Agenda Overview

• Rachel Hunter: Project & Policy Updates
• Kevin Hoy: Deliverable Reports and Network Stats
• Soni Fisher: Open Line Request Form
• Cheryl Begay: Member Change Report & AHCCCS EI Updates
• Vanessa Torrez: PA & Claims Process for Customized Wheelchairs
• Rachel Hunter: TBD
• Tribal ALTCS Plan Recognition
Meeting Reminders

• Please mute your computer's microphone and/or phone when not speaking.
• Use the chat feature to add in comments/questions.
• Ask questions after the speaker has finished.
• Sit back, listen in and enjoy the meeting!
• This meeting will be recorded.
ICE BREAKER

What are some traditional foods or drinks you like to eat?
PROJECT & POLICY UPDATES

Rachel Hunter-Tribal ALTCS Administrator
AHCCCS Person Centered Service Planning
Trainer TA Sessions

AHCCCS has set up a series of Technical Assistance (TA) sessions for trainers. The TA sessions will serve as a platform for trainers to share challenges and successes and engage in problem-solving, in preparation for the June 1st PCSP implementation. *TA sessions are optional.*
Meeting Reminders

Survey Response: 4 Tribal ALTCS Programs
• Communication & Culture
• Goal Settings and Development Outcome
• Risk Assessments

Follow-up and Next Steps
• AHCCCS will send out PCSP Overview
• Training will focus on Goals and Risk Assessments
Policy Updates

02/04/21 - 961, Incident, Accident, Death Reporting
Published 04/01/21

03/04/21 - 1620-O, Abuse, Neglect, and Exploitation Reporting Standard
Published 05/03/21

04/01/21 - 1620-G Behavioral Health Standards
Published

05/20/21 - 1630 - Administrative Standards & Attachment A Case Management Plan Checklist
Published

AMPM – Currently Under Review

- 810, Fee-for-Service Utilization Management
- 820, Fee-For-Service Prior Authorization Requirements
Electronic Visit Verification (EVV)

Project: Ongoing
Implementation Date: 01/01/2021 (TBD) Challenges with Sandata System

Providers and Services Subject to EVV:

<table>
<thead>
<tr>
<th>Provider Description</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendant Care Agency</td>
<td>PT 40</td>
</tr>
<tr>
<td>Behavioral Outpatient Clinic</td>
<td>PT 77</td>
</tr>
<tr>
<td>Community Service Agency</td>
<td>PT A3</td>
</tr>
<tr>
<td>Focal Intermediate</td>
<td>PT F1</td>
</tr>
<tr>
<td>Habilitation Provider</td>
<td>PT 39</td>
</tr>
<tr>
<td>HomeHealth Agency</td>
<td>PT 23</td>
</tr>
<tr>
<td>Integrated Clinic</td>
<td>PT IC</td>
</tr>
<tr>
<td>Non-Medicare Certified</td>
<td>PT 95</td>
</tr>
<tr>
<td>Private Nurse</td>
<td>PT 46</td>
</tr>
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<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Service Codes</th>
<th>DDD Focus Codes</th>
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</thead>
<tbody>
<tr>
<td>Attendant Care</td>
<td>55125</td>
<td>ATC</td>
</tr>
<tr>
<td>Companion Care</td>
<td>55135</td>
<td></td>
</tr>
<tr>
<td>Habilitation</td>
<td>T2017</td>
<td>HAI, HAI</td>
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<tr>
<td>Home Health Services (aide, therapy, and part-time/intermittent nursing services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>G0299 and G0300</td>
<td></td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>T1021</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>G0151 and G0121</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>G0152 and G0129</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>G0181</td>
<td></td>
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<tr>
<td>Speech Therapy</td>
<td>EVV Timeline</td>
<td>228</td>
</tr>
<tr>
<td>Private Duty Nursing (continuous nursing services)</td>
<td>59120 and 59124</td>
<td>HN1, HNR</td>
</tr>
<tr>
<td>Homemaker</td>
<td>55130</td>
<td>HOK</td>
</tr>
<tr>
<td>Personal Care</td>
<td>T1019</td>
<td></td>
</tr>
<tr>
<td>Respite</td>
<td>55150 and 55151</td>
<td>RSP, RSD</td>
</tr>
<tr>
<td>Skills Training and Development</td>
<td>X2014</td>
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</tr>
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</table>

Place of Service:

<table>
<thead>
<tr>
<th>Place of Service Description</th>
<th>POS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>12</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>
Electronic Visit Verification (EVV) - Ongoing

32 FFS Providers (Tribal ALTCS) have not started or completed Sandata Training

- Some ideas the Tribal ALTCS Programs had to communicate EVV requirements.
  - Notify Tribal Business office
  - Add a comment to referrals sent to Direct Care Agencies

- EVV Requirements and Information is available on this link [https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/](https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/)
Electronic Visit Verification (EVV) (cont.)

<table>
<thead>
<tr>
<th>COMPLETED TRAINING</th>
<th>TRAINING NOT COMPLETED</th>
<th>ALT EVV</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>14</td>
<td>1</td>
</tr>
</tbody>
</table>

Internal: AHCCCS Staff participated in the Dashboard Training (Provider & Member Data)
- AZ BI Session 2 - Overview of Dashboards (Charts and Graphs)
- AZ BI Session 3 - Card Building Choosing the Right Chart Type
- Continuing to provide support to DHCM and Providers

External: Tribal ALTCS Case managers
- Conduct reviews timely
- Update PAs on CA165 to ensure the correct data is communicated to the Sandata system.

Providers
- Continue testing devices
- 10 providers need to complete EVV training modules
The following providers have not started the EVV trainings.

<table>
<thead>
<tr>
<th>DIRECT CARE AGENCY</th>
<th>PROVIDER ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedar RIDGE HOME CARE</td>
<td>631940</td>
</tr>
<tr>
<td>COS 1 LLC (T)</td>
<td>993405</td>
</tr>
<tr>
<td>DOG SPRING HOME CARE</td>
<td>807065</td>
</tr>
<tr>
<td>HASHINEE’ HOME CARE</td>
<td>873427</td>
</tr>
<tr>
<td>HOME CARING LLC (AHCCCS made contact and will follow)</td>
<td>398994</td>
</tr>
<tr>
<td>HOPE HOME CARE</td>
<td>160608</td>
</tr>
<tr>
<td>JOOBA HOME CARE (AHCCCS made contact and will follow)</td>
<td>380918</td>
</tr>
<tr>
<td>MOUNTAIN VIEW HOME CARE</td>
<td>908392</td>
</tr>
<tr>
<td>PINE VIEW HOME CARE (AHCCCS made contact and will follow)</td>
<td>549584</td>
</tr>
<tr>
<td>SACRED HEARTS</td>
<td>162473</td>
</tr>
<tr>
<td>TOWERING ROCK NON-EMERGEN</td>
<td>163119</td>
</tr>
<tr>
<td>TSIN-NAN-TEE</td>
<td>467942</td>
</tr>
<tr>
<td>UNITY CARE LLC</td>
<td>163218</td>
</tr>
<tr>
<td>WHISPERING SHADOW CARE LL</td>
<td>401386</td>
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</table>
# Tribal ALTCS Projects & Initiatives

## Creating a new TAT Report

<table>
<thead>
<tr>
<th>Documents</th>
<th>Subtotal</th>
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<tbody>
<tr>
<td>&gt;80%</td>
<td>23</td>
</tr>
<tr>
<td>ALF BH</td>
<td>273</td>
</tr>
<tr>
<td>Contractor Change</td>
<td>4</td>
</tr>
<tr>
<td>DME</td>
<td>811</td>
</tr>
<tr>
<td>E1399</td>
<td>2</td>
</tr>
<tr>
<td>Home Modification</td>
<td>97</td>
</tr>
<tr>
<td>Open Line Request</td>
<td>451</td>
</tr>
<tr>
<td>Out of State Placement</td>
<td>49</td>
</tr>
<tr>
<td>SNF</td>
<td>343</td>
</tr>
</tbody>
</table>

**Total: 2053 Documents**
- FAX
- Duplicate Documents
- Missing Information
- Approval Letter
- No PA Required
- Canceled
- Other Comments

## Create Standized Comments:
- Incoming FAX (PA Request)
- Saving Approved Request in Docuware:

**Standard comments will help the team identify areas:**
- Need improvement
- Provide additional training
- Number of responses provided (FAX/Email)
Tribal ALTCS Projects & Initiatives

Created a new Docuware Turn Around Time Report
• Administrator and Manager monitors this report weekly.
• Provide assists to team members if a request has been outstanding for more than 72 hours.

Case Management Manual
• Policy Updates will determine if we continue this project.

Create New Training Modules for the Tribal ALTCS Programs
• Outlining the training topic.
• Continue working with DFSM Training Team.

Tribal ALTCS Nurse
• Creating new DLP for all areas of duties.
ANY QUESTIONS?
Deliverable Reports & Network Stats

Kevin Hoy, M.A. – Tribal ALTCS Manager
# Caseload Ratio Report

## AHCCCS TRIBAL CONTRACTOR QUARTERLY CASELOAD RATIO REPORT

**Tribal ALTCS Program:**

**Quarterly Report:**

<table>
<thead>
<tr>
<th>Case Manager Name</th>
<th>HCBS - Own Home</th>
<th>HCBS - Alternative Setting</th>
<th>D - Acute Care Placement</th>
<th>Q - Institutional Placement</th>
<th>WEIGHTED VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NON SMI Value 2.2</td>
<td>NON SMI Value 1.8</td>
<td>NON SMI Value 1</td>
<td>NON SMI Value 1</td>
<td>NON SMI Value 1</td>
</tr>
<tr>
<td></td>
<td>SMI Value 3</td>
<td>SMI Value 1.9</td>
<td>SMI Value 1</td>
<td>SMI Value 1.4</td>
<td>SMI Value 1</td>
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<tr>
<td></td>
<td>Subtotal</td>
<td>Subtotal</td>
<td>Subtotal</td>
<td>Subtotal</td>
<td>Subtotal</td>
</tr>
</tbody>
</table>

**Subtotal Member Count:**

Provide explanation and plan of correction, including timeframes, if ANY weighted value exceeds 96 (attach a separate sheet if more space is needed):
A. Case Manager Qualifications
Section D-Caseload Management

Adequate numbers of qualified and trained case managers shall be provided to meet the needs of members, and shall meet the caseload ratios detailed below, except as otherwise specified in this policy. Contractors and AHCCCS Tribal ALTCS Unit shall have written protocols to ensure newly enrolled ALTCS members are assigned to a case manager immediately upon enrollment.

Caseload formulas

(# of members in an institutional setting x 1.0) **Max member caseload is 96**

(# of members determined to have an SMI who are in an institutional setting x 1.4) **Max member caseload is 68**

(# of members in an HCBS (own home) setting x 2.2) **Max member caseload is 43**

(# of members determined to have an SMI who are in an HCBS (own home) setting x 3.0) **Max member caseload is 32**

(# of members in an Alternative HCBS setting x 1.8) **Max member caseload is 53**

(# of members determined to have an SMI who are in an Alternative HCBS setting x 1.9) **Max member caseload is 50**

(# of members in Acute Care Only (ACO) status x 1.0) **Max member caseload is 96**

(# of members determined to have an SMI who are in Acute Care Only (ACO) status x 1.0) **Max member caseload is 96**

**No matter the mix, the caseload ratio must be under 96**
Network Quarterly Report Stats-Caseload Ratio

- Submission 'on time rate': **87.5%**
- Use of new form: **100%**
- Total number of Network CMs: **90**
- Average per plan: **8.5** (excluding NN/with NN included 11.25)
- Network caseload average:
  - Range from 18-71 members (affected by staff vacancies)
  - Average is 37.9 members per CM
- Network weighted value: (affected by staff vacancies)
  - Average 58 (max is 96)
  - Range 31 to 97.4
Caseload Ratio-Helpful Suggestions

• Ideas on how to maintain manageable caseload numbers?

• Are your caseloads assigned by region? Age? Complexity?

• What do you do when a case manager seems to be struggling?
# Supervisory Audit Report

## Supervisory Audit Summary

**Tribal Contractor/Office:**

<table>
<thead>
<tr>
<th>From Month/Year:</th>
<th>To Month/Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Files Reviewed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audit Question #</th>
<th># Applicable</th>
<th>% YES</th>
<th>% NO</th>
<th>Corrective Action if NO &gt; 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2A               |              |       |      |                              |
| 2B               |              |       |      |                              |
| 2C               |              |       |      |                              |
| 2D               |              |       |      |                              |
| 2E               |              |       |      |                              |
| Comments:        |              |       |      |                              |

---

This form template, "Supervisory Audit Quarterly Summary," is designed to document the results of audits conducted over a specific period. It includes fields for the tribal contractor/office, dates, and a table to record the number of files reviewed and the results of each audit question. The table also includes columns for the percentage of YES and NO responses and a section for corrective actions if the percentage of NO responses exceeds 10%.
A. Case Manager Qualifications

Section I-Supervision:

• A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of member assessments and service authorizations shall be established and applied, at a minimum, on a quarterly basis.

• Results from this monitoring including the development and implementation of continuous improvement strategies to address identified deficiencies shall be documented and made available to AHCCCS upon request.
Network Quarterly Report Stats-Supervisory Audit

Supervisory Audit

• Submission rate per month: 87.5%
• Average of total files reviewed: 30 files
  Range: 11 files to 76 files
• Average percentage of total membership: 20%
  Range 2%-46%
• Plans entering 100% for <1 questions (up to 43 possible questions to answer):
  2 plans answered only 1 question as non-compliant
  2 plans answered all questions with 100%
• Range of audit reports with a NO and comment:
  0-16
• There should be questions answered with NO, indicating an opportunity for performance improvement for your staff.

Example: Was a Member Change Report submitted for all member changes (ie: address, placement, etc)? If this didn’t occur, it’s a NO. Schedule time to train the staff how to file an eMCR and when this is required.
Supervisory Audit-Helpful Suggestions

• Ideas in how you determine how many files to review?
• What do you do when the results from the file review indicates a case manager needs performance improvement assistance?
ANY QUESTIONS?
Open Line Request Form

Soni Fisher – Tribal ALTCS Case Management Coordinator
OPEN LINE REQUEST FORM

• We have created a fillable Open Line Request (OLR) form, in pdf format. A link to the form is provided [here](#), and has been uploaded to the DTB under the "Common Forms" tool section.

• A dropdown box will allow you to select your Program/Office.

• **Tab** next and fill in the Case Manager name, Member's AHCCCS ID and Member's Name.

• Please provide a screen print of the CA165 and what the service line looks like prior to the corrections being made. You can roll your mouse cursor over the sample to view it, but the sample will not print.

![Sample CA165 Screen](image-url)
OPEN LINE REQUEST FORM

- **Tab** next and **ensure that the entire date span of the original service line is accounted for**, i.e. If a member is hospitalized or receives Informal Support (IFS) during the month, ensure that the service information **before** and **after** the hospitalization/IFS is provided, along with **all applicable units, unit costs, and PID**.

- **Tab** next to the Explanation field and provide a brief explanation for the need for an OLR, i.e. Member hospitalized; Member received IFS, etc.
OPEN LINE REQUEST FORM

• Above the signature line there is a statement that we are asking both the Case Manager and Supervisor to ensure has been completed by signing their name and dating, which states:

SIGNATURES ARE REQUIRED AND ACKNOWLEDGE THAT THE CASE MANAGER HAS NOTIFIED THE PROVIDER THAT AHCCCS WILL BE RECOUPING FUNDS PAID AND THE PROVIDER WILL NEED TO RESUBMIT THE CLAIM(S). ALSO, BOTH THE TRIBAL ALTCS CASE MANAGER AND SUPERVISOR ACKNOWLEDGE THEY HAVE BOTH REVIEWED AND SUBMITTED THE NECESSARY DOCUMENTATION TO PROCEED WITH AN OPEN LINE REQUEST AND CORRECTIONS.

NOTE: IF ALL NECESSARY INFORMATION IS NOT INCLUDED IN THE REQUEST PACKET, IT CANNOT BE PROCESSED AND INSTRUCTIONS WILL BE PLACED ON THE CA165 COMMENTS SCREEN.

• Print the form and both the Case Manager and Supervisor need to sign/date prior to faxing.
OPEN LINE REQUEST FORM

• The reason we need both the Case Manager and Supervisor to sign is that we have received calls from numerous Providers asking why AHCCCS is recouping funds. It is the responsibility of the Case Manager, when they submit an OLR, to notify the Provider that AHCCCS will be recouping the paid funds as corrections need to be made to a service line, and that the Provider will need to resubmit claim(s) in order to be paid.

• A Supervisor's signature is attesting that he/she has reviewed and approved the OLR. In addition, it is their attestation that they have confirmed with the Case Manager that he/she has notified the Provider(s) that changes need to be made to the service line and AHCCCS will be recouping the paid funds. Therefore, the Provider will need to resubmit the claim(s).
OPEN LINE REQUEST FORM

• Tribal ALTCS Case Management Coordinators will place comments on CA165 only if the OLR is missing something, incomplete, etc., and include instructions on what the Case Manager needs to do.

• There is a statement below the signature line which reflects:

NOTICE: CASE MANAGER TO PERIODICALLY REVIEW THE CA165 COMMENT SCREEN FOR STATUS UPDATES FROM AHCCCS TRIBAL ALTCS REGARDING THIS OPEN LINE REQUESTS.

• This Open Line Request form will go into effect September 1, 2021 (throughout all Tribal ALTCS Programs) and is to be completed/included with every OLR that is submitted to AHCCCS.
ANY QUESTIONS?
Let's take a quick 10-minute break and meet back here in 15 minutes so we can finish on time.
ALTCS Member Change Report
Cheryl Begay – Tribal ALTCS Case Management Coordinator
The ALTCS Member Change Report (MCR) User Guide applies to ALTCS/EPD, DES/DDD, and ALTCS Tribal Programs. The purpose of this User Guide is to provide a tutorial for the process of reporting to AHCCCS when a change needs to be made for a long term care member’s eligibility or enrollment record via the electronic Member Change Report (eMCR).

Member Change Request Online is an internet application that allows for electronic submission of change request forms to the AHCCCS.

Here is the link to create an account and login:

The electronic MCR process was implemented to increase efficiency and develop improved tracking and reporting mechanisms for both AHCCCS and Contractors.

The MCR Guide provides the Contractor with examples of the screens used and the procedural steps for completing the various types of eMCRs.

Reference AMPM Chapter 1600, Exhibit 1620-2 for guidelines on when to use a member change report form.

An electronic Member Change Report (eMCR) shall be sent to AHCCCS to report or request the following:

- To report a change in the member’s demographic data (for example, address, marital status, name change, etc.).

- To report a change in the member’s financial status (or that of his/her household) which may affect their Arizona Long Term Care System (ALTCS) eligibility, including the initiation of the member’s spouse as the paid caregiver.

- To report a change in an ALTCS member’s placement.

- To report a change in the member’s DDD status and request a Pre-Admission Screening (PAS) reassessment.

- To report the closure of a member’s service plan for reasons other than financial or medical eligibility (for example, the member dies, moves out of the state, or voluntarily withdraws from the program).
EXHIBIT 1620-2, ALTCS MEMBER CHANGE REPORT Cont.

• To initiate a Contractor change for a member who is Elderly and/or has Physical Disabilities (E/PD), moves into another Contractor’s service area and resides in a Home and Community Based (HCB) setting (does not include alternative residential settings).

• To request a PAS reassessment when the case manager thinks the member no longer meets medical eligibility criteria for either the ALTCS or Transitional programs.

• To request a PAS reassessment if a Transitional eligible member has a deterioration of condition and will be/has been admitted to a nursing home or Intermediate Care Facility (ICF) and is expected to stay more than 90 continuous days (this request must be sent within 45 days of admission to the institutional setting).
EXHIBIT1620-2, ALTCS MEMBER CHANGE REPORT

• To request an Acute Care Only determination for a member who has received no Long Term Care (LTC) services for a full calendar month because s/he refuses ALTCS covered services but s/he has not signed a Voluntary Withdrawal. “Refusing” includes being unwilling or unavailable to receive services offered or covered by the Contractor (examples: member is not home whenever provider comes to deliver care, member unwilling to move out of non-contracted alternative residential setting or member is temporarily out of a contractor’s service area). This determination could result in the member being disenrolled from ALTCS if his/her income exceeds 100% of the Federal Benefit Rate.

• To request a change in a member’s status from Acute Care Only back to full LTC when the member begins to accept LTC services.
• To request a change in Contract Type when a member has received no LTC services for a full calendar month, due to no LTC service provider being available. This change will not cause a member to be disenrolled.

• To inform ALTCS when a member is temporarily out-of-state (>30 days).

• For Maricopa County E/PD members only – to report the member’s request to change Contractors and the need for an enrollment choice.

• To report loss of contact with the member.
EXHIBIT 1620-2, ALTCS MEMBER CHANGE REPORT, Pages 1 & 2.
• **NOTE** – Members who are temporarily out of the Contractor’s service area including out of state, may be provided with LTC services if these are available, in the member’s best interests and are approved by the contractor. No AHCCCS services may be provided while a member is outside of the United States.

• A hard copy MCR may be needed if, at the time of submission, the member is no longer enrolled with the Contractor that is attempting to send the report.
AHCCCS ELIGIBILITY – LATEST UPDATES

The PHE has impacted the way we process some eMCR's. Below are a few examples of changes.

• Cannot discontinue for loss of contact
• Cannot discontinue for moving out of state unless we have an out of state address or we are able to confirm with member they have moved
• Cannot reduce coverage from full ALTCS to acute for any reason, such as refusing HCBS
• If AHCCCS EI receives a report that a customer is over resource or income they are unable to discontinue eligibility.

Staff should be replying to eMCR’s to explain when they are unable to make requested changes, that are being put on hold due to the PHE.
ANY QUESTIONS?
Vanessa Torrez – Tribal ALTCS Nurse

PA & CLAIMS PROCESS FOR CUSTOMIZED WHEELCHAIRS
## AHCCCS PA & CLAIMS PROCESS

### Customized Wheelchairs

<table>
<thead>
<tr>
<th>Medicare/Third Party Primary</th>
<th>Medicaid PA Required</th>
<th>CM Needs 2 Bids</th>
<th>Bill Medicare As Primary</th>
<th>Delivery Ticket</th>
<th>Primary Insurance EOB Required For Medicaid Secondary Payment</th>
<th>AHCCCS RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME Covered by Medicare/Third Party</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>DME Not Covered by Medicare/Third Party (Valid Denial Required) SNF Members</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Rental is the first option but clinical review can determine purchase.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid Primary</th>
<th>CM Needs 2 Quote Prior To Service Rendered</th>
<th>Medicaid PA (Rental/Purchase) Required</th>
<th>Payment Made By Medicaid</th>
<th>AHCCCS RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME Covered by Medicaid (Referrals need to be sent to Tribal ALTCS Case Manager so he/she can start the PA Process)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Rental is the first option but clinical review can determine purchase.</td>
</tr>
</tbody>
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### POINT OF CONTACT

<table>
<thead>
<tr>
<th>AHCCCS Claims Customer Service</th>
<th>602-417-7670</th>
<th>602-417-7670</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Medicare/Third Party Payer EOB to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christopher Ray - Claims Operations &amp; Policy Administrator</td>
<td>602-417-4562</td>
<td><a href="mailto:christopher.ray@azahcccs.gov">christopher.ray@azahcccs.gov</a></td>
</tr>
<tr>
<td>Rachel Hunter - Tribal ALTCS Administrator</td>
<td>602-417-4180</td>
<td><a href="mailto:Rachel.hunter@azahcccs.gov">Rachel.hunter@azahcccs.gov</a></td>
</tr>
<tr>
<td>Medicaid PA Issues - Contact Assigned CM</td>
<td></td>
<td><a href="https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/">https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/</a></td>
</tr>
</tbody>
</table>

AHCCCS does not accept the Medicare/Third Party EOB through email. Provider may fax over the EOB including a cover sheet with the denied Medicaid claim number referenced to 602.253.5472. Another option is to submit via mail or TIBCO. Please do not submit the claim again, only the EOB.

### PA Issue

- Request not in Docuware: Tribal CM
- Request in Docuware: Tribal ALTCS Nurse
**MEDICARE/THIRD PARTY AS PRIMARY**

- DME covered by Medicare/Third Party

**Medicare Approved Setting**
- No Pended PA
- No BID needed

- Medicaid PA Required - NO
- CM needs 2 BIDS - NO
- Bill Medicare as Primary – YES
- Delivery Ticket – YES
- EOB Required – YES
- AHCCCS Responsibility - DEDUCTIBLE/CO-INSURANCE
MEDICARE/THIRD PARTY AS PRIMARY

• DME **not** covered by Medicare/Third Party (Valid Denial Required)

  **SNF Members**
  - Pended PA
  - EOB
  - Delivery Ticket

  Medicaid PA Required - YES
  CM needs 2 BIDS - NO
  Bill Medicare as Primary - YES
  Delivery Ticket - YES
  Primary Insurance EOB Required for Medicaid as Secondary Payment - YES

**RENTAL IS THE FIRST OPTION BUT CLINICAL REVIEW CAN DETERMINE PURCHASE.**
Items included in the SNF per diem rate:

Wheelchairs
(all non-customized)
Customized Wheelchairs

Medicaid PA Required - YES
Bill Medicare as Primary - YES
Delivery Ticket - YES
Primary Insurance EOB Required for Medicaid as Secondary Payment - YES

RENTAL IS THE FIRST OPTION
BUT CLINICAL REVIEW CAN DETERMINE PURCHASE.

Motorized / Power Wheelchair
EOB-Medicare Denial Letter
Delivery Ticket

760 E McDowell Road
Phoenix, AZ 85004-2516
(602) 452-4339 Fax (602) 252-2647
NPI:1184883472

Client: Medicare Denial Region D-Nox
Account: 840. Fields
Salesperson: Luke Fields
Customer: 

Bill To: Medicare Denial Region D-Nox
Noridian Administrative Service
Fargo, ND 58108
(977) 322-0890

Insurance ID: 

Vendor: Description
Serial # Make Model Asset #
FCR038731

Payment Type
☐ Cash
☐ Check
☐ Mastercard
☐ VA Visa
☐ Visa

Payment Amount: 

Tax: $0.00
Total: $12,796.00

Subtotal: $5,339.16
Charge: $12,796.00

Signature: 
Payer: 

Patient or authorized signature: 
Relation to Client: 
Print Name: 
Date: 

Please notify of any shortages or discrepancies within five (5) days of receipt of goods or no credit will be allowed. Merchandise contained in this shipment has been carefully counted and checked. Please call or write referring to your account number in the event of any discrepancies.

Assignment of Benefits / Release of Information
I request that the payment of authorized Medicare, Medicaid or other private / public insurance benefits be paid directly to the above named company for any services / equipment furnished to me by this supplier. I authorize any holder of medical information, including health facility, nursing home, physician or
**Prior Authorization: PA Case Detail**

**Case Detail**
- Case No: 00177275
- Case Type: PRIOR AUTHORIZATION

**Service Provider**
- Provider ID: 427200
- Provider NPI: 1750895975
- Provider Name: ONE HEALTHCARE PARTNERS
- Provider Type: 30 ONE SUPPLIER

**Recipient**
- AHCCCS ID: 4400252054
- Name: DELMA, MIRANDA
- Recipient is retroactive Medicare (Types A,B,C,D). Please submit claims to Medicare.
- Date of Birth: 05/30/1941
- Gender: FEMALE

**Event List**
- Total events found: 1

<table>
<thead>
<tr>
<th>Seq No</th>
<th>Status</th>
<th>Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>P-REVD</td>
<td>CM</td>
<td>05/19/2021</td>
<td>05/31/2021</td>
</tr>
</tbody>
</table>

**Requestor**
- PWR W/C- MEDICARE PRIMARY- PENDING EOB

**Read notes for Seq: 01**
- No read notes for this event

**Activity List for Seq:01**
- No activity data is available for this event
Pending PA Letter

From:
Fax:
Phone Number:
Office:
City/State:

Comments:
CaseManager: _____________________ HealthPlan: _____________________
DME request for member: _____________________ from Provider: _____________________

PA NUMBER: 001172725 has been entered; payment is dependent upon receipt of the Medicare EOB reflecting denial.

**In the event Medicare approves items, Provider will need to notify so Auth can be revoked for Claim to process without difficulty**

Thank you,
Vanessa Torrez
Tribel ALTCS Nurse
MEDICAID PRIMARY

DME covered by Medicaid (Referrals need to be sent to Tribal Case Manager so he/she can start the PA Process)

CM needs 2 BIDS - YES

Medicaid PA (RENTAL/PURCHASE) Required - YES

Payment made by Medicaid - YES

AHCCCS Responsibility - RENTAL is the first option BUT Clinical Review can determine Purchase.

** Prior to Service Rendered**
- 2 BIDS
- Prior Authorization
THIS QUOTE WOULD BE SENT BACK FOR INDIVIDUAL BILLING PRICES FOR UNLISTED CODES

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Qty</th>
<th>Total</th>
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<tbody>
<tr>
<td>Chief 1972RX K0861</td>
<td>Chief 1972RX Non-Line Group III Multi-Option Power Wheelchair</td>
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<td>44,965.00</td>
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<tr>
<td></td>
<td>Redman Exclusives: Stand/Recline/Tilt/Independent Leg</td>
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<td></td>
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<tr>
<td></td>
<td>Elevation/Intrinsic Body Positioning System 90 Degree Leg Shift</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>with multi-positioned gravity, balance system</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjustable Height Desk Length Flip-Away Arms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Color: BLACK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>INCLUDES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tril-Link current ground propulsion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent Rear Suspension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent Prop Leg Big Rig Suspension</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American made High Temp 4 Pole Motors and Gear Boxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>weight release Nosewheeling</td>
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<td></td>
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Quote

YES, EACH BILLING ITEM IS INDIVIDUALLY PRICED

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Description</th>
<th>Code</th>
<th>Modifiers</th>
<th>UOM</th>
<th>Qty</th>
<th>Allowable Charge</th>
<th>Charge</th>
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<tbody>
<tr>
<td>Pride Mobility</td>
<td>Quantum Q6 Edge HD</td>
<td>K0858</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$10,083.85</td>
<td>$17,190.00</td>
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<tr>
<td>Products</td>
<td>3SPHD-SS</td>
<td>K0860</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$4,414.85</td>
<td>$19,738.00</td>
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<tr>
<td>Pride Mobility</td>
<td>Tru-Balance 3 HD Tilt</td>
<td>E1002</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$4,843.68</td>
<td>$19,738.00</td>
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<tr>
<td>Products</td>
<td>Battery, Introtor, Gei</td>
<td>E2363</td>
<td>N</td>
<td>EA</td>
<td>2</td>
<td>$405.99</td>
<td>$1,460.00</td>
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<tr>
<td>Pride Mobility</td>
<td>7GAH7HR Group 24</td>
<td>E1028</td>
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<td>$348.58</td>
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<tr>
<td>Products</td>
<td>Joystick Mounting Bracket,</td>
<td>E2233</td>
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<td>EA</td>
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<td>$170.00</td>
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<tr>
<td>Pride Mobility</td>
<td>Swing Away</td>
<td>E2233</td>
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<tr>
<td>Products</td>
<td>Mushroom Handle</td>
<td>E2233</td>
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<td>EA</td>
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<td>$103.91</td>
<td>$170.00</td>
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<tr>
<td>Pride Mobility</td>
<td>Tru Comfort 2 Back - 4-Way</td>
<td>E2821</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$861.52</td>
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<tr>
<td>Products</td>
<td>Stretch Cover - 22W</td>
<td>E0986</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$243.34</td>
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<tr>
<td>Pride Mobility</td>
<td>10' Headrest Pad, Comf Plus,</td>
<td>E1028</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$248.58</td>
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<tr>
<td>Products</td>
<td>Cool Core</td>
<td>E1028</td>
<td>N</td>
<td>EA</td>
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<td>$248.58</td>
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<tr>
<td>Pride Mobility</td>
<td>Unlink Mntg Hdw Kit</td>
<td>E1028</td>
<td>N</td>
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<td>1</td>
<td>$248.58</td>
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<tr>
<td>Products</td>
<td>Headrest Mntg, Comf Plus</td>
<td>E1028</td>
<td>N</td>
<td>EA</td>
<td>1</td>
<td>$248.58</td>
<td>$568.00</td>
</tr>
</tbody>
</table>
The above charge is the portion that Medicare did not cover/pay.
CROSSOVER CLAIMS

• Provider are to reach Claims Customer Service, please call (602) 417-7670 Option 4.

• www.azahcccs.gov (Provider Portal)

• Mail: Attention Claims PO Box 1700 Phoenix AZ 85002-170
ANY PA / PROVIDER ISSUES INVOLVING PA OR REQUESTS SUBMITTING TO DOCUWARE PLEASE DIRECT TO:

Tribal ALTCS Nurse Contact Information:

Vanessa Torrez  
(602)-417-4169  
Vanessa.Torrez@azahcccs.gov
ANY QUESTIONS?
Tribal ALTCS Projects & Initiatives

Creating a new TAT Report

<table>
<thead>
<tr>
<th>Documents</th>
<th>Subtotal</th>
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<tbody>
<tr>
<td>&gt;80%</td>
<td>23</td>
</tr>
<tr>
<td>ALF BH</td>
<td>273</td>
</tr>
<tr>
<td>Contractor Change</td>
<td>4</td>
</tr>
<tr>
<td>DME</td>
<td>811</td>
</tr>
<tr>
<td>E1399</td>
<td>2</td>
</tr>
<tr>
<td>Home Modification</td>
<td>97</td>
</tr>
<tr>
<td>Open Line Request</td>
<td>451</td>
</tr>
<tr>
<td>Out of State Placement</td>
<td>49</td>
</tr>
<tr>
<td>SNF</td>
<td>343</td>
</tr>
</tbody>
</table>

Total: 2053 Documents

- FAX
- Duplicate Documents
- Missing Information
- Approval Letter
- No PA Required
- Canceled
- Other Comments

Create Standardized Comments:
- Incoming FAX (PA Request)
- Saving Approved Request in Docuware:

Standard comments will help the team identify areas:
- Need improvement
- Provide additional training
- Number of responses provided (FAX/Email)
Tribal Plan Recognitions

“Honor your Elders”
For they have the Wisdom to Teach what we have not learned yet.