DDD SHOUT
VENDOR & PROVIDER NEWSLETTER

WellSky Claims System Updates

On September 1, 2022, the Division implemented the WellSky claims system that utilizes 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 includes the use of standardized Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets (TCS).

DDD and WellSky have noticed a number of provider agencies submitting claims by uploading an 837 file without using the agency's legal name of record in WellSky. Providers are reminded that they must bill using the name of record in AHCCCS/FOCUS/WellSky. Upcoming changes will more strictly enforce that billing and rendering provider names match the name in WellSky. Once those changes are deployed, use of the incorrect name may result in claim denials or, in cases where no reasonable match can be made, claims not being visible. These changes are anticipated to be deployed in late October 2022.

Since the system went live on September 1, 2022, over 2.5 million total claims have been submitted and processed from 575 different vendors. The Division would like to thank all the providers who have participated in training and preparing their systems for this change. The Division's Provider Relations team continues to be available to support Qualified Vendors with questions about the WellSky system. This unit has identified a few trends that all Qualified Vendors should be aware of when submitting claims through the WellSky system.

Known Issues

There are a few known issues that are impacting several vendors. The WellSky team and DDD teams are actively working on fixes and solutions.

- There is an issue with 835 files not containing all the paid claims. The source of the error has been identified and is being fixed. If there are two identical claims in the system where one is paid and one is denied due to duplication, the 835 file is only reporting one of the claims. This issue does not prevent vendors from billing and continuing to get reimbursements. We understand vendors need these files to reconcile their systems. In the meantime, the billing detail reports in Focus are still active and show the proper status of all the claims.

- Last week, claims were not being transmitted to Focus for payment processing. This was due to a technical configuration between WellSky and Focus. This issue was fixed on Thursday, October 13 and claims were being processed by Focus for payments.

- In WellSky there are nursing codes specific to Registered Nurse (RN) providers and Licensed Practitioner Nurse (LPN). However, claims billed using the RN codes are being denied. This is actively being addressed and will take at least a couple weeks to remedy. In the meantime, vendors can still bill for services using the LPN codes but use the RN rates, much like the billing in Focus before WellSky

implementation.

The Division has published a [Claim Denial Tips](#) document which Qualified Vendors can reference to help reduce claim denials.

Question and answer sessions are being held through September 30, 2022 where Qualified Vendors can have their questions answered. The schedule for these sessions is available on the [C2F - HIPAA TCS Compliance WellSky Claims Processing System web page](#).

Additional information and resources including [Frequently Asked Questions](#) and a [form to submit questions](#) are available on the [Division's web page](#) dedicated to this project.

AHCCCS Electronic Visit Verification (Update)

On Friday, September 23, 2022, AHCCCS announced the hard claims edit for EVV services would move from November 1, 2022 until January 1, 2023. Providers are strongly encouraged not to consider this extension as a delay, but rather to maintain the momentum to assess and comply with the EVV requirement and use every minute of this extension to ensure their readiness for the claims enforcement.

AHCCCS continues to track various provider readiness milestones representing a continuum of compliance. MCOs are using that data to inform provider engagement and outreach plans to ensure that providers have the support they need to fully implement EVV. If providers are contacted by their contracted MCO(s), they are strongly encouraged to respond to ensure their readiness for the hard claim edits. Providers must maintain documentation standards that validate the provision of services as they transition to EVV, as well as the standard requirements outlined in their Provider Participation Agreement.

During the soft claim edit period (through December 31, 2022), providers can still receive reimbursement for services even if there is no EVV visit to match to a claim or the EVV visit data is incomplete. Providers should use this period to incorporate EVV into day-to-day business practices, including developing operational procedures, training administrative personnel, onboarding members and caregivers, and logging visits. More importantly, this is an opportunity for providers to self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins on January 1, 2023. Once the hard claim edits begin, providers will not get paid unless all the required EVV visit data is present.

Read the full [vendor announcement](#) with all the details on the DDD website.

Article 14 Informal Public Comment

The Department of Economic Security (Department) is in the process of creating administrative rules to govern the use of electronic monitoring devices in group homes, nursing-supported group homes, and intermediate care facilities. These new rules will be added at 6 A.A.C. 6, Article 14.

The Department is seeking informal input as we draft these rules. This will ensure stakeholders' comments and concerns are considered early in the rule writing process. There will be a formal public comment period after the rules are published in the Arizona Administrative Register pursuant to A.R.S. § 41-1023. The Department would like to include stakeholders' comments in the early stages. This will avoid adding additional steps and requirements.

The Department has posted a Public Notice requesting informal input on the current draft of these rules on the Department's website. This Public Notice provides more details on when comments must be submitted and how to submit them. The Public Notice can be viewed on the [DES website](#).

Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) Survey

This information was sent to all Qualified Vendors via vendor announcement. The link to the survey in that announcement had an error that prevented it from opening properly. The correct link is https://form.jotform.com/222166614478157.

Developing a qualified, competent, and sufficiently staffed workforce continues to be a priority issue that impacts members/clients, families, direct support professionals, Providers, and Qualified Vendors. Arizona direct support professionals who support people who are elderly and physically disabled or those with developmental disabilities are the backbone of our healthcare industry. It is the goal of Arizona's Managed Care Organizations (MCO) to work in collaboration with Providers and Qualified Vendors to develop Statewide initiatives, improvement plans, and best practices to identify and address workforce development initiatives.

In collaboration with the Workforce Development Coalition, the Division is sharing the 2022 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) survey, formally known as the ACOM 407 Attachment A survey. The AHWGMA is a statewide data collection tool used to help the Arizona Network by gathering information, analyzing data, and assessing the current and future needs of the workforce. The results of this process provide insight into future funding opportunities, highlight where support is needed, and assist with the prioritization of initiatives/projects across the network.

This survey is intended for all Qualified Vendors providing services for members. Qualified Vendors that hold a contract with the Division and one or more additional MCOs only need to complete the survey once. The AHWGMA survey is open until Friday, November 18, 2022.

An Introduction to the AHWGMA Survey and an AHWGMA Survey How-To Guide are available online for reference.

AHCCCS Director Jami Snyder Interview with ALTCS WFDA

In August 2022, AHCCCS Director Jami Snyder spoke with members of the Arizona Long-Term Care System Workforce Development Alliance about the state of the workforce in Arizona. Below is an excerpt from that interview, the full interview is available here.

The Healthcare workforce in Arizona is quickly evolving. Technological advances, competitive markets, economic shifts, and the pandemic have drastically changed the way business is done in this industry. Recognizing this shift, our State Medicaid Health Plans and State Agencies have joined forces and created the ALTCS Workforce Development Alliance (Health Plan collaborative group) to develop strategies that will benefit all of our Healthcare provider agencies and members receiving services across the state. The ALTCS WFD Alliance joined Jami Snyder, Director at Arizona Health Care Cost Containment System (AHCCCS), for a candid discussion about Arizona's workforce strategy.

"I think we all know that there's really a need for direct support professionals that can serve individuals with more complex needs such as individuals with intellectual and developmental disabilities and behavioral health needs. And I know that's top of the list for the Division of Developmental Disabilities. Really looking at being able to offer additional support, training, and education to direct support professionals in the field that are interested in serving those populations so that they have the skills and the training necessary to do so. We know that there's a need to integrate community-based providers into our workforce, such as community health workers. So, looking at establishing an enrollment pathway to enroll with the Medicaid program and a reimbursement structure to support the reimbursement of DCWs and paraprofessional workers. The increased use of technological tools, even beyond telehealth, such as remote monitoring devices, to supplement the care that's being offered by the workforce hands-on or in-person care, that's being offered by our current DSP

workforce. And I think there's really an increased interest and need to start thinking about meeting people where they're at, at the agency over the last four years, we've had a real focus for instance, on providing behavioral health services on school campuses. Again, with the understanding that there's an increasing need to meet people where they're at when there are barriers to accessing care out in the community. I mentioned already developing an enrollment and reimbursement structure for some of those community-based workers that can be really instrumental in terms of helping us to address the whole person care needs of our population, and then integrating data. This is an interesting area where I'm doing some work to better understand the need, integrating data from things like wearable devices into existing health records or EMRs [Electronic Medical Records], so that we are able to really maximize the use of technology as we look to serve individuals enrolled with the program."

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, November 3, 2022, from 6:00 p.m. to 8:00 p.m.** DDD will present updates and announcements.

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, https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/vendor-announcements.

Report Fraud, Waste, Abuse and Misconduct

Report to DDD
- Call DDD at 1-877-822-5799
- Send an email to dddfwa@azdes.gov
- Send a letter to DES/DDD
  Attn: Corporate Compliance Unit
  1789 W Jefferson St.
  Mail Drop 2HA1
  Phoenix, AZ 85007
- Complete this online form.

Report to AHCCCS
- Provider Fraud
  ◦ In Arizona: 602-417-4045
  ◦ Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- Report Member Fraud:
  ◦ In Arizona: 602-417-4193
  ◦ Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, email the AHCCCS Office of Inspector General (OIG) at AHCCCSFraud@azahcccs.gov.