Douglas A. Ducey, Governor Jami Snyder, Director

Alternate Care Site (ACS) Billing Guidance for Indian Health Service and Tribally Owned/Operated Facilities-Division of Fee-for-Service Management

Released: August 6, 2020

Last Update: August 6, 2020

This memo outlines general billing information regarding **Alternate Care Sites (ACS) established by Indian Health Service (IHS) or Tribally owned/operated (638) facilities during the COVID-19 Emergency Declaration Timeframe,** and is in response to Governor Ducey's declaration of a public health emergency for COVID-19. This will have a retroactive effective date of March 1, 2020 through the duration of the emergency declaration.

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable and will be subject to post-payment review.

For additional information on Alternate Care Sites, please refer to the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers issued by the Centers for Medicare and Medicaid Services (CMS) at: https://www.cms.gov/files/document/covid-state-local-government-fact-sheet-hospital-alternate-care-sites.pdf.

1. Does AHCCCS reimburse IHS and 638 facilities for services rendered at an ACS?

The AHCCCS Division of Fee-for-Service Management (DFSM) will reimburse for services provided at or through an ACS established by hospitals and clinics owned or operated by the Indian Health Services, tribes or tribal organizations with a 638 agreement, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. These services must be provided to a Title XIX or Title XXI eligible member and the services must be

medically necessary, cost-effective, federally/state reimbursable, and provided by an AHCCCS-registered provider.

> Note: Federal and/or Tribal facilities will be required to attest that the ACS meets minimum standards ensuring that comfort and safety for patients and staff are sufficiently addressed.

2. How will services provided at an IHS/638 established ACS be reimbursed?

Medically necessary Title XIX and Title XXI AHCCCS covered services will be reimbursed as follows:

- For Title XIX eligible members, at either the inpatient All-Inclusive Rate (AIR), depending on the level of care provided, or the outpatient AIR if the definition of clinic services is met; or
- For Title XIX eligible members enrolled with a DFSM program, for non-clinic services provided on an outpatient basis, services will be reimbursed at the Capped Fee-for-Service (FFS) rate; or
- For Title XXI eligible members enrolled with a DFSM program, services will be reimbursed at the current Capped FFS rates; or
- For professional service(s) provided in the ACS, reimbursement will be consistent with current AHCCCS billing requirements, including AHCCCS registration of practitioners such as IHS/638 physicians and non-physician practitioners; or
- For Title XXI eligible members enrolled with a managed care organization, services will be reimbursed by the health plan.
- A DFSM program is defined as the American Indian Health Program (AIHP) or Tribal Arizona Long Term Care System (Tribal ALTCS).

3. Are services provided outside the "Four Walls" at an ACS eligible for reimbursement at the All Inclusive Rate (AIR)?

Consistent with CMS guidance, AHCCCS DFSM does not intend to review claims for services furnished by IHS/Tribal clinic providers "outside the Four Walls" of the clinic prior to January 30th, 2021.

CMS released FAQs on January 18, 2017, regarding the review of services furnished by IHS/638 clinic providers "outside the Four Walls" of the clinic prior to January 30th, 2021. This response can be found in the FAQs at:

https://www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf

AHCCCS will continue to follow the "Four Walls" guidance since CMS is considering extending that timeline.

4. What services are covered in an ACS?

Reimbursement for medically necessary Title XIX and Title XXI AHCCCS covered services are permissible in an established IHS/ 638 ACS site, so long as the services are medically necessary, cost-effective, and federally and state reimbursable. Services for members being treated at an

ACS site are subject to the same medical necessity requirements that apply to services provided within the associated hospital/clinic facility.

Per the CMS blanket waiver, CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state's emergency preparedness or pandemic plan. This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients.

"Quarantine" per CMS refers to the concept of allowing treatment of COVID positive members (or potential positive members), who are receiving medically necessary hospital/clinic services (inpatient, observation, etc.), to occur in an environment secluded from the rest of the patient population.

5. Which IHS/638 facilities are eligible for reimbursement if they choose to establish an ACS?

Hospitals and clinics owned or operated by the Indian Health Services, or tribes or tribal organizations with a 638 agreement, who establish an ACS, may be eligible for reimbursement of medically necessary, cost-effective, federally and state reimbursable services provided to Title XIX or Title XXI AHCCCS-enrolled members.

Note: Federal and/or Tribal entities will be required to attest that the ACS meets minimum standards consistent with reasonable expectations in the context of the current public health emergency to ensure health, safety and comfort to beneficiaries and staff.

Attestations forms can be found here: https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/ACS_Attestation.pdf ,

and submitted to this email: PROVIDERTRAININGFFS@AZAHCCCS.GOV

6. How should IHS/638 facilities bill/submit claims for services provided at an ACS?

There is no change in billing and billing requirements for IHS and 638 facilities that have established an ACS. Providers shall continue to bill the Division of Fee-for-Service Management (DFSM) for services provided at an ACS to Title XIX members and to Title XXI (KidsCare) members enrolled with a DFSM program as described below, and should continue to utilize national coding standards for Revenue, CPT, and HCPCS codes, along with the appropriate modifiers.

Title XIX Members:

- When billing for reimbursement at the **All Inclusive Rate (AIR)**:
  - Facilities will continue to bill on the UB-04 Institutional Claim Form, billing as they do now.
- When billing for reimbursement at the **Capped Fee-for-Service (FFS) Rate**:
  - Facilities will continue to bill using the CMS 1500 Professional Claim Form, billing as they do now.

Title XXI (KidsCare) members enrolled with a DFSM program:

- For Inpatient Claims, facilities will continue to bill using the UB-04 Institutional Claim Form.
- For Outpatient Claims, facilities/providers will continue to bill using the CMS 1500 Professional Claim Form.
- IHS and 638 facilities/providers do not receive the AIR for services provided to Title XXI (KidsCare) members. Reimbursement shall occur at the Capped Fee-for-Service Rate or at the appropriate APR-DRG.

For Title XXI (KidsCare) members enrolled with a managed care organization:

- IHS/638 facilities/providers will continue to bill the health plan of enrollment.

Note: For billing as a 638 FQHC, please refer to the IHS/Tribal Provider Billing Manual.

For additional information on billing for IHS and 638 facilities and providers, please refer to the IHS/Tribal Provider Billing Manual.

7. Can services be provided via telehealth to members at an IHS/638 ACS?

Yes, AHCCCS covers all forms of telehealth services including asynchronous (store and forward), remote patient monitoring, teledentistry, and telemedicine (interactive audio and video). All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency.

AHCCCS has established the AHCCCS Telehealth Code Set, the AHCCCS Telephonic Temporary Code Set, and the AHCCCS Telephonic Permanent Code Set to assist providers with billing for telehealth and telephonic services during the COVID-19 emergency.

For more information about telehealth services, please see this April 9, 2020 presentation or visit the AHCCCS Medical Policy Manual 320-I Telehealth.

Billing information for IHS and 638 facilities and providers can be found in Chapter 8, Individual Practitioner Services, in the IHS/Tribal Provider Billing Manual, and in the training presentation for Telehealth Services for IHS and 638 providers.

8. What technical assistance is available for IHS/638 facilities regarding the operations of an ACS?

For technical assistance regarding the operations of an ACS in your community, refer to:

- https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf

For additional information on funding sources, refer to:

- https://files.asprtracie.hhs.gov/documents/aspr-tracie-acs-funding-sources-establishment-and-operationalization.pdf

For additional information on Alternate Care Sites, refer to:

- https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources/99

For questions regarding billing for services please outreach the DFSM Provider Training Team at:

- providertrainingffs@ahcccs.gov

9. What IHS/ 638 hospitals and clinics have established an ACS?

IHS/ 638 ACS locations will be posted on the DFSM Provider Training web page, as they are received.