

DDD SHOUT

PROVIDER NEWSLETTER

Volume VII - September 2019

Changes to Progress Report Submission Process

The Division Progress Reporting Requirements have been updated to provide a more consistent process for uploading and storing progress notes by qualified vendors. Resources to assist our provider network on the new policy and procedure was sent in a vendor announcement, [Changes to Progress Report Submission Process with FTP Access Request Instructions](#), on August 29, 2019.

An overview video can also be viewed at <https://bit.ly/2kHvnDN>. Additional resources are also available on the [DDD Provider website](#).

For questions, please contact your District's Network Manager

Qualified Vendor Application (QVA) Provider Directory Search Update

Provider Manual Chapter 47, Managing Vendor Call Lists, Provider Directories, Scope of Services and Reporting Requirements, has been updated and takes effect on September 30, 2019. The QVA application was enhanced to enable Qualified Vendors to update and maintain site-specific details in the QVA which will be used for the Provider Directory and online Provider Search used by members and Support Coordinators. Qualified Vendors are required to update the QVA with the site-specific information by September 30, 2019.

Changes in this process include:

- An [updated user manual](#).
- Qualified Vendors are responsible for updating and maintaining site-specific information to be used for the Provider Directory and online Provider Search.
- Required components from [Provider Manual Chapter 47: Managing Vendor Call Lists, Provider Directories, Scope of Services and Reporting Requirements](#). This is also in compliance with ACOM 406 – Member Handbook and Provider Directory, which includes requirements for identifying facilities with special accessibility features.
- Improved overall functionality to the online Provider Search.

Waivers - Did You Know?

The Division form DDD-1651A, COBV Waiver Request, was last updated in March 2018. All providers should be using this form when submitting waiver requests to avoid delays or denials. The current form can be downloaded at <https://des.az.gov/file/7973/download>. It is also available for download from the [DES document center](#) by searching for "COBV Waiver Request" under "Forms." As stated in the [DDD Provider Policy Manual Chapter 57-E](#): "The Division will not accept any older versions of the form."

Please submit all waiver requests and supporting documentation via email to TPLWaiver@azdes.gov. Supporting

documentation should include, but is not limited to, the waiver request, explanation of benefits and billing documentation if the EOB does not provide the billed codes. Additional information may be requested by the processors if necessary. If a waiver is denied and needs to be resubmitted, a new waiver form (not the one originally submitted) and all supporting documentation should be emailed to TPLWaiver@azdes.gov.

As a final note, when completing the waiver request form, please be sure to include your provider information at the top. Your Provider Name and Provider ID number should match in our system. The Provider ID number is usually your tax ID number or your AHCCCS Provider number. The four digit code is issued to you by DDD and is a four alpha character code. If this information does not match, your waiver may be denied.

Member Monthly Email

The DDD Communications Unit needs your help! Starting in October, DDD will begin using Constant Contact to send monthly member emails. Constant Contact is an established opt-in email marketing service. As such, we are not able to import our current list of member email addresses. Effective October 2019, members and their family members will only receive email newsletter updates from the Division AFTER they have opted-in to receive them.

Listed below are links to opt-in to DDD's mailing list in these locations where members can sign up:

- <https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families>
- <https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources> (in the section for member newsletters)
- <https://www.facebook.com/OfficialArizonaDDD> (at the top of the page "Sign Up")

You can also refer members or family of members to this URL, bit.ly/ddd_news, which will take them directly to the opt-in page.

Claims Replacement Application

The Claim Replacement Application in FOCUS allows vendors to make their own reversals and resubmissions for claims that are bound by timely filing guidelines for corrected claims or claims that were initially billed incorrectly. Since its inception in 2018, DDD has identified five of the most common situations for its use:

1. When the incorrect rate was billed, and the claim needs to be updated with the correct rate.
2. When a waiver has been approved after the six month timely filing and the claim replacement needs to be used on the original claim line.
3. When the incorrect service or date of service was billed, and the provider received payment.
4. When a claim billed at the correct rate is denied because the rate is not loaded in FOCUS after the timely filing.
5. If the wrong MCID number was billed and the provider needs to replace the claim with the correct MCID number.

Follow this link, <https://vimeopro.com/azdes/ddd-claims-replacements-project>, to see a video guide that shows how to replace a claim.

DDD Health Plans

Effective October 1, 2019, Mercy Care Plan and UnitedHealthcare Community Plan will provide statewide integrated health care to DDD/ATLCS members 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.

Members will receive their new DDD Health Plan identification cards from their DDD Health Plan by the second week of October. If a member needs to obtain services before they receive their ID card, they should contact their new DDD Health Plan's Member Services Unit.

DDD has been vigorously training Support Coordinators to ensure they understand the changes that will impact members starting October 1, 2019, so they can ensure they continue to receive high quality care through the transition and beyond. UnitedHealthcare Community Plan and Mercy Care both have processes in place to make sure members experience as seamless a transition as possible.

Members will have the opportunity to select an alternate DDD Health Plan one time between October 1, 2019, and December 31, 2019, if for some reason their current DDD Health Plan does not work for them.

DDD Office of Administrative Review (OAR) Has a New Address

The Division of Developmental Disabilities Office of Administrative Review (OAR) has a new address:

Division of Developmental Disabilities
Office of Administrative Review
4000 North Central Avenue, 3rd Floor, Suite 301
Mail Drop 2HE5
Phoenix, Arizona 85012
602-771-8163 or 1-855-888-3106

Please use this address to submit all formal Claim Disputes.

Electronic Signatures

Several Vendors/Providers have inquired about the use of electronic signatures in their forms and documentation. The Arizona Department of Administration defines an electronic signature as "an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to be bound by or to authenticate a record."

Vendors/Providers may use electronic signatures as long as those signatures comply with [DES Policy](#).

Key requirements of an electronic signature must include the following:

- An electronic signature shall be unique to the person using it
- It shall be capable of reliable verification
- It shall be linked to a record in a manner so that if the record is changed the electronic signature is invalidated.

Benefits of an Electronic Signature

- Lower transaction costs (Less paperwork and manpower)
- Faster deadlines met
- Signature security (Encryption)

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). AHCCCS is using EVV to help ensure, track and monitor timely service delivery and access to care for members. They are also using EVV to help reduce provider administrative burden associated with scheduling and hard copy timesheet processing. 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. New information is available for providers on the [AHCCCS website](#) under the “Information for Providers and MCOs” drop-down, including an updated timeline and general information on what information or support you can expect and when you can expect it.

Get Caught Up

Did you know DDD posts PDF versions of vendor announcements and past issues of the DDD Shout on its website? 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](#)

[Volume IV, June 2019](#)

[Volume V, July 2019](#)

[Volume VI, August 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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