DEPARTMENT OF
ECONOMIC SECURITY
Your Partner For A Stronger Arizona

American Indian Health Plan Fee-for-Service Claims Submissions Guide

DIVISION OF DEVELOPMENTAL DISABILITIES

August 5, 2019

PURPOSE AND OBJECTIVE

To provide DDD American Indian Health Plan [AIHP] Fee-for-Service [FFS] Providers an overview of the billing submission process in addition to providing contact information for any questions or concerns.

OVERVIEW OF THE CLAIMS ADJUDICATION PROCESS

Claims submitted to the Department of Economic Security (DES) Division of Developmental Disabilities (DDD) are edited by DES/DDD's claims processing system. The process begins with a check of the quality and completeness of data entered on the claim form, followed by system edits to ensure that data fields are valid and logical.

Claims for services must be submitted on the correct form for the type of service billed. Claims that are illegible or not submitted on the correct form will be returned to the provider unprocessed. The provider is responsible for resubmitting claims on the correct claim type within the appropriate time period.

BILLING ASSISTANCE, TRAINING AND SUPPORT

Provider training and assistance is available. Training sessions can be arranged through DDD's Business Operations, Customer Service Center, at DDDCustomerService-Providers@azdes.gov

In addition, support is available to AIHP FFS providers for billing and claims submission questions via 1-844-770-9500.

SUBMITTING CLAIMS

AIHP FFS Providers must submit CMS 1500, ADA 2012, or UB-04 claims, as appropriate to the services rendered.

Detailed instructions for completion of the CMS 1500 can be viewed by using the following link:
https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap05.pdf

Detailed instructions for completion of the UB-04 can be viewed by using the following link:
https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap06.pdf

Detailed instructions for completion of the ADA 2012 can be viewed by using the following link:
https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap07.pdf

MANUAL (PAPER) CLAIM FORM SUBMISSION REQUIREMENTS

Providers may submit CMS 1500, ADA 2012, or UB-04 forms via original paper submission to:

Division of Developmental Disabilities
Attn: Claims Department
Mail Drop 2HC6
P.O. Box 6123
Phoenix, AZ 85005-6123

WHAT ARE CLEAN CLAIMS?

Claims must meet the Division of Developmental Disabilities requirements for claims submission. AHCCCS defines a clean claim as a "claim that may be processed without obtaining additional information from the provider of service or from a third party."

A claim is considered clean on the date the following conditions are met:

- All required information has been received by DDD.
- The claim meets all DDD submission requirements.
- The claim is legible (permits electronic image scanning or manual input).
- Any previous errors in the data provided have been corrected.
- All medical documentation required for medical review has been provided.

WHAT IS THIRD-PARTY LIABILITY (TPL)?

Third Party Liability (TPL) can be defined as resources available from a person or entity that by agreement, circumstance, or otherwise is liable to pay all or part of the medical expenses incurred by an AHCCCS/DDD member. TPL refers to the responsibility of parties other than the Division of Developmental Disabilities (DDD) to pay for health insurance costs incurred by an Arizona Health Care Cost Containment System (AHCCCS) member.

DDD/AHCCCS is the payer of last resort, which means DDD/AHCCCS will not pay a claim for which someone else may be responsible until the primary party has been billed. For the most part, this means providers are responsible for billing third parties, including Medicare, before billing DDD/AHCCCS.

REVERSAL (ADJUSTMENTS) PROCESS

After a claim has been paid by DDD, errors (data corrections or revised payments) may be discovered in the paid amounts that were billed by the provider. For an AIHP FFS claim submitted via a Manual Claim form (CMS 1500, ADA 2012, or UB-04), providers are required to resubmit a corrected claim form while referring to the original Claim Reference Number (CRN). A difference of payment may be issued based on the review of the received documentation.

RECONCILING PAID CLAIMS

Payment information, including payment status, is provided by DDD. Providers are responsible for reviewing and reconciling the remittance advice payment information and accompanying payments with their accounts receivable.

TIME FRAMES - INITIAL BILLING SUBMISSION AND RESUBMISSIONS

DDD is not obligated to pay for services provided without prior authorization. Claims for services rendered must be initially received by DDD no later than six (6) months after the date of service as indicated on the claim. Claims should be submitted within the specified time period from the date of service for a first submission to retain appeal rights, whether the TPL insurance explanation of benefits has been received or not.

A resubmitted claim shall not be considered for payment unless it is received by DDD as a clean claim no later than twelve (12) months after the date of service shown on the original claim.

- Providers must correct claim errors and resubmit claims to DDD for processing within the 12-month time period (from the date of service).
- AIHP FFS providers should reconcile denied claims based on Provider Remittance Advice.

Provider Questions, Concerns and Support

Any questions regarding this document, billing process or billing inquiries should be addressed to the DDD-Customer Service - Provider Relations at 1-844-770-9500 or DDDCustomerService-Providers@azdes.gov.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1.