DDD SHOUT
VENDOR & PROVIDER NEWSLETTER

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COVID-19 Flexibilities Update

As a result of the COVID-19 public health emergency (PHE), AHCCCS, with approval from the Centers for Medicare and Medicaid Services (CMS), was able to implement several service delivery flexibilities in order to ensure individuals were still able to receive services, while at the same time protecting the health and safety of the professionals providing those services.

Since the beginning of the PHE, these flexibilities were understood to be temporary and would eventually be unwound. The following flexibility changes and their end dates were recently announced by AHCCCS.

Flexibilities Ending Prior to the Conclusion of the PHE

- Effective July 1, 2021 - All Direct Care Workers will once again be required to complete their training requirements within 90-days of being hired.*
- Effective October 1, 2021 - Annual limit of respite hours will return to 600 hours per benefit year (October 1- September 30).

AHCCCS worked with CMS to tie many of the flexibilities to the end of the PHE. AHCCCS has communicated that these flexibilities will expire at the end of the quarter in which the PHE ends. For example, the PHE is currently scheduled to expire on July 14, 2021.

- If it is **NOT** extended, the flexibilities will expire on September 30, 2021.
- If it is extended for an additional 90 days, the flexibilities would expire on December 31, 2021.

Flexibilities Ending Upon Conclusion of the PHE

- Virtual case management (support coordination) visits for ALTCS members.**
- Reimbursement for parents providing direct care to minor children.***
- Virtual supervisory visits of Direct Care Workers.
- Home delivered meals.

*DDD is currently seeking clarification if this will also apply to DCWs who are providing Attendant Care services to their minor children, since this flexibility will end at the conclusion of the PHE.

**DDD is still considering when the resumption of in-person planning meetings will occur and the provisions of the new model. As soon as a date is determined, Support Coordinators, members, families and vendors will be notified.

***Federal regulations do not permit the Medicaid program under AHCCCS' 1115 Waiver to pay parents to provide personal care services to their minor children; this was only available as a result of the public health emergency. The flexibility was granted to allow members and their families options for services to continue

during the pandemic to support choice in deciding whether or not to allow direct care workers into their homes to mitigate risk of exposure and to ensure continuity of services in the event direct care workers were not feeling well, became ill or decided not to work as the result of the pandemic. As a result, once the public health emergency ends, AHCCCS is no longer able to allow this service delivery model. DDD will be providing additional guidance for DDD Support Coordinators and Network staff related to helping members and families transition services in the coming weeks.

New Claims System

As announced on March 17, 2021, and in the April and May Shout Provider Newsletters, DDD will update its claims system in order to be compliant with state and federal regulations and to resolve the AHCCCS HIPAA TCS Compliance Claims Processing System Notice to Cure.

The goal is for DDD to utilize the Healthcare Common Procedure Coding System (HCPCS) and standard Centers for Medicare & Medicaid Services (CMS) claims forms when reimbursing Qualified Vendors for submitted claims. This will include the use of standardized Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets (TCS) in lieu of DDD proprietary codes currently being used by vendors when submitting claims.

The first phase of this project will be implemented on September 1, 2021. In this phase, vendors must submit claims on official, nationally-recognized forms. The current DDD billing template will be replaced by these forms. Vendors will have three options for submitting claims:

- Submit a CMS 1500 form in paper form
- Submit an electronic 837 form
- Manually enter claims directly in Wellsky for each authorization

Along with using the proper HCPCS/CPT codes, the rates will be adjusted to match the appropriate billing unit. Most of the HCPCS/CPT codes are billed in 15-minute increments. The adjustment to the rates will be a calculation to adjust from an hourly rate to a 15-minute rate. This adjustment will not decrease the revenue in comparison to billing for a full hour.

Training Sessions

The Division will host training sessions on the new system in July and August for qualified vendors. **DDD is asking that the primary person(s) from each agency attend one of the sessions. DDD will use the DES TraCorp system to facilitate registration for each session.** Each attendee must create an account by visiting https://adoa.server.tracorp.com/novusii/application/login/ and selecting the teal "CREATE NON-STATE WORKER ACCOUNT" button. The user should then complete the active fields, using **f4150484** in the "Access Code" field. Once all fields have been completed, the user should click the "CREATE ACCOUNT" button at the bottom of the page. Please have staff keep track of their login and password information. **These users should create accounts in the TraCorp system by June 15, 2021.**

Once the training schedule is finalized, DDD will communicate dates and times via vendor announcement so staff can log into the Tracorp system and register for a training session. The Division has published a page on its website where information about this project, including Frequently Asked Questions, are available for review. If you have questions about the project, please submit them using this form, https://forms.gle/qZ5KWjZryEa2NfRY7.

Claims System User Designation

DDD has contracted with WellSky to provide the third party application to allow the submission of claims.

Each Vendor will have access to two WellSky accounts that will be used to submit claims billings. The Vendor's contract main point of contact or designee must designate these WellSky billing users by identifying them in the FOCUS system. This feature was made available to vendors **on June 3, 2021**. Contract main points of contact or designee can assign WellSky users following these three steps:

1. Login in to the Focus and select the **Admin Tools** application.
2. Choose "Users" at the top of the page.
3. Click the "Assign" button in the column labeled "Access to WSHS" for up to two individuals who will then get access to the WellSky system.

This information is also available in the Focus User Manual. **These WellSky users must be identified and selected in Focus by July 1, 2021, to ensure credentials are appropriately established in the new system.**

Person-Centered Service Plan

The Arizona Health Care Cost Containment System (AHCCCS) has revised the ALTCS Case Manager Standards to include a new Person-Centered Service Plan (PCSP). The Division has incorporated this important initiative into the Current to Future (C2F) strategic plan. The PCSP will help Support Coordinators and other Division staff effectively communicate expectations with members and their families. The goal is to allow members to talk about what they want and need to create the life they desire. Their strengths and vision will help determine what supports and services are needed. The new process will help members feel more in control of their decision-making and that their voice is heard.

Support Coordinators are being trained on the Person-Centered Service Planning process and will begin using it at planning meetings after the completion of this training. The Division will be posting a web page with additional information including Frequently Asked Questions later in June.

AHCCCS EVV Website Update

New Provider Onboarding

AHCCCS has created two documents to help guide new providers coming into the network or existing providers that are planning to provide EVV services. The first is a one-page onboarding document that has tips on how to get started and the second is the attestation form used by the health plans during the credentialing process. Both documents can be found on the EVV website under the "Information for Providers and MCOs" tab.

Understanding Client Pending Status

In partnership with Sandata, AHCCCS will be periodically posting "quick tips" to help providers using the Sandata system. The first is a "quick tip" to help providers understand and resolve clients showing up in a pending status. This quick tip is available on the website under the Sandata EVV System Resources and Technical Assistance tab.

Soft Edit Claims and Policy Grace Period

The soft edit claims and policy grace period is still in effect. At this time, AHCCCS has not yet established a new timeline for the hard claim edits to begin. AHCCCS is currently undertaking a number of activities in partnership with CMS and Sandata to inform the plans and timeline for the transition from the soft claim edits to the hard claim edits. In June, AHCCCS is preparing a large scale communication that will outline:

- A list of known system issues and the plans and timelines for resolution.
- Expectations for providers during the soft claim edit and policy grace period.
- Update on the plan and timeline for the transition from the soft claim edits to the hard claim edits.

ROPA Registration and Hard Claims Edit Update

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider.

Until these Acts passed, referring, ordering, prescribing and attending providers were required to obtain a National Provider Identifier (NPI), but were not required to be enrolled as an AHCCCS provider.

As of May 27, 2021, due to the continuing public health emergency and in an effort to ensure that no members experience disruptions in care, the ROPA registration deadline has been extended to either **January 1, 2022, or the end of the public health emergency.** This extension will help impacted providers:

- Work through the analysis of who still needs to be registered and who does not, and
- Ensure denials and access to care impacts are limited and/or negated.

In order to ensure that providers meet this extended deadline, AHCCCS will release additional guidance on its ROPA web page specifically for referring and ordering providers, prescribing providers, and attending providers in June 2021. As of May 15, 2021, DDD has a new billing template to collect ROPA information, please continue to use this new template. DDD will issue an edit message when ROPA information is missing. **ALL Qualified Vendors are required to use the new billing template regardless of whether they provide ROPA services.**

Clarification of ROPA Providers

- Referring - Providers refer members for an item or service.
- Ordering - Providers order non-physician services for members. Ordering providers are required for labs, radiology, medical/surgical supplies, drugs J-codes, temporary K and Q-codes, orthotics, respiratory DME, prosthetics, enteral and parenteral therapy, durable medical equipment, V-codes, and CPT® codes 97001 – 97546 (including occupational therapy and physical therapy). The ordering provider is the PCP who certified the Plan of Care for therapy services.
- Prescribing - Providers prescribe medications.
- Attending - Providers are the attending physicians in intermediate-care facilities.

Rate Book Updates for Therapy Services

As communicated on February 5, 2021, in March 2020, the Arizona Legislature passed and Governor Ducey signed into law House Bill 2668 (Laws 2020, Chapter 46) which established a second assessment effective October 1, 2020. Per the new law, monies from this assessment were to be deposited into the Health Care Investment Fund (HCIF) to:

- Make directed payments to hospitals pursuant to 42 CFR § 438.6(c) to persons eligible for Title XIX services.
- **Increase base reimbursement for services reimbursed under the dental fee schedule and physician fee schedule.**
- Pay for the non-federal share of the costs for AHCCCS to administer this program, not to exceed one percent of the total assessment monies collected.

An updated Rate Book and rate lookup files were posted on the DDD website. Vendors providing therapy services should use the claims replacement process for services rendered and paid at the previous rates from October 1, 2020, to February 5, 2021. In July 2021, DDD will manually recalculate the differential for any remaining claims paid at the previous rates to process retroactive payments to vendors. Vendors should use the new rates for services that they have not yet submitted claims for dates of service since October 1, 2020.

As a result of this rate increase, effective March 1, 2021, Absences/No Shows no longer constitute a billable unit in the Natural Setting or Clinic Setting.

Qualified Vendor Agreement Changes

DDD has been working with Burns & Associates (a Division of Health Management Associates) and the Human Services Research Institute since September 2019 on a project to improve the quality of services our members receive. Over the last year and a half, with the input of various stakeholders including vendors, providers, members and families, improving the Qualified Vendor Agreement (QVA) was identified as one way to support vendors in delivering the best services.

A meeting was held for Qualified Vendors and Providers on April 8, 2021, to outline the work done to develop these changes and to explain how the public comment process will work. The Division will post for 60 days all the proposed new request for QVA documents for public comment at the end of June. Your feedback is critical to this process. More information including a summary of changes will also be posted.

Hourly Nursing Assessment Tool (H-NAT)

As part of DDD's Current 2 Future Initiative, the Division has been working on a Corrective Action Plan (CAP) related to deficiencies in our Nursing Assessment process. The CAP specifically addresses deficiencies in how the skilled nursing matrix was utilized across districts, which resulted in some members not receiving the appropriate nursing services. The Division contracted with the Northern Arizona University - University Centers for Excellence in Developmental Disabilities (UCEDD) to create a new tool for assessing Nursing services.

The collaboration with the NAU-UCEDD included review and revision of existing policies and development of the new Hourly Nursing Assessment Tool (H-NAT). Medical Policy Manual Chapter 1240-G Nursing Services and the H-NAT were published for public review comment from March 24 until April 21. The revised policy was published on Wednesday, June 9, 2021. The Division will be publishing a web page that includes Frequently Asked Questions for members and families later this month.

The H-NAT will allow Division Nursing staff to consistently and accurately assess members for necessary nursing services across all districts. Division Nurses will begin using the H-NAT to assess member nursing needs on August 1, 2021.

Program Integrity Education

The Division has established a Corporate Compliance Program as a means to prevent, detect, and correct fraud, waste and abuse (FWA), and misconduct. The Program aims to promote a culture of compliance across the Division's managed care service delivery system in a way that encourages ethical conduct and a commitment to compliance with contractual, state and federal rules and regulations.

There are 7 elements of an effective compliance program:

1. Written Standards
2. Compliance Oversight
3. Provision of Effective Education and Training
4. Reporting Mechanisms
5. Response and Discipline
6. Auditing and Monitoring
7. Investigation and Remediation

As announced in the March 2021 Shout, the Division's Program Integrity Unit (PIU) is taking steps to communicate standards and guidelines as well as other aspects of the Division's compliance program with

Qualified Vendors and providers. The PIU will be hosting a series of voluntary, virtual sessions for interested Qualified Vendors and Providers to discuss the aspects of program integrity and provide information related to staff roles and compliance responsibilities. The educational sessions, which are specific to each service type, have been scheduled as follows:

- Home and Community Based Services
  - July 6, 2021
  - July 8, 2021
  - July 9, 2021
- Group Homes, Day Treatment Services and Employment Services
  - July 20, 2021
  - July 22, 2021
  - July 23, 2021
- Therapy Services
  - August 3, 2021
  - August 5, 2021
  - August 6, 2021
- Developmental Home Services
  - August 17, 2021
  - August 19, 2021
  - August 20, 2021

All sessions will be hosted through Google Meet and can be accessed using this link, https://meet.google.com/mre-tfgw-gdk, or by phone, 1-225-522-1481 using PIN 246037571.

DDD Town Hall Meetings

The Office of Individual and Family Affairs (OIFA) continues to host town hall meetings for members, families and providers. The next town hall meeting will be held on Thursday, May 6, 2021, from 6:00 p.m. to 8:00 p.m.

Please share this information with the members and families you serve and encourage them to participate. The town hall schedule and instructions to join via the Internet or phone can be found at bit.ly/dddtownhall.

Get Caught Up

Did you know the Division posts vendor announcements and editions of the Shout on the web? Get caught up and stay informed on all of the recent vendor communications.