DFSM Tribal ALTCS
2nd Quarter Case Management Supervisor Meeting
Thursday, May 27, 2021
WELCOME TO ALL!

Agenda Overview

- Rachel Hunter: Welcome, EVV, PCSP & Policy Updates
- Kevin Hoy: Improving Requests for Technical Assistance
- Jennifer Gilmore: How Providers can Verify Member Eligibility
- Bandana Chetty: Home Modifications
- Cheryl Begay: Contractor Change Standard
- Vanessa Torrez: Medicare Primary DME Requests
- Tribal Presentation: by Joni Jim of the Tohono O'Odham Nation
- 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!
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 Intermediary</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>
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<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>

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS Service Codes</th>
<th>DDD Focus Codes</th>
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<tbody>
<tr>
<td>Attendant Care</td>
<td>05125</td>
<td>ATC</td>
</tr>
<tr>
<td>Companion Care</td>
<td>05135</td>
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<tr>
<td>Habilitation</td>
<td>T2017</td>
<td>HH1, HH1</td>
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<tr>
<td>Home Health Services (aide, therapy, and part-time/intermittent nursing services)</td>
<td></td>
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</tr>
<tr>
<td>Nursing</td>
<td>GO299 and GO300</td>
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<tr>
<td>Home Health Aide</td>
<td>T1021</td>
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<tr>
<td>Physical Therapy</td>
<td>G0151 and G9121</td>
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<tr>
<td>Occupational Therapy</td>
<td>G0152 and G9129</td>
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<tr>
<td>Respiratory Therapy</td>
<td>05181</td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>EVV Timeline</td>
<td>9128</td>
</tr>
<tr>
<td>Private Duty Nursing (continuous nursing services)</td>
<td>59123 and 59124</td>
<td>HN1, HNR</td>
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<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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Place of Service:

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

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/)

- AHCCCS Staff is attending and Participating in the Dashboard Training
  - Provider & Member Data
  - Charts and Graphs
Person Centered Planning

Improve support for community integration so that members have full access to the benefits of community living.

AHCCCS has evaluated and revised the Person-Centered service planning standards, practices, and forms.

- Tribal ALTCS Programs completed the PCSP Train-the-trainer Training
- Policies reviewed and updated to include PCSP and Effective Dates 06/01/2021 (Upon Publishing)
  - AMPM Policy 1610
  - AMPM Policy 1620-A
  - AMPM Policy 1620-B
  - AMPM Policy 1620-D
  - AMPM Policy 1620-E
  - AMPM Exhibit 1620-10 (new)
  - AMPM Exhibit 1620-13
  - AMPM Exhibit 1620-17
Policy Updates

02/04/21 - 961, Incident, Accident, Death Reporting
Approved
Effective Date: 02/04/21

03/04/21 - 1620-O, Abuse, Neglect, and Exploitation Reporting Standard
Approved
Effective Date: 10/01/21

04/01/21 - 1620-G Behavioral Health Standards
45-Day TCN/PC
Effective Date: Upon Publishing

05/20/21 - 1630 - Administrative Standards & Attachment A Case Management Plan Checklist
45-Day TCN/PC
Effective 10/01/21

Upcoming Policy Review:

Follow-up: Appendix K
We need your input/support for the Verbal Consent to continue beyond the duration of the PHE.
American Rescue Plan Act (ARPA)

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) of 2021 into law. Section 9817 of the ARP provides qualify state with a temporary 10% point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS.

Plans to use additional federal dollars under the American Rescue Plan Act (ARPA) for home and community-based services. AHCCCS was given 30 days to develop a spending plan for these short-term funds. It is important for us to get the input from ALTCS members, their families, providers and Tribal ALTCS Programs.

Meetings:
Advisory Council Meeting - June 04, 2021 @ 11:30am
General Community Listening Session – June 07, 2021 @ 5:00pm
American Rescue Plan Act (ARPA)

We look forward to your input to helping us ensure that our plans address specific needs of the members, families and providers engaged in our HCBS programs.

- The funding is short-term and must be spent by March 31, 2024 (3 years).
- These efforts cannot negatively impact our current HCBS. It can only add programs, services and activities.
- If there is a new program/activity/service funded, it must be completed by March 2024 or have a plan to fund it in another way after March 2024.
- Some areas to explore the use of the funding include:
  - Recruitment and retention of the workforce
  - Financial stability for providers
  - Information Technology (i.e. telehealth, access to technology, etc.)
  - Quality Improvement
  - Social risk factors of health (i.e. social isolation, housing, employment, etc.)
  - Health equity
  - Specialized service settings (i.e. settings for people who have significant behavioral health needs)
  - Need assessments
  - Data systems and infrastructure
Improving Requests for Technical Assistance

Kevin Hoy, M.A. – Tribal ALTCS Manager
Technical Assistance (TA) Requests-First Steps

• Discuss certain issues with your team internally
• Review with your team/department 'SMEs'
• Create a SME or POC list whom you can contact on certain topics
• Review all related policies/procedures/IGA
• Involve your supervisor on complex issues
• Strategize how to best address the issue
• Can this be solved internally or is TA needed
• from AHCCCS
TA Request to AHCCCS

After your best efforts, an issue still can't be solved:

- First contact your Care Coordinator via email
- Provide the details information regarding the issue
- Provide details on what your agency has tried to solve the issue
- Allow the Care Coordinator time to review the request (72 hours)
- Care Coordinator will respond to the TA request
- Care Coordinator and Tribal Plan staff will work collaboratively on a solution
Escalating Issues

If an issue cannot be solved using the initial process it will be escalated:

- Care Coordinator will discuss the issue with the Tribal ALTCS Manager
- Care Coordinator/Manager will take all necessary steps to solve the issue
- If the issue remains unsolved, the issue will be escalated to the Tribal ALTCS Administrator
Ideas to Improve TA Process

Open discussion on ideas to improve TA process

- Would a simple TA Request form on the DTB help?
- Do any plans have an internal process they use that works well that they can share?
- Any other ideas?
How Providers Can Verify Member Eligibility and Enrollment

Jennifer Gilmore-DFSM Provider Training Officer

AHCCCS
Ancona Health Care Cost Containment System
Fee-For-Service Member Enrollment Verification

There are many programs that individuals may qualify for to receive medical and or behavioral health services including ALTCS coverage.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as updates are added.

Eligibility categories also may change or be overridden by other eligibility categories.
Fee-for-Service Member Enrollment and Eligibility

Health care providers are responsible for verifying the eligibility of a member:

1. Each time the member schedules an appointment, and
2. At the time when any physical or behavioral health service is provided.

Health care providers must verify the member’s eligibility and enrollment status, including when a member presents an AHCCCS ID card or a decision letter from an eligibility agency.
Fee-for-Service Member Enrollment and Eligibility

Health care providers may use any one of several verification processes to obtain eligibility and enrollment information for a Medicaid member, including any information regarding their Medicare or Third Party Payer Liability (if available).

Fee-for-Service Member Enrollment and Eligibility

Verification Processes Available to Providers Include:

1. AHCCCS Online Provider Portal
2. Interactive Voice Response
3. Medical Electronic Verification System (MEVS)
4. AHCCCS Batch 270/271 Eligibility Verification Request and Response
Member Verification - Available Options

1. AHCCCS Online Provider Web Portal
   - This allows AHCCCS providers to verify eligibility and enrollment status.
   - AHCCCS providers can view Third Party Liability, Copayments (if applicable), Medicare Coverage, Behavioral Health Service Enrollment (TRBHA/RBHA), Share of Cost, Special Program enrollment and additional benefits information.

To create an online account and begin using the application, providers must go to https://azweb.statemedicaid.us.
2. The Interactive Voice Response System (IVR)
   - This allows an unlimited number of phone verifications by entering information on a touch-tone telephone.
     - Providers may call IVR at:
       - Phoenix: (602) 417-7200
       - All others: 1-800-331-5090
3. **The Medical Electronic Verification System (MEVS)**
   - This uses a variety of applications to provide member information to providers.
   - For information on MEVS, please contact EMDEON at: https://www.changehealthcare.com/contact-us
4. **AHCCCS Batch 270/271 Eligibility Verification Request and Responses**
   
   - Providers can also verify information through a batch process (270/271), in which the provider sends a file of individuals to AHCCCS. AHCCCS returns this file with its responses the following day.
   
   - Information on that process can be obtained by calling the AHCCCS Help Desk at (602) 417-4451.
ANY QUESTIONS?

THANK YOU!!
# Home Modification

## AHCCCS Medical Policy Manual

### Policy 1240, Attachment A – AHCCCS-ALTCS FFS

#### Home Modification Request – Justification Form

<table>
<thead>
<tr>
<th>SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED DOCUMENTATION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax completed form to: AHCCCS/DFSM/Tribal ALTCS</td>
</tr>
<tr>
<td>Fax: (602) 254-2426</td>
</tr>
<tr>
<td><strong>Documents Attached:</strong></td>
</tr>
<tr>
<td>☐ Service Assessment</td>
</tr>
<tr>
<td>☐ Uniform Assessment Tool (UAT)</td>
</tr>
<tr>
<td>☑ Map of Physical Address for Rural Areas</td>
</tr>
</tbody>
</table>

If a member lives in a rural area, the box needs to be checked and a map needs to be provided.

**TRIBAL ALTCS PROGRAM**

<table>
<thead>
<tr>
<th>CASE MANAGER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIBAL ALTCS PROGRAM ADDRESS</td>
</tr>
<tr>
<td>TAX NUMBER</td>
</tr>
</tbody>
</table>

Signatures acknowledge that both Tribal ALTCS Case Manager and Supervisor have reviewed and submitted the necessary documentation to proceed with home modification request.

**Note:** If all necessary documents are not included in the request the request/packet cannot be processed.

<table>
<thead>
<tr>
<th>CASE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISOR</td>
</tr>
</tbody>
</table>
## Home Modification

7. **Current Mobility Status**
   - □ Independent
   - □ Walker/Cane
   - □ Wheelchair

8. **Describe modification(s) being requested (use separate sheet of paper if needed):**

<table>
<thead>
<tr>
<th>MODIFICATION REQUESTED</th>
<th>JUSTIFICATION</th>
<th>APPROVED</th>
<th>DENIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramp with Handrails and Landing</td>
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<tr>
<td>Walk-in Shower and Hand-Held Shower Head</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Roll-in Shower and Hand-Held Shower Head</td>
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<td></td>
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<tr>
<td>Grab Bars – □ Shower or □ Toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widen Doors- □ Bathroom □ Bedroom</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lever Handles- □ Bathroom □ Bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ High Rise Toilet or □ Roll Under Sink</td>
<td></td>
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</tr>
</tbody>
</table>

**Special Request: Please Explain**

For a special request please give us a detail information

- PHYS 
- DATE
Questions?
Thank You.
Contractor Change Standard

Cheryl Begay – Tribal ALTCS Case Management Coordinator
1620-M Contractor Change Standard

• This Policy applies to ALTCS/EPD, DES/DDD (DDD) Contractors, and Tribal ALTCS Programs and establishes requirements for transfer of members between Contractors.

• Members may be transferred between EPD Contractors or between an EPD Contractor and DDD.

• Transfers between an EPD Contractor and DDD are the result of a change determined by DDD eligibility. When a DDD eligible member moves from one area of the state to another, a change of Contractors does not occur; however, there is a change of DDD Support Coordinator/CM.
Member Transfer Requirements

• The case manager is responsible for the discharge planning and transition of members transferred to another Contractor.

• A change of EPD Contractor due to member movement to another service area or member choice, where multiple Contractors are available.

• The case manager is responsible for initiating action when the request is made by the member/guardian/designated representative. *Case Managers shall not assume that a change of Contractor is automatic and shall communicate clearly to the member/guardian/representative.*
Member Transfer Requirements (cont.)

- EPD/ALTCS CMs are responsible for explaining that there may be service limitations and exclusions when the member moves into another Contractor’s service area.

- For transfers within or into Maricopa County or Pima County, the EPD member shall make a choice of Contractors before any change can be processed.

- Tribal members are considered to have on-reservation status even when they are admitted to a SNF or alternative residential setting within a Contractor area of service off the reservation.
• Tribal members who move to own home, Home and Community Based Services (HCBS) settings off reservation will be transitioned to the Contractor serving that area.

• Case managers shall discuss the potential transfer of a member with the Transition Coordinator or case manager of the potential receiving Contractor to ascertain availability of services in that area.
Program Contractor Change Request (PCCR)

• The (PCCR) form (AMPM Exhibit 1620-8) is used for all member transfers.

• Complete page 1.

• Page 2 complete all areas EXCEPT for Signature, Title & Date of Receiving Contractor.

• Page 3 complete only Member Name, DOB & AHCCCS ID#.

### AHCCCS Contractor ID Numbers & MCO Service Areas

<table>
<thead>
<tr>
<th>ID</th>
<th>NAME</th>
<th>ID</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>010422</td>
<td>Health Net Access, Inc.</td>
<td>110007</td>
<td>DES/DDD</td>
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<tr>
<td>010158</td>
<td>United Healthcare Community Plan</td>
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<tr>
<td>010166</td>
<td>DES/CMDP</td>
<td>110050</td>
<td>United Healthcare Community Plan - LTC</td>
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<td>010254</td>
<td>Care1st Arizona</td>
<td>110306</td>
<td>Mercy Care Plan - LTC</td>
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<tr>
<td>010299</td>
<td>Phoenix Health Plan</td>
<td>110314</td>
<td>University Family Care-LTC</td>
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<td>010306</td>
<td>Mercy Care Plan</td>
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<td>010314</td>
<td>University Family Care</td>
<td>190000</td>
<td>Native American Community Health</td>
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<td>010383</td>
<td>Maricopa Health Plan</td>
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<td>White Mountain Apache Tribe</td>
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<td>010497</td>
<td>Health Choice Arizona</td>
<td>190017</td>
<td>Navajo Nation</td>
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<td>999998</td>
<td>American Indian Health Program (AIHP)</td>
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<td>Gila River Indian Community</td>
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<td>000850</td>
<td>Federal Emergency Services</td>
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<td>Tohono O’odham Nation</td>
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<td>002220</td>
<td>AHCCCS Non-Pay</td>
<td>190075</td>
<td>Pasqua Yaqui Tribe</td>
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<td>003335</td>
<td>FFS Regular</td>
<td>190083</td>
<td>San Carlos Apache Tribe</td>
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<tr>
<td>00840</td>
<td>SLMB - Part B Buy-In Only</td>
<td>190091</td>
<td>Hopi Tribe</td>
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<tr>
<td>00850</td>
<td>QII - Part B Buy-In Only</td>
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<td></td>
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<tr>
<td>008690</td>
<td>FFS Temporary</td>
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<tr>
<td>008715</td>
<td>AHCCCS QMB Only</td>
<td>010115</td>
<td>CRS Fully Integrated</td>
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<tr>
<td>888886</td>
<td>FFS LTC (Residual)</td>
<td>010145</td>
<td>CRS Partially Integrated - Acute</td>
</tr>
<tr>
<td>007700</td>
<td>FFS DD Prior Quarter</td>
<td>099125</td>
<td>CRS Partially Integrated – Behavioral Health</td>
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<td>00800</td>
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<tr>
<td>DOCMAT</td>
<td>DOC Matched Recipient</td>
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</table>

**Note:** Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
EPD members who move from any setting to HCBS own home in another Contractor’s service area will have a change of fiscal county and therefore Contractor. The relinquishing and receiving Contractor shall agree to the effective date of transfer.
Enrollment Transition Information (ETI)

1620-9 (azahcccs.gov)

• The relinquishing case manager shall provide adequate member information (case documentation and/or medical records) to the receiving Contractor to assure continuity of care. The ALTCS Enrollment Transition Information (ETI) form (AMPM Exhibit 1620-9) is used for this purpose.

• The potential receiving Contractor is responsible for reviewing the request and notifying the relinquishing Contractor within ten business days of the request for transfer decision. The relinquishing Contractor shall notify the member’s case manager and the member within seven days of receiving decision notification from the potential receiving Contractor. The relinquishing Contractor shall arrange and pay for transporting the member, if necessary.
ETI (Cont.)

• If a change of Contractor is agreed to by both Contractors, a scanned copy of the completed/signed PCCR form, shall be sent via secure email to the AHCCCS PCCR mailbox (pccr@azahcccs.gov) by the Tribal ALTCS Coordinator or the EPD LTC Coordinator.

• If the potential receiving Contractor denies the request for enrollment change, the relinquishing Contractor may request a review by AHCCCS after both receiving and relinquishing Contractor's representatives have discussed the request and have not been able to come to agreement. AHCCCS will notify the relinquishing Contractor of its decision.

• All PMMIS screens will be updated by the relinquishing & receiving Contractors.
PCCR Pertinent Medical Documentation

- Recent 6 page review assessment/PCSP Form
- Case notes
Questions?

Thank you for all your hard work and dedication.
Let's take a quick 10-minute break and meet back here in 15 minutes so we can finish on time.
MEDICARE PRIMARY DME REQUESTS

Vanessa Torrez - Tribal ALTCS Nurse
POWER / CUSTOM WHEELCHAIRS & NON-CAPPED PRICED QUOTES

CM Responsibility

• Case Manager receives initial request
• Send Rx Provider
  o Goal is to obtain Quote/Seat Evaluation
• Check for Primary Insurance-
  o Medicare (RF150)
  o Third Party (RF155)
MEDICARE COVERAGE:

<table>
<thead>
<tr>
<th>MEDICARE</th>
<th>PAYER BEGIN</th>
<th>END</th>
<th>CHG TERM DATE</th>
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<td>05/31/2013</td>
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<td>7JN4V44YE82</td>
<td>MBI</td>
<td>02/27/2018</td>
<td>BAT</td>
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</tr>
</tbody>
</table>

RF150-Inquire Medicare Coverage

RF155-Third Party Coverage
Gather Information required for PRIOR AUTHORIZATION

The following information shall be submitted to AHCCCS DFSM Clinical Nurse for PA Request:

- Prescription or order with ordering provider’s name, and dated signature with credentials listed,
- Diagnosis indicated by ordering provider,
- Description of medical condition necessitating the supplies/equipment, and medical justification for supplies/equipment with anticipated outcome (medical/ functional),
- Clinical documentation, including documentation of the face-to face encounter requirements and timeframes (AMPM Policy 310-P),
- Description of supplies/equipment requested, Duration for use of equipment,
- Full purchase price plus any additional costs and expected cost if rented,
- Provider identification number, and
- Home evaluation, when requested by DFSM
- Need Quote (**Power/Custom w/c with Unlisted HCPC Codes 2 quotes is REQUIRED**)  
- Seating Evaluation

AMPM Policy 820, Additional information can be found in AMPM Policy 810
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Qty</th>
<th>Total</th>
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<tbody>
<tr>
<td>Chief 1072RX K9861</td>
<td>Chief 1072RX Semi-Deck Chair w/Motor Option Power</td>
<td>1</td>
<td>44,995.00</td>
</tr>
<tr>
<td><strong>Chief 1072RX S</strong></td>
<td><strong>Semi-Deck Chair w/Motor Option Power</strong></td>
<td><strong>1</strong></td>
<td><strong>44,995.00</strong></td>
</tr>
<tr>
<td><strong>Wheels</strong></td>
<td><strong>Included Billing Code: K9861, K9900, E1007, E1010, E1028, E2211, E2277, E9955, B9951 (2), E2341 (2), E2213, E2613, E2634, E2691</strong></td>
<td><strong>Redman Exclusive: Stabil/Recov/Top/Independent Leg</strong></td>
<td><strong>Adjustable Height Deck Length Flip-Away Arms</strong></td>
</tr>
</tbody>
</table>

**Quote**

*YES, EACH BILLING ITEM IS INDIVIDUALLY PRICED*

**Vendor**

- Pride Mobility
- Products
- Products
- Products
- Products
- Pride Mobility
- Products
- Products
- Products
- Pride Mobility
- Products

**Description**

- Quantum Q8 Edge HD
- 3SPHD-SS
- Tru-Balance 3 HD Tilt
- E1002 NU
- Battery, Introtor, Gel
- E2363 NU
- 7G4H0HR Group 24
- Joystick Mounting Bracket, Swing Away
- E1028 NU
- Mushroom Handle
- E2323 NU
- Tru Comfort 2 Back - 4-Way Stretch Cover - 22W
- E2821 NU
- 10' Headrest Pad, Comf Plus, Cool Core
- E1098 NU
- Unlink Mtn Lt Hdr Kit
- E1028 NU

**Code**

- K0858 NU
- E1002 NU
- E2363 NU
- E1028 NU
- E2323 NU
- E2821 NU
- E1098 NU
- E1028 NU

**Modifiers**

- EA 1
- EA 1
- EA 2
- EA 1
- EA 1
- EA 1
- EA 1
- EA 1

**UOM**

- Qty
- Qty
- Qty
- Qty
- Qty
- Qty
- Qty
- Qty

**Allowable**

- $10,083.85
- $4,843.58
- $405.00
- $348.58
- $103.91
- $861.52
- $243.34
- $248.58

**Charge**

- $17,190.00
- $19,738.00
- $1,460.00
- $560.00
- $170.00
- $1,550.00
- $354.00
- $568.00
To determine PA Approval:

**Step One:**
- Information required for all PAs specified in AMPM Policy 810 and 820
- If there are unlisted HCPC Codes: 2 Quotes is REQUIRED
- Seating Evaluation

**Step Two:**
- Compare the 2 quotes for cost effectiveness
- Reviewing for medical necessity

**Step Three:**
- Enter Pended Prior Authorization
- Fax Approval PA to CM –with Pended Authorization Number
AHCCCS Nurse Responsibility:
Documentation Reviewed & PA Entered into PMMIS
AHCCCS ID: [REDACTED]  NAME: [REDACTED]  SEX: 
EFFECTIVE DATES: 05/19/2021 - 05/31/2021  ELG: LT  BIRTHDATE: [REDACTED]  AGE: 
PA NUMBER: 001172725  SEQ: 01  CASE TYPE: P  CASE STATUS: A
PROVIDER ID: 127200  NPI: [REDACTED]  NAME: [REDACTED]  TYPE: 30
AUTHORIZED DATES: 05/19/2021 - 05/31/2021  ADMIT DATE: 
EVENT TYPE: DM  STA: P  REAS: PH002  MEDICARE TYPE: A B C D
ICD 10 DIAGNOSIS: G83.4  DESC: CAUDA EQUINA SYNDROME
REQUEST: PWR W/C-MEDICARE PRIMARY-PENDING EOB
DATE SPAN: 13

PF: 1=HLP  2=MEN  3=NPI  4=TOG  5=PRV  6=NXT  7=BKW  8=FWD  10=TOP  11=BOT  12=EXT
Pending PA Letter

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

Comments:
Case Manager: __________________________ Health Plan: __________________________
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 item, Provider will need to notify so Auth can be revoked for claim to process without difficulty.**

Thank you,
Vanessa Torrez
Tribel ALTCS Nurse
FINAL STEPS FOR PAYMENT

**MEDICARE/THIRD PARTY PAYMENT**
- Provider will need to Notify AHCCCS Medicare Approved Payment
- Medicaid PA will be Revoked for payment wt Process without difficulties

**MEDICARE/THIRD PARTY INSURANCE DENIED**
- EOB or denial letter
- Approve the Pended PA
- Fax Approval letter to CM
EOB-Medicare Denial Letter

54

ADJUST TO TOTALS:  
PREV PD 0.00  
INTEREST 0.00  
LATE FILING CHARGE 0.00  
NET 0.00  

TOTALES: # OF CLAIMS: 11820.00  
BILLED AMT: 11820.00  
ALLOWED AMT: 11820.00  
DEDUCT AMT: 0.00  
COINS AMT: 11820.00  
BC-ANT: 11820.00  
PROV PAID: 0.00  
PROV Adj: 0.00  
CHECK AMT: 11820.00  

PROVIDER ADJ DETAILS:  
PROV REASON CODE:  
PROV & OTHER IDENTIFIER:  
REMARK:  

GLOSSARY:  
Adjustment, Group, Reason, MSA, and Remark codes  
- Adjustment:  
- Group:  
- Reason:  
- MSA:  
- Remark:  

- Use this monetary amount for the interest paid on claims in this 835. Support the amounts related to this adjustment by T-562 AMT amounts, where AMT1 is "F. Medicare Part B will provide code "TF" in Field 1."
Delivery Ticket
<table>
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<th>TYP</th>
<th>CODE</th>
<th>MOD</th>
<th>ALLOWED</th>
<th>USED</th>
<th>STA</th>
<th>REAS</th>
<th>UNIT</th>
<th>PRICE</th>
<th>SRC</th>
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<td>A</td>
<td>PJ001</td>
<td>11.3200</td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
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<td>E2231</td>
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<td>18.000</td>
<td>0.000</td>
<td>A</td>
<td>PJ001</td>
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<td>PJ001</td>
<td>0.0500</td>
<td>S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tribal Presentation
Tohono O'odham Nation Health Care

Joni Jim-ALTCS Supervisor
TON ALTCS
CASE MANAGERS

Jonell Francisco
Sharon Maldonado
Lucille Lewis
Matilda Lopez
Florabelle Mamake
Shannon Patricio
Joni Jim
Senior Services Programs:

- Elder Nutrition Program
- Adult Care Program
- ALTCS (Az Long Term Care System)
- Caregiver Support Program
- Resources Activities Program
- Ombudsman Service
- Senior Companion Program
Elder Nutrition Program

• The Elder Nutrition Program provides Congregate Meals to 10 sites located across the Nation
• Home Deliver Meals delivery available
• Welfare checks
• Transportation – to pay bills, shopping in Sells, Tucson and Casa Grande socialization & recreation to Elders 55 and over.
• Informational presentations, general health checks through CHR's, health promotion through HOPP
Senior Services Nutrition Program provides meals to 10 Congregate Sites:

1. San Lucy/Gila Bend
2. Vaya Chin
3. Gu Vo
4. Pisinemo
5. Sells Elder Center
6. Chukut Kuk
7. Florence
8. San Xavier
9. Santa Rosa
10. Chuichu
Adult Care Program

Provides assistance to members of the Tohono O’odham Nation who are 55 and older; vulnerable, physically or mentally challenged adults. The services are provided to eligible adults who reside on the Tohono O’odham Nation with some services provided to those who reside in areas adjacent to the Reservation.

Adult Care Case Managers assist in applying for Arizona Long Term Care Services.

Community Home Workers assist clients with light household chores, minor home repairs and make welfare checks on those elders who live alone; they also provide non-medical transportation for shopping paying bills and other non medical appointments.
Caregiver’s Support

This program provides training, education and referrals to support unpaid/informal caregivers who take care of elders 55 and over, mentally challenged adults & grandparents raising grandchildren.
Resource/Activities

• The Resource/Activities Program develops ways to provide various activities for Elders to participate in hands on workshops.

• The Resource/Activities Coordinator acts as a liaison to the tribal entities/districts in assisting with appropriate services for elders. The program provides recreational, educational, social activities and social opportunities to any individual fifty-five (55) years or older to improve their quality of life.
Senior Companion

Ameri Corp Seniors – Seniors Serving Seniors in collaboration with Pima Council on Aging providing companionship homebound Elders over 60
Ombudsman Program

Ombudsman Services – an Ombudsman is certified by the State of Arizona to advocate for residents of a Skilled Nursing Facility, Assisted Living or Adult Day Care.
Tohono O’odham Nation Health Care (TONHC)
COVID-19 Situation Update: May 19, 2021
T-Ŧukuda Ha’icu Cihanig

This is a rapidly evolving situation. Information is based upon data as of May 10, 2021 at 7:00 and may change as more data becomes available.

COVID-19 Data among Members of Tohono O’odham Nation (TON)

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>New Cases This Week</th>
<th>TONHC Percent Positive Tests This Week</th>
<th>Deaths **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,785</td>
<td>1</td>
<td>1%</td>
<td>79</td>
</tr>
</tbody>
</table>

May 19, 2021: TONHC COVID-19 Vaccination Program is currently in Phase 1A - 1C

What's New?

COVID-19 Vaccine Updates
Starting this week, children ages 12 years and older become eligible to be vaccinated against COVID-19. All adults ages 18 years and older remain eligible to receive any of the COVID-19 vaccines. Watch for upcoming TONHC vaccine clinic dates for children and their families. For any questions about your vaccines, your health providers are the best source of information.

Tohono O’odham Nation Continues to Require Mask Wearing
People on the Nation should continue to wear masks to prevent serious illness and deaths from COVID-19. Vaccination rates on the TON are currently lagging behind the general US population by over 10%. While the CDC has recently issued new guidelines easing the use of masks, Tohono O’odham Nation continues to require mask wearing in public per TON Executive Order No. 2020-09, even for fully vaccinated persons.

Clinic Entry Screening Protocols
TONHC will continue to ask all persons entering clinic buildings about illness symptoms, but has discontinued the use of temperature checks because lack of fever has not been shown to be a reliable marker to detect COVID-19 infection.

Positive COVID-19 Cases

<table>
<thead>
<tr>
<th>Residing within Boundaries of TON</th>
<th>Enrolled Member of Tohono O’odham Nation</th>
<th>Enrolled Member of Another Tribe or Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1218</td>
<td></td>
<td></td>
<td>1264</td>
</tr>
<tr>
<td>Residing outside Boundaries of TON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>567</td>
<td>251</td>
<td></td>
<td>818</td>
</tr>
<tr>
<td>Total</td>
<td>1785</td>
<td>297</td>
<td>2082</td>
</tr>
</tbody>
</table>

*Includes non-TON members tested at TONHC
**Deaths include non-total community member

TONHC Situation Update 05/19/2021 7:00
Wear a mask, physically distance, and wash your hands to protect Tohono O’odham Nation
TON ALTCS continues to provide services to members; with the tribe not fully operational, services are limited from the program – Case Managers continue to work from home and are in office on staggered hours of operation.
Thank you!
Tribal Plan Recognitions

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