

**ROPA Project – MCO Question and Response Log
10/29/2020**

	Date Received	Question	Response	Assigned To/Status
1	7/29/2020	What provider types will be required to be registered to AHCCCS? Can AHCCCS provide the list of specialists, including dentists or pharmacists with prescriptive authority?	Any provider who prescribes and is a provider type <u>registerable with AHCCCS</u> (*exceptions are Pharmacists, Residents and Interns who are not currently registerable provider types) must be AHCCCS registered either under their appropriate provider type. *See #2 for details on how noted exceptions will be handled.	Response updated 9/28/2020
2	7/29/2020	Are there any exceptions to provider types under pharmacy such as a pharmacist administering vaccines or residents working in a hospital?	Yes, AHCCCS has found flexibility regarding full registration for those provider types who are <u>not normally registerable</u> with our program, including at this time Pharmacists and residents and interns. Our intent is to implement a new table and related processes to capture these types of providers NPI information from the associated boards/sources and will expect that this table be used as a proxy for ROPA requirements in these situations. A separate write-up outlining this process was distributed to the MCO's 10/19.	Response updated 10/19/2020
3	7/29/2020	Can you provide out of state specifications and/ or exceptions?	Please see #2. Other than the outlined exception for non-registerable provider types, there is no exception for out of state providers.	Response updated 9/2/2020
4	7/29/2020	Will AHCCCS clarify the implementation date, the health plan contracts list 10/01/2020 however encounters will not	This provision will have a no earlier than 1/1/2021 enforcement date. AHCCCS will evaluate impacts of integration of the aforementioned exception	Response updated 10/19/2020

		reject until 01/01/2021?	processing and make a decision as to the final implementation timeline by no later than 11/1/2020.	
5	7/29/2020	Will there be further clarification regarding the specific medical services and medical providers for which AHCCCS registration will apply?	Any provider who prescribes orders, refers or attends and is a provider type <u>registerable</u> with AHCCCS must be AHCCCS registered under their appropriate provider type. See #2 for proposed exception handling for non-registerable provider types.	Response updated 9/2/2020
6	7/29/2020	Currently for our dual eligible SNP members, Mercy Care must pick up the 20% Medicare coinsurance for Part B covered drugs, items, and supplies. Mercy Care has a program through our PBM contract that allows dual eligible members to pick up Part B covered drugs, items, and supplies at contracted retail pharmacies and specialty pharmacies. With the ROPA regulatory change we have concerns about the impact to our dual eligible SNP members, because there will be members who will not be able to afford the high dollar Part B coinsurance for transplant medications, cancer medications, diabetics supplies, and nebulizer solutions. This change could cause dual eligible members to go without their required medications. Please advise if AHCCCS will consider making an exception for Part B drugs, items, and supplies coinsurance under the ROPA requirement.	<p>In the situations described who is the prescribing entity?</p> <p>10/26/2020 Mercy Care Response:</p> <p>In the situations described, our MCA dual eligible SNP member's PCP or specialist would likely be the prescriber of the Part B drug, item or supplies. But there is the potential for a non-contracted provider to prescribe.</p> <p>In some instances these claims will be submitted directly to Mercy Care by the prescriber for processing. The claims would process under the member's MCA Medicare plan coverage at the 80% Medicare rate and then cross over to their Mercy Care plan coverage to pick up the 20% Medicare coinsurance. If the provider is not registered, the secondary claim will be rejected.</p> <p>In addition, our MCA dual eligible SNP members are able to access certain Part B covered drugs, items and supplies at contracted retail and specialty pharmacies.</p> <p>These pharmacy claims adjudicate at the point of sale under the members MCA and Mercy Care plan coverage.</p>	Response provided 1/12

			Plans cannot pay the QMB's Medicare cost sharing if the providers are not registered/enrolled with AHCCCS, this provision is no different from the long-standing requirements for provider registration currently in place.	
7	7/29/2020	Mercy Care must pick up the Medicare deductible and coinsurance amounts for Medicare covered services received by our dual eligible SNP members. If a provider has not registered with AHCCCS, please clarify how health plans will be expected to deny the Medicare deductible and coinsurance amounts on the secondary claims?	On the Medicare electronic cross-over claims received, plans would deny for “not being a Medicaid registered provider” rather than the current “lesser of” payment methodology message currently used that likely says “Medicare payment amount exceeds Medicaid payment amounts per fee schedule; no additional amounts are payable by Medicaid,” or similar... Is an issue for providers wishing to claim non-paid amounts as Medicare bad debts (see following) on their annual Medicare Cost Reports... Medicare accepts the latter claim denial explanation, but guess unlikely for the former going forward	Response provided
8	7/29/2020	It is expected that non-registered providers will balance bill members for these amounts even though regulations state providers are not permitted to balance bill dual eligible individuals. If a dual member files a grievance or appeal, due to being balanced billed for services received from a non-registered provider, please confirm if it is AHCCCS’ expectation that the health plan should not pay the balance owed to remove the member from the balance billing situation?	For any QMB member, the member has no obligation to pay the balance billed amount; similarly neither does the plan. Plan can attempt to conduct provider education if it chooses to do so. Such a provider should be reported to DHHS OIG and AHCCCS OIG for appropriate action(s).	Response provided
9	7/29/2020	Does this regulatory change require non-registered providers to notify Medicaid	AHCCCS will review this question for any specific references within the requirements outlined by	Response provided

		patients in advance of receiving services that they are not registered with AHCCCS?	CMS. At this time AHCCCS has not identified an ability to compel non-registered provider to take any action.	
10	7/29/2020	What is AHCCCS' expectation regarding COB claims for Dual Eligible SMI Non-Title XIX/XXI and Dual Eligible SMI Title XIX/XXI members? Is the expectation that MCOs reject the claim at point of sale for behavioral health medication copayments that are not prescribed by an AHCCCS registered prescriber?	This requirement is for TXIX and TXXI only at this time.	Response provided
11	7/29/2020	Will validation on atypical providers be required, such as assisted living providers, who should not be referring for DME? Do you anticipate atypical providers requiring or being required to submit referrals?	This additional type of editing is not a component of this requirement and should be occurring on an evaluation of normal policy and billing standards basis.	Response provided
12	7/29/2020	Will AHCCCS provide the codes (e.g., CPT, HCPC) that will fall under this validation? Clarification submitted 8/4/2020 – Under Q3 of the FAQs for ROPA Providers, AHCCCS responds, "Services affected by this new rule include, but are not limited to, home care services, lab testing, durable medical equipment, and prescription drugs." Will AHCCCS provide a complete list of the service codes that will require a registered provider?	AHCCCS will not be compiling a list of services. These requirements apply anytime a referring, ordering, attending or prescribing provider is required and/or reported on a claim (whether required by policy or billing standard).	Response provided
13	7/29/2020	Will AHCCCS consider providing consistent messaging to all members about potential rejects at the pharmacy as this requirement will impact all members enrolled in each MCO.	AHCCCS will note this request as part of communication planning.	Response provided
14	7/29/2020	Will AHCCCS communicate to non-	This will be part of the AHCCCS communication plan	Response provided

		<p>registered providers about the need to register based on MCO encounter submissions? We recommend AHCCCS consider communicating this message to impacted providers to minimize provider confusion and frustration by receiving different messages from each MCO.</p>	<p>and MCO's may be engaged to assist with the reiteration and dissemination of this information based on non-registered providers within their utilization data.</p>	
15	7/29/2020	<p>How should MCOs handle rejects at point of sale for pharmacy? Will there be exceptions for lifesaving prescriptions such as inhalers and hospital discharges?</p>	<p>Refer to COVID FAQ</p> <p>Q13: How should MCOs handle rejects at point of sale for pharmacies? Will there be exceptions for lifesaving prescriptions (such as inhalers) and hospital discharges?</p> <p>A13: AHCCCS members are not financially responsible for any out of pocket expenses, with the exception of member copayments, for an emergency service or life saving prescription that is ordered and or rendered by a non AHCCCS registered provider. The financial responsibility will remain with the Managed Care Organization if the member needs a lifesaving prescription and/or has an emergency. Emergency, defined in XXXXstatue or federal law(need the insert here Gina should have this info) is as follows:</p> <p>Emergencies defined as medical services provided for <i>non-FES</i> members for the treatment of an emergency medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:</p> <ul style="list-style-type: none"> i. Place the member's health in serious jeopardy, ii. Serious impairment to bodily functions, or 	<p>Response noted 1/12</p>

			<p>iii. Serious dysfunction of any bodily organ or part.</p> <p>iv. The medication is out-of-stock at the exclusive pharmacy, or</p> <p>v. The exclusive pharmacy is closed.</p>	
16	7/29/2020	Can you verify if it is our intent to set a pend error for this new requirement and if it will be soft before turning hard.	AHCCCS intends to implement editing regarding this. Generally when enforcing new editing AHCCCS does afford a soft implementation window to exceed 90 days. We will be working directly with the plans on an ongoing basis regarding the technical details as noted in related communications.	Response updated 9/28
17	7/30/2020	<p>AHCCCS members will not and should not be financially responsible for any out of pocket expenses for service or prescription that was made by a non AHCCCS registered provider. The financial responsibility will remain with the MCO. If this is the case, is it possible to get this added to the AHCCCS Q and A?</p> <p>Q3: What services are affected?</p> <p>A3: The provider should enroll before ordering, prescribing, or referring services. The service must continue to be within the provider's scope of practice to order, prescribe, or refer and all other program rules for seeking coverage apply. Services affected by this new rule include, but are not limited to, home care services, lab testing, durable medical equipment, and prescription drugs.</p> <p>EXAMPLE: If an AHCCCS member uses a Medicaid card at the pharmacy counter because she has fee-for-service</p>		Q&A Revised

		prescription coverage, the prescriptions will not be paid for by Medicaid unless the provider who prescribed the drugs is an AHCCCS registered provider.		
18	8/7/2020	Currently, the ROPA indicator of “yes” or “no” is not referenced on the file extracts we receive. Will AHCCCS verify that REFER02 (M1) is the correct location in PMMIS? Will AHCCCS start including the ROPA field at some point in the future? If AHCCCS does not plan to provide MCOs with the ROPA indicator, how will AHCCCS send the information?	AHCCCS does not currently maintain for utilize this indicator outside of FFS claims processes. As previously noted ROPA requirements are that any provider who prescribes, refers, orders, or attends as reported on the claim must be registered.	Response updated 9/28
19	9/2/2020	Will providers registered under the existing provider type RP (Referring/Ordering Provider) be permitted as the Referring, Ordering, Prescribing, or Attending Provider on claims?	AHCCCS will be terminating use of the RP provider type and dis-enrolling any remaining providers effective 12/31/2020. This Provider Type was intended for a limited use scenario for our FFS populations and is being replaced by the overall ROPA implementation.	Response provided
20	9/2/2020	If yes, will AHCCCS be transmitting records with provider type RP to the MCOs via the Provider.zip file in the \ftp\shareinfo\provider\prod\out\ folder? NOTE: While not explicitly removed or filtered from file per the Technical Interface Guidelines, a review of the reference extracts reveals no providers of this type included therein.	See response above.	Response provided
21	9/28/2020	Does AHCCCS intend to implement a soft edit on encounter submission for a period of 90 days post 1/1/2021 for encounters submitted with non-registered ROPA	AHCCCS intends to implement editing regarding this. Generally when enforcing new editing AHCCCS does afford a soft implementation window to to exceed 90 days. We will be working directly with	Response provided

		Providers. In the past with new editing, AHCCCS has allowed a transition period for new encounter requirements.	the plans on an ongoing basis regarding the technical details as noted in related communications.	
22	9/28/2020	For CMDP members that live out of state and are still covered under CMDP, we understand rendering providers must be registered with AHCCCS, however is AHCCCS considering any exceptions for non-registered ROPA providers specifically for CMDP members residing out of state?	Please see #2. Other than the outlined exception for non-registerable provider types, there is no exception for out of state providers.	Response provided
23	10/19/2020	We heard through one of the other plans that AHCCCS will be putting in a soft edit for the period of 1/1/20 – 3/31/20 and a hard edit 4/1/20 for claims submitted by non-AHCCCS registered ROPA providers. Can you confirm?	This provision will have a no earlier than 1/1/2021 enforcement date. AHCCCS will evaluate impacts of integration of the aforementioned exception processing and make a decision as to the final implementation timeline by no later than 11/1/2020.	Response provided
24	10/27/2020	In a previous response, AHCCCS confirmed that we should be using the code sets that require a Referring or Ordering physician as included in the provider manual. The final code set includes codes 97001-97546, presumably as part of the physical and occupational therapy code sets. However, codes 97151-97158 are classified as ABA codes. Does AHCCCS intend to exclude these codes from this requirement?	This language is being updated to remove those non-therapy codes in the middle of the range.	Response provided
25	10/26/2020	Is it expected that claims with unregistered ROPAs be denied or would it be permissible to reject those claims?	At this time our intent would be to have claims which fail these requirements denied rather than rejected.	Response provided
26	12/8/2020	Another question on providers ability to check AHCCCS registration status. In reviewing the tool, it would be helpful to have the ability to check by AHCCCS ID or	AHCCCS has submitted an SSR to modify the current Provider search tool on the Web to allow for searches by Provider AHCCCS ID or Provider NPI.	Response noted

		<p>NPI number. Would AHCCCS consider a modification to the search criteria on the AHCCCS website? Additionally, it appears that the tool is limited to in state providers only, can you confirm this? It would be helpful if out of state providers who are AHCCCS registered be available on the search tool as well.</p>		
27	1/7/2021	<p>Via Plan Provider - The enrolled AHCCCS provider information is needed in a database or a .CSV format on the AHCCCS website. Given our need to validate the AHCCCS enrollment status of the ordering providers who are referring laboratory orders to us today for AHCCCS members, and the ongoing need (after 6/1/21) to revalidate provider enrollment status to ensure we capture newly enrolled providers, as well as providers whose enrollment has lapsed, the currently provided single provider search tool that has been made available is not a comprehensive enough tool to enable our team to successfully navigate the planned 6/1/21 change.</p> <p>Plan Suggestion - Would AHCCCS consider providing the AHCCCS reference files to large providers?</p>	<p>Unfortunately we don't have a current way to partition provider access to only some of the ShareInfo files and our data sharing agreements don't allow us to share everything there, this also require the set up and maintenance of SFTP access for providers.</p> <p>That being said this ask from the provider is reasonable and we can explore something like a downloadable file of AHCCCS registered providers that we update periodically. If that makes sense can you share your thoughts about what data elements would be critical in this type of file?</p>	<p>Open pending MCO feedback on proposed handling.</p>