AHCCCS
Arizona Health Care Cost Containment System

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CLAIMS CLUES

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New Provider Type: Free-Standing Emergency Departments (FrEDs)

Effective January 1, 2017, Free-Standing Emergency Departments (FrEDs) will be reimbursed by AHCCCS and its Contractors in accordance with a unique reimbursement methodology and rate schedule. The new FrED fee schedule requires that AHCCCS and its Contractors be able to differentiate FrEDs from the hospitals with which the FrEDs are licensed. To that end, AHCCCS has established a new, distinct provider type specifically for FrEDs: ED. All FrEDs will be required to submit separate new provider registration forms by October 1, 2016. If 1) the hospital with which the FrED is licensed is currently registered with AHCCCS and 2) both the hospital and the FrED are the same legal entity, then the disclosure and screening requirements in 42 CFR Part 455 do not apply. If the FrED is a separate legal entity, then it should have already complied with the disclosure and screening requirements delineated in these federal regulations.

Reimbursement using the new FrED fee schedule will be tied directly to the use of new FrED NPIs for claims with dates of service on and after January 1, 2017. The rendering provider on the claim must be the FrED as indicated by the NPI. Therefore each FrED is required to have a distinct NPI not already associated with an active AHCCCS Provider Identification Number. If a FrED has no other provider number established with AHCCCS, then the existing NPI may be utilized, otherwise a new NPI must be obtained. Go to https://nppes.cms.hhs.gov/NPPES/Welcome.do to acquire a new NPI. The FrED is not required to obtain a new Tax Identification Number (TIN) unless the FrED is registering with AHCCCS for the first time.

Each FrED will be required to re-register for AHCCCS Online once the FrED is established as provider type ED if the FrED desires to have AHCCCS Online capability. The NPI and TIN associated with the FrED will be required for this process. Each person associated with the FrED that uses AHCCCS Online must create their own account. Account sharing is prohibited and is a direct violation of the AHCCCS Online user acceptance agreement.

A webpage dedicated to the FrEDs is posted on the AHCCCS website under the Plans/Providers tab.
https://www.azahcccs.gov/PlansProviders/NewProviders/freestandingemergencydepartments.html

Timeline for initial Provider Type implementation:

- Completion of Provider Registration process by existing FrEDs – by October 1, 2016
- AHCCCS Online re-registration begins upon completion of Provider Registration
- AHCCCS system changes by January 1, 2017
- MCO testing will begin on approximately October 1, 2016
- MCO system changes by January 1, 2017

- AHCCCS and MCOs begin to make FrED fee schedule payments – dates of service on and after January 1, 2017

Completion of the provider registration process to establish unique NPIs for each FrED is critical to implement the new reimbursement methodology. Please note that failure to register as a FrED may result in revocation of the provider participation agreement for the hospital with which the FrED is licensed.

Also, claims for dates of service on and after January 1, 2017 which are submitted without the FrED NPI may be investigated as false claims by the AHCCCS Office of the Inspector General (OIG).

We appreciate your timely cooperation and collaboration in completing the provider registration process. Please ensure that you submit all necessary documentation to AHCCCS no later than October 1, 2016.

Any provider registration questions can be directed to Patricia Garcia at Patricia.Garcia@azahcccs.gov
All other questions related to FrED reimbursement matters should be directed to Victoria Burns at (602) 417- 4049 or Victoria.Burns@azahcccs.gov.

Proposed Reinstatement: ALTCS Dental Benefit

Restoration of the ALTCS dental benefit was approved (HB 2704) in the 2016 Legislative Session. The updated policy will be similar to the previous policy, to be effective 10/1/2016 ***or*** when approved by CMS. Coverage is prospective only upon CMS approval.

Further information is available on the AHCCCS website at:
https://www.azahcccs.gov/shared/Downloads/ALTCSDentalFactSheet.pdf

Reinstatement: Coverage of Podiatry Services Performed by a Licensed Podiatrist

House Bill 2704, approved in the 2016 Legislative Session, reinstated podiatry services performed by a licensed podiatrist and ordered by a primary care physician or primary care practitioner for AHCCCS members. This is effective for service dates on and after October 1, 2016.

Further information is available on the AHCCCS website at:
https://www.azahcccs.gov/Resources/Legislation/sessions/BenefitChanges.html

KidsCare is Re-Instated Effective September 1, 2016

AHCCCS offers health insurance through KidsCare for eligible children (under age 19) who are not eligible for other AHCCCS health insurance. For those who qualify, there are monthly premiums.

Applications for KidsCare will be accepted beginning July 26, 2016 for coverage that will begin September 1, 2016.

Further details are available on the AHCCCS website at:
https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html

Claims for KidsCare must be submitted on:

- CMS 1500 (837P for electronic claims) with appropriate HCPCS coding for physician and practitioner services;
- ADA 2012 form (837D) with CDT coding for dental services;
- UB-04 (837I for electronic claims) with appropriate revenue codes, HCPCS codes and attending provider for outpatient hospital services
- Prescription claims must be submitted electronically at the point-of-sale to the AHCCCS contracted Pharmacy Benefits Manager (PBM), currently OptumRx

Verify eligibility and enrollment for KidsCare children to determine where to submit the claim. Claims for children eligible in KidsCare must be submitted to the enrolled health plan.

If the child is enrolled in a managed care plan and receives services from an IHS/638 provider, the IHS/638 provider must bill the services to the managed care health plan, *not* to AHCCCS Fee-For-Service or the American Indian Health Program (AIHP).

Reminder: Tribal Regional Behavioral Health Authority Provider Notification

TRBHA Providers:
Effective 07/01/16 Behavioral Health providers submitting authorization requests for services rendered to Tribal Regional Behavioral Health Authority (TRBHA) members should submit Certification of Need documents and Recertification of Need documents directly to AHCCCS' Division of Fee-For-Service Management (DFSM). This change is being implemented in order to improve the efficiency and timeliness of the TRBHA authorization process.

All TRBHA authorization requests must be *faxed* to 602-364-4697 using the Fee-For-Service (FFS) Authorization Request form as the coversheet to the documentation

being submitted. To avoid returned documents or delays in receipt of your requests please ensure that the completed FFS Authorization Request form is used as the cover sheet to your faxed documentation and that you have selected BHS and TRBHA as your document type. The FFS Authorization Request form in available on the AHCCCS website at

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

Paper Claim Submission Issues

Division of Fee-For-Service Management (DFSM) has experienced an increased volume of paper claims that do not meet the requirements for submission.

Print font should be `Lucinda Console` and Size 10.

The printed information must be aligned correctly within the section/box on the form. Printed information that "bleeds" into other sections on the form will cause the OCR system to read the data incorrectly.

Other issues with paper claim submissions:

- No black & white claims are accepted.
- Do not use a dot matrix printer – use laser or inkjet printer
- Use upper-case letters
- Only one NPI # on a CMS 1500 form service line, field 24-J. Only one provider's NPI can be billed on a CMS 1500.
- Medical documents and/or EOBs must be attached to each individual claim
- Do not hand-write (or hand-print) on the claim form
- Do not add stickers, stamps or other extraneous data on the claim form
- Do not staple claims and/or medical documentation/EOBs

Please refer to the FFS Provider Manual available on the AHCCCS website. Several chapters provide specific information for billing paper claims.