

DDD SHOUT

PROVIDER NEWSLETTER

Volume IV - June 2019

DDD Health Plan Update

DDD Health Plans offer integrated health care that ensures close collaboration and care coordination between the DDD Health Plans, its providers and DDD, resulting in improved member health outcomes. Mercy Care and UnitedHealthcare Community Plan will provide integrated health care for eligible members effective October 1, 2019, that includes:

- Physical health services
- Behavioral health services
- Children's Rehabilitative Services (CRS) (if eligible)
- Limited long term services and supports (LTSS): nursing facilities, emergency alert system services and habilitative physical therapy for members age twenty-one (21) and over.

All other LTSS will continue to be provided by DDD's network of Qualified Vendors and Providers.

Open enrollment for members who became DDD and ALTCS eligible **prior to** April 5, 2019, began at **8:00 a.m. on June 14, 2019**, and will end at **5:00 p.m. on July 15, 2019**.

Members can choose their DDD Health Plan in one of four ways:

1. Call DDD Member Services at 1-844-770-9500, ext. 7. (Preferred)
2. Call the DDD Customer Service Center at 1-844-770-9500 ext. 1
3. Tell their Support Coordinator
4. Mail their choice to DDD

Members currently receiving services from Mercy Care or UnitedHealthcare Community Plan that do not notify DDD of their choice, will be assigned to their current plan provider effective October 1, 2019.

DDD will continue to provide member case management through its team of Support Coordinators. Additionally, all other LTSS will be provided by DDD's network of Qualified Vendors and Providers.

Open enrollment for members who become DDD and ALTCS eligible **between** April 5, 2019, and September 30, 2019, will begin at 8:00 a.m. on October 1, 2019, and end at 5:00 p.m. on October 30, 2019.

Therapy Project

A Plan of Care (POC) requirement was released as part of the Therapies project being tested at the Chandler and Avondale offices. In alignment with the goal of improving efficiency as well as assisting qualified vendors in meeting the POC requirement, updated Therapy Evaluation/Assessment and Quarterly Progress Report templates are being developed. These documents will be made available to vendors providing services to members at the pilot offices upon completion. Two WebEx trainings have been scheduled for [Thursday, June 20, 2019, at 11:00 a.m.](#) and [Tuesday, June 25, 2019, at 1:00 p.m.](#), to educate and answer questions regarding the documents and requirements. All qualified vendors and providers are invited to attend one of these sessions.

Qualified vendors and providers can reference the vendor announcement, [Therapy Review Project Update](#), which included a draft guide for vendors providing services in the test offices that outlines the documentation requirements for Occupational, Physical, and Speech-Language Pathology Therapy services.

Third Party Liability (TPL) Waiver Processing

The Division has identified an issue regarding prior authorization denials received from TPL insurance coverages for DDD members. The TPL Unit will be requesting additional documentation to process Provider Waiver Requests to alleviate and ensure proper auditable documentation.

Waiver requests denied for “Prior Authorization absent, missing or not on file” will be addressed by reviewing the submitted Prior Authorization and the response received from the TPL insurance coverages. This will provide the Division with the necessary documentation for provider/member audits and verify adherence to proper DDD billing procedures and member quality of service.

The Division grants waivers for clean denial reasons. Waiver requests lacking the proper TPL Prior Authorization documentation will be denied and sent back to the vendor for correction. The Division is not liable for payment for services rendered without prior authorization from the TPL Insurance coverages.

If you have any questions regarding the additional documentation required for TPL Prior Authorization denied waivers, please contact Customer Service at 1-844-770-9500 or DDDCustomerServiceCenter@azdes.gov.

Billing for \$0 Amount Due

When a Qualified Vendor or Provider receives payment from a Third Party/Primary Payer in an amount that meets or exceeds the published rate, the Qualified Vendor must report the provision of service on the claim document indicating **no amount due [\$0]** from the Division.

Reporting these claims is [required by Medicaid](#). Not submitting these \$0 claims, results in members with unassigned authorizations, which appears as if the QV/Provider failed to render services as agreed and failure to report these claims may result in significantly decreased Provider scoring on the Provider Profile Timeliness project. For more information on this project see the vendor announcement, [Provider Profile Timeliness from 2/14/2019](#).

NCI Staff Stability Survey

There is still time to complete the NCI Staff Stability Survey before the June 30 deadline. Your responses are critical for DDD to understand the needs and challenges its Providers face in maintaining a professional Direct Support workforce. This includes having accurate data that reflects staff turnover, vacancy rates, wages, benefits, etc., that impact the care Providers deliver to members. On June 14, an email with a custom link to the survey for your organization was emailed to all Providers that have yet to complete the survey. Please take the time to provide this critical data.

AHCCCS Electronic Visit Verification (EVV)

On Tuesday, February 26, 2019, the Arizona Health Care Cost Containment System (AHCCCS) announced the selection of Sandata Technologies, LLC as the statewide electronic visit verification (EVV) vendor. Sandata will deliver the statewide EVV system that will be made available to all service providers required to use EVV.

Beginning in 2020, AHCCCS will require Medicaid providers of personal care and home health services to use Electronic Visit Verification (EVV) pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b). EVV is an electronic based system that verifies when caregiver visits occur and documents the precise time services begin and end. It ensures that members receive their medically necessary services. Service providers may choose to use an alternate EVV system vendor (at their own cost) and must interface with the statewide system as a data aggregator. More information on AHCCCS' plans for EVV is outlined on the [AHCCCS website](#).

Policy Public Comment

DDD is soliciting public comments regarding proposed changes to **Operations Manual Chapter 1003 - District Independent Oversight Committees**. These proposed changes are open to public comment until June 23, 2019. More information regarding these proposed changes and instructions for submitting comments can be found on [the DDD website](#).

Send an email with your contact information to DDDPolicy@azdes.gov to receive notification of changes to DDD policies and publications by email.

HIPAA Online Reporting

DDD is making changes to current practices to enhance reporting of potential HIPAA breaches. These changes will provide a consistent method for DDD personnel, members, Qualified Vendors and Providers to report a potential breach.

Everyone is encouraged to use the [new online form](#) to report suspected HIPAA breaches. Please contact DDD Privacy Officer, Shawna Odorizzi, at DDDPrivacy@azdes.gov with any questions.

Get Caught Up

Did you know the Division posts PDF versions of vendor announcements on the web? Get caught up on all of the recent vendor communications and stay informed, <https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/vendor-announcements>.

Read previous volumes of the DDD Shout:

[Volume I, March 2019](#)

[Volume II, April 2019](#)

[Volume III, May 2019](#)

If you have any information that you would like to see in the DDD Shout, please email your suggestions to DDDCommunications@azdes.gov.

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