI) Checklist.
- I have included a signed and dated copy of my Intergovernmental Agreement (IGA).
- I have included evidence of participation in an accredited Diabetes Education Program, if applicable.
- I have included evidence of bi-directional participation with the Health Information Exchange (HIE), if applicable.
- I have included evidence of the Patient Centered Medical Home recognition or the IHS IPC Patient Medical Home annual attestation.

AIMH Member Requirements

- Enrolled with the American Indian Health Program (AIHP)
- Participation is voluntary
- Member may discontinue at any time
- Member may switch AIMHs at any time
- Member may enroll directly with the AIMH or by calling AHCCCS' Member Services
- AIMH must keep signed Member Sign Up Form on file

AIMH Web Page & AIMH email

- IHS/638 Providers can send questions to 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>

Questions?



Thank you!



AHCCCS Medical Policy Manual (AMPM) 310 BB-Transportation



310-BB, Transportation

Effective 7/1/2018 the following applies:

AHCCCS covers non-emergency medical transportation (NEMT) services for members to and from an AHCCCS covered physical or behavioral health services.

Additionally, AHCCCS covers NEMT (when free transportation is not available and the member is unable to secure or pay for their own transportation) to the following non-AHCCCS covered services:

- To obtain Medicare Part D covered prescriptions, and
- To the following community based support programs, when they are identified in the member's service plan:
 - Alcoholic's Anonymous (AA)
 - Narcotics Anonymous (NA)
 - Cocaine Anonymous
 - Crystal Meth Anonymous
 - Dual Recovery Anonymous
 - Heroin Anonymous
 - Marijuana Anonymous
 - Self-Management and Recovery Training (SMART Recovery)
 - National Alliance on Mental Illness (NAMI) Family Support
 - Living Well with a Disability and Working Well with a Disability Program

Continued...

- The service/treatment plan may be requested as documentation.
- Transportation will only be reimbursed to and from the program site. Transportation to and from activities offered by the program (trips to grocery store to learn how to manage funds, trips to restaurants to learn about nutrition, etc.) are not covered.
- Only trips to NEAREST programs in the Attachment A will be approved. If the provider has a valid reason for the member to attend the program that is NOT THE NEAREST to the member's address, this reason has to be clearly indicated in the Treatment or Service Plan. Additional documentation, such as progress notes or prescriber's orders might be required for approval.
- Transportation that is not to a covered service, as described in policy 310-BB, will not be covered, for example, home passes and trips to activities as described in 3.

Attachment A: Community Based Support Programs



AHCCCS MEDICAL POLICY MANUAL 310-BB, ATTACHMENT A, COMMUNITY BASED SUPPORT PROGRAMS

As outlined in AMPM Policy 310-BB, Transportation, non-emergency transportation services are covered to transport a member to one of the following local community-based support programs:

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Cocaine Anonymous
- Crystal Meth Anonymous
- Dual Recovery Anonymous
- Heroin Anonymous
- Marijuana Anonymous
- Self-Management and Recovery Training (SMART Recovery)
- National Alliance on Mental Illness (NAMI) Family Support
- Living Well with a Disability and Working Well with a Disability Program

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB_A.pdf

Questions?



Thank you!





Policy/Billing Manual Updates



AMPM Integration Policies

- Integration policies, effective 10/1/2018, can be found on the AHCCCS website at:

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

[Oversight of Health Plans](#)[Governmental Oversight](#)[Grants](#)[Hospital Finance & Utilization Information](#)[Health Plan Report Card](#)[Reports](#)[Solicitations & Contracts](#)[Guides - Manuals - Policies](#)[DFSM Training](#)[State Plans](#)[Electronic Data Interchange \(EDI\)](#)[Community Partners \(HEAplus\)](#)[Pharmacy](#)

AHCCCS Medical Policy Manual (AMPM)

The *AHCCCS Medical Policy Manual (AMPM)* provides information to Contractors and Providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other Agency manuals [AHCCCS Contractors' Operations Manual (ACOM) and the AHCCCS Fee-for-Service Manual], and applicable contracts.

ATTENTION

ACOM and AMPM Policies and related materials that have been opened for review/revisions and will serve to provide Tribal Consultation Notification/Public Comment can be found at the below location. This location allows stakeholders to review and submit comments regarding proposed revisions. The Policies will be open for comment for not more than 45 days unless otherwise stipulated. Should an expedited time period be utilized, the expedited time period will not be less than two weeks. The comment deadline will be specified on each document.

[Tribal Consultation Notification/Public Comment](#)

To receive a notification when policies are available for public comment, and when policies are published to the AHCCCS website, please sign up for constant contact email notification by clicking the Sign up for Notifications button below.

[Sign Up for Notifications](#)

To view AMPM Policies, select Policy from the AMPM Table of Contents below.

Approved Policies not Yet Effective

Chapter 100, Manual Overview

[AHCCCS Online !\[\]\(e1d6102fe77919492c04879c8450f1f5_img.jpg\)](#)[▼ Health Plans](#)[▼ New Providers](#)[▼ Current Providers](#)[Guides - Manuals - Policies](#)[▼ Rates and Billing](#)[Pharmacy](#)[Demographics](#)

GUIDES AND MANUALS FOR HEALTH PLANS AND PROVIDERS

[AHCCCS ALTCS MEMBER CHANGE REPORT USER GUIDE !\[\]\(21226b58c700e5231ab98d27101bac58_img.jpg\)](#)[AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS !\[\]\(097cdd6c9c875b64d9b8c9a2409491c4_img.jpg\)](#)[AHCCCS CLAIMS DASHBOARD REPORTING](#)[AHCCCS CONTRACTOR OPERATIONS MANUAL \(ACOM\)](#)[AHCCCS CONTRACTOR GUIDES & MANUALS](#)[AHCCCS COVERED BEHAVIORAL HEALTH SERVICES GUIDE !\[\]\(13163d77073735089069a7603de98433_img.jpg\)](#)[AHCCCS DEMOGRAPHIC & OUTCOMES DATA SET USER GUIDE !\[\]\(2cf6801d0ea3db56ed897b0c35d9ff86_img.jpg\)](#)[AHCCCS ENCOUNTER MANUAL](#)[AHCCCS ENROLLMENT RATE CODES AND VALUES !\[\]\(608bfbc50031d613907ec08333d4afc7_img.jpg\)](#)[AHCCCS FEE-FOR-SERVICE PROVIDER MANUAL](#)[AHCCCS FINANCIAL REPORTING GUIDES](#)[AHCCCS GRIEVANCE AND APPEAL SYSTEM REPORT](#)[AHCCCS GUIDE TO LANGUAGE IN NOTICES OF ACTION \(NOA\) AND NOA DICTIONARY](#)[AHCCCS IHS/TRIBAL PROVIDER BILLING MANUAL](#)[AHCCCS MEDICAL POLICY MANUAL \(AMPM\)](#)[AHCCCS PROGRAM INTEGRITY REPORTING GUIDE !\[\]\(df236e4a9bc3fd98877cde891befadca_img.jpg\)](#)[AHCCCS PROVIDER AFFILIATION TRANSMISSION \(PAT\) MANUAL !\[\]\(7f7ceb95e119107bb8f141b3a39179cf_img.jpg\)](#)



Oversight of Health Plans

- Administrative Actions
- Contracted Health Plan Audited Financial Statements
- Change in Ownership Activities
- Quality and Performance Improvement
- Request to Lift Enrollment CAP

Governmental Oversight

- Federal and State Requirements
- Legislative Sessions
- Waiver
- State Plans
- Budget Proposals
- County Acute Care Contributions
- County Acute Care Contributions

Hospital Finance & Utilization Information

Health Plan Report Card

Reports

- Reports to CMS
- Reports to the Legislature
- Population Reports
- Enrollment Reports by Health Plan
- Financial Reports
- Behavioral Health Reports
- Dashboard

Solicitations & Contracts

- Solicitations, Contracts & Purchasing
- Open Solicitations
- Closed Solicitations
- Contract Amendments
- Medicare D-SNP Agreements
- Bidders Library
- Vendor Registration

Guides - Manuals - Policies

DFSM Training

Grants

- Federal Funding Accountability and Transparency Act

Electronic Data Interchange (EDI)

- EDI Technical Documents
- EDI Testing
- EDI Change Notices

Community Partners (HEAplus)

Pharmacy

Provider Billing Manuals

The provider billing manuals can be found on the AHCCCS website at the below links.

IHS/Tribal Provider Billing Manual:

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

Fee-For-Service Provider Billing Manual:

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



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GUIDES AND MANUALS FOR HEALTH PLANS AND PROVIDERS

[AHCCCS ALTCS MEMBER CHANGE REPORT USER GUIDE !\[\]\(eabd9f9ababee93effadc3b380fe65fd_img.jpg\)](#)[AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS !\[\]\(83bbbd261710c59db0214aa27b2edc0d_img.jpg\)](#)[AHCCCS CLAIMS DASHBOARD REPORTING](#)[AHCCCS CONTRACTOR OPERATIONS MANUAL \(ACOM\)](#)[AHCCCS CONTRACTOR GUIDES & MANUALS](#)[AHCCCS COVERED BEHAVIORAL HEALTH SERVICES GUIDE !\[\]\(f507db636256ac11a5525ef93ec6b8d7_img.jpg\)](#)[AHCCCS DEMOGRAPHIC & OUTCOMES DATA SET USER GUIDE !\[\]\(a8ff699ced33317c53c86f9bf3171905_img.jpg\)](#)[AHCCCS ENCOUNTER MANUAL](#)[AHCCCS ENROLLMENT RATE CODES AND VALUES !\[\]\(aceb1790ece33f2eac474d4a9431c6d6_img.jpg\)](#)[AHCCCS FEE-FOR-SERVICE PROVIDER MANUAL](#)[AHCCCS FINANCIAL REPORTING GUIDES](#)[AHCCCS GRIEVANCE AND APPEAL SYSTEM REPORT](#)[AHCCCS GUIDE TO LANGUAGE IN NOTICES OF ACTION \(NOA\) AND NOA DICTIONARY](#)[AHCCCS IHS/TRIBAL PROVIDER BILLING MANUAL](#)[AHCCCS MEDICAL POLICY MANUAL \(AMPM\)](#)[AHCCCS PROGRAM INTEGRITY REPORTING GUIDE !\[\]\(6cb062c5b0ba577de9349a509584b7fe_img.jpg\)](#)[AHCCCS PROVIDER AFFILIATION TRANSMISSION \(PAT\) MANUAL !\[\]\(3a9e77fc60554e54e5412caa0cfeb534_img.jpg\)](#)

AHCCCS Online 

▼ Health Plans

▼ New Providers

▼ Current Providers

Guides - Manuals - Policies

▲ Rates and Billing

Managed Care 

Fee-for-Service 

Copayments

FQHC & RHC

Hospital Assessment

Hospital Presumptive Eligibility

Hospital Reimbursement

PCP Parity

Pharmacy

Demographics



















AHCCCS IHS/Tribal Provider Billing Manual

The *AHCCCS Billing Manual for Indian Health Service (IHS)/Tribal Providers* contains information ranging from introductory information about AHCCCS to claim disputes.

Download Entire Manual

[Billing Manual for IHS/Tribal Providers](#) 

Download Individual Chapters

- [Manual Table of Contents](#) 
- [Chapter 1: Introduction to AHCCCS](#) 
 - [Exhibit 1-1, AHCCCS Acute Care Health Plans](#)
 - [Exhibit 1-2, AHCCCS Long Term Care Program Contractors](#)
 - [Exhibit 1-3, Indian Health Services \[IHS\] Offices](#)
 - [Exhibit 1-4, Help Line Directory](#)
- [Chapter 2: Eligibility](#) 
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- [Chapter 4: General Billing Rules](#) 
 - [Exhibit 4-1, Social Determinants of Health ICD-10 List](#) 
- [Chapter 5: Claim Form Requirements](#) 
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- [Chapter 7: Medicare/Other Insurance Liability](#) 
- [Chapter 8: Individual Practitioner Services](#) 
 - [Exhibit 8-1, Hysterectomy Consent Form](#)
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 - [Exhibit 11-1, Daily Trip Report \(PDF\)](#) 
 - [Exhibit 11-1, Daily Trip Report \(Excel File\)](#) 
 - [Exhibit 11-2, Non-emergency Medical Transport Daily Trip Report Instructions](#) 
 - [Exhibit 11-3, Tribal Contact Information](#) 

Provider Billing Manual Updates

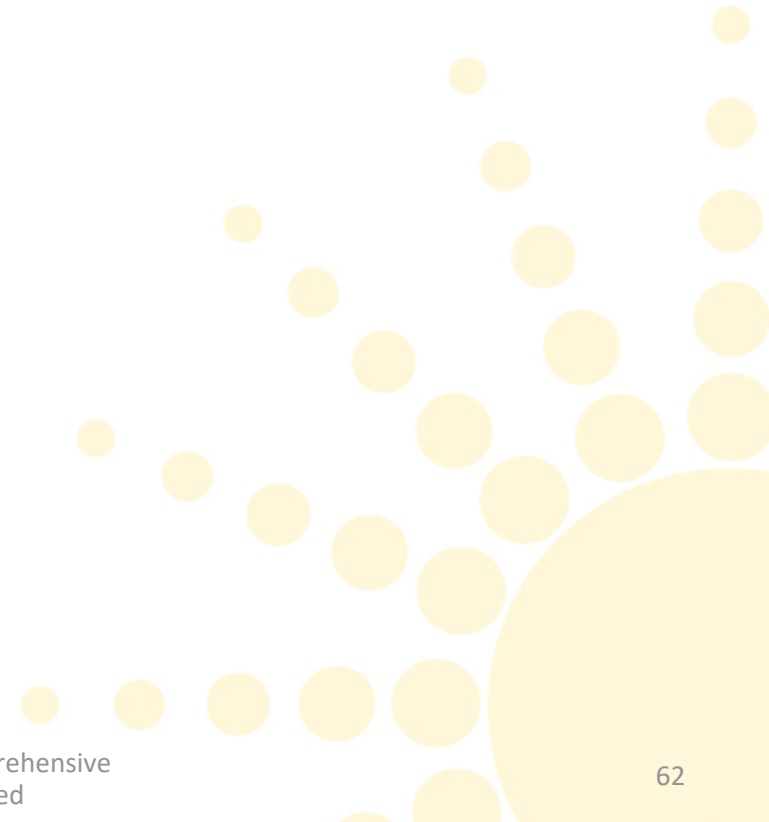


Behavioral Health Technicians & FQHC/RHC Visits

Behavioral Health Technician (BHT) services, excluding case management, may qualify as an FQHC/RHC visit when those services qualify as services incident to the services of an FQHC/RHC practitioner consistent with 42 CFR 405.2462.

Telehealth, Telemedicine & FQHC/RHC Visits

Telehealth and telemedicine may qualify as an FQHC/RHC visit if it meets the requirements specified in AMPM 320-I, Telehealth and Telemedicine.



Group Therapy & FQHC/RHC Visits

Group Therapy

Group therapy and/or any other services provided to a group do not qualify as an FQHC service, since it is not a face-to-face encounter. For a visit to qualify as a face-to-face encounter the visit must be one-on-one, disqualifying group therapy and/or any other service provided to a group from being a PPS-eligible service.

Transportation – Again!

The Daily Trip Report & instructions have been updated.

The Daily Trip Report is available in both PDF and Excel formats. It may:

- * Not be edited,
- * Be filled out in blue or black ink,
- * Be filled out via tablet or electronic device.

Transportation – Continued

When submitted the AHCCCS Daily Trip Report please submit it in PDF format.

AHCCCS cannot accept Excel versions back of the AHCCCS Daily Trip Report. The Excel version was made available at the request of multiple providers.

Transportation – Continued

A0998

A clarification was added regarding A0998 regarding supplies, reading as follows:

A Fee-For-Service provider who responds to an emergency call and provides medically necessary treatment at the scene, but does not transport the member, is eligible for reimbursement.

This service is billed with HCPCS code A0998, and reimbursed at the FFS rate, which covers both the trip and supplies. The supply codes are not billed separately.

Transportation – Continued

Attendant Care Non-Emergency Medical Transportation

NEMT services may be provided, with limitations, by providers registered as provider type 40 (Attendant Care). If the provider has been an AHCCCS registered provider for 12 months, then the provider may bill for NEMT services if that category of service has been approved by provider registration. However, the NEMT services cannot exceed 30% of their overall services billed

Transportation – Continued

Family Members

Transportation of a member by a family member will not be reimbursable unless the transportation provider is an AHCCCS registered provider *prior* to the transportation *and* prior to seeking PA *if* PA is required.

If the family member, who is an AHCCCS registered provider, could reasonably be expected to provide transportation services to the member, such as a mother providing transportation to their child, then transportation would not be reimbursable.

Transportation is only reimbursable if transportation services would otherwise be unavailable and an eligible person is unable to arrange or pay for transportation.

Transportation – Continued

Pick-Up and Drop-Off Locations

The pick-up and drop-off locations do not always have to be at/to the member's home address. However, additional information may be requested by the AHCCCS Administration if it looks like the difference in mileage between the pick-up/drop-off locations and the member's home address could result in AHCCCS reimbursing a higher mileage to the provider.

If using a location other than the member's home address would result in a higher mileage for the NEMT, then the provider will need to provide a justification to AHCCCS. The provider will have to provide justification as to why it was necessary to pick-up/drop-off the member at a location other than the member's home. AHCCCS may also request details regarding the necessity if enough details are not provided in the initial request.

Transportation – Continued

Prescription Pick-Up

A NEMT provider may not submit any claim for unloaded mileage. This includes prescription pick-up. A NEMT provider may not bill for picking up a member's prescription on the member's behalf.

Transportation – Continued

Self-Driving

No member may drive themselves and subsequently bill AHCCCS for it, even if they are driving themselves to an AHCCCS approved service.

To qualify for NEMT, free transportation services must be unavailable and an eligible person must be unable to arrange or pay for transportation.

If an eligible person drives themselves, they were able to arrange for their own transportation. This is **not** reimbursable.

Transportation – Continued

Emergency Transportation

A clarification regarding emergency transportation was added reading as:

Emergency transportation may be initiated by an emergency response system call to “9-1-1,” fire, police, or other locally established system for emergency medical calls. Once emergency teams arrive on scene, the services required at that time (based on the field evaluation by the emergency team) may be determined to be:

Emergent;

Non-emergent, but medically necessary; or

Not medically necessary.

Transportation – Continued

Special Considerations Involving Minors

In order for a member to sign for their own transportation, they must be either 18 years of age or older *or* an emancipated minor in accordance with A.R.S. §12- 2451 and §44-131. Emancipated minors must prove that they are emancipated, and then they may sign for their own transportation.

Minors that are not emancipated must have their legal guardian sign for their transportation. If a member is a minor and has a minor child, only the legal guardian of the minor child may sign for their transportation.

Transportation – Continued

Non-AHCCCS Covered Services Eligible for NEMT

An update regarding what NEMT services are covered as of 7/1/18 was added, including transports to:

- * Take a member to obtain Medicare Part D covered prescriptions; and
- * Take a member to participate in one of the local community based support programs, as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's need as identified on the member's service plan. Covered local community-based support programs are limited to the programs identified in AMPM 310 BB, Transportation, Attachment A, Community Based Support Programs.

Transportation – Continued

Non-AHCCCS Covered Services Eligible for NEMT

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Cocaine Anonymous
- Crystal Meth Anonymous
- Dual Recovery Anonymous
- Heroin Anonymous
- Marijuana Anonymous
- Self-Management and Recovery Training (SMART Recovery)
- National Alliance on Mental Illness (NAMI) Family Support
- Living Well with a Disability and Working Well with a Disability Program

Transportation Billing Updates



Transportation Billing

Wait time shall only be billed for the amount of time the driver *actually waited* at the member's medical service destination *if* the distance traveled was such that it was not feasible for the driver to return to the provider's base of operations or the origination site.

Wait time is billed with code T2007 where each unit is 30 minutes. If transporting multiple members at one time, the wait time shall be reimbursed for no more than one member.

In addition, billing for wait time is not appropriate:

- If the odometer reading changes from the drop-off at the medical service to the pick-up at the medical service;
- For a one way trip;
- When two different vehicles and/or drivers are used for the round trip;
- If wait time is less than 30 minutes; or
- If the distance to the medical service location is 10 miles or less.

Transportation Billing

Billing with the “TN” Modifier

AHCCCS has established separate urban and rural rates and procedure codes for certain non-ambulance transportation services. Urban transports are those that originate within the Phoenix and Tucson metropolitan areas.

All other transports, outside of the Phoenix and Tucson metropolitan areas, are defined as rural and must be billed with the “TN” modifier. A rural designation is meant to accommodate atypical conditions, such as the use of unmaintained and/or dirt roads, long distances required to reach the member, and a lack of providers in the area.

Transportation Billing

Mileage Discrepancies

If there is a mileage discrepancy between the total loaded mileage on the 1st trip (from the pick-up location to the drop-off destination) and the total loaded mileage on the 2nd trip (from the service location to the original pick-up destination), justification for the discrepancy must be provided. If no justification is provided than the mileage difference may be reduced by AHCCCS.

The justification can be provided on the AHCCCS Daily Trip Report. There is a section for additional information to be entered in at.

Transportation Billing

Documentation Requirements

All non-emergency medical transport providers will be required to use the AHCCCS Daily Trip Report, which is Exhibit 11-1.

Detailed instructions for completing the Daily Trip Report can be found in Exhibit 11-2.

Any non-emergency transportation claim submitted without the AHCCCS Daily Trip Report found in Exhibit 11-1 will be denied.

Transportation Billing

Multiple Transports on the Same Day

A section on the Special Consideration for Multiple Transports on the Same Day was added.

All FFS transports occurring on the same day for the same member must be billed on the same claim, including multiple stops.

Non-FFS transports (e.g. transports for a RBHA enrolled member to a behavioral health provider) shall be billed to the RBHA.

Note: This means that when multiple stops occur that it is possible, depending on the type of service, that you may submit one claim to FFS and one to the RBHA.

Transportation Billing

Transportation of Multiple Members

If multiple AHCCCS members are transported in the same vehicle a separate AHCCCS daily trip report must be submitted for each member.

Each AHCCCS Daily Trip Report must list the location where the member was picked up and dropped off. The reported miles from the odometer shall reflect the number of miles of the most direct route between that member's pick up and drop off location.

ALTCS

Case Management

The Tribal Contractors receive a monthly capitation for case management services, based on the number of tribal ALTCS members enrolled. Providers and Tribal Contractors are prohibited from billing for Case Management Services (T1016). All other services are provided and reimbursed on a fee-for-service basis.

Claim Disputes

The Claim Disputes chapter in the Fee-For-Service Provider Billing Manual has been updated to clarify the dispute process.

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap28ClaimDisputes.pdf

Claim Disputes

A claim dispute must be submitted in writing. It should be mailed to:

AHCCCS Office of Administrative Legal Services
Mail Drop 6200
P.O. Box 25520
Phoenix, AZ 85002

The claim dispute also may be hand delivered to:

AHCCCS Office of Administrative Legal Services
701 E. Jefferson Street, 3rd Floor
Phoenix, AZ 85034

Providers also may submit a claim dispute via fax at (602) 253-9115.

Questions?



Thank You.



Thank you for joining us!

Next IHS/638 Quarterly Forum
will take place
October 25, 2018 at 2:00 PM

