

Arizona Dept. of Health Services Office of Program Support		 March 2008
OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Division of Behavioral Health Services, Office of Program Support 150 North 18th Avenue, 2nd Floor, Phoenix, AZ 85007 http://www.azdhs.gov/bhs/tidbits		

CRS Chapter 50 Reporting Requirements

In an effort to eliminate duplicate encounter data reporting by the Children's Rehabilitative Service (CRS) contractors to ADHS, effective immediately the following Chapter 50 reports will be discontinued and replaced by the Office of Program Support (OPS) monitoring reports as indicated below.

A) CRS Chapter 50 Report (Discontinued) B) ADHS OPS Replacement Report

- A) Monthly Claims Aging Report
- B) Encounters Greater 210 Days Summary Report

- A) Monthly Claims Accuracy/Data Integrity Report
- B) Daily Detail Encounter Acceptance Report

- A) Quarterly Deleted Encounters Log
- B) Quarterly Deletion and Override Log

- A) Quarterly Over/Under Payments Report
- B) CRS Encounter Submission Tracking Report

All CRS sites will no longer be required to submit these reports on a monthly/quarterly basis. These reporting requirements will become oversight and monitoring responsibilities conducted within the Office of Program Support. In addition, the OPS monitoring reports will be used as part of each CRS contractor's yearly Administrative Review.

The remaining Chapter 50 reports will continue to be due to CRSA on a monthly/quarterly basis per the directives of CRS Regional Contractors Policy and Procedure Manual.

Continuing Chapter 50 Reports

- Monthly Claims Inventory Report
- Monthly Pended Claims Report
- Monthly Claim to Encounter Reconciliation

Please contact your respective OPS representatives with any questions or should you need any additional assistance.

Coding Q & A

Q

What is the best way to bill for receiving or making a telephone call on a cell phone: POS 99 (Other) or POS 11 (Office)?

A

A decision was made by the Clinical Leadership Council regarding the billing for telephone calls. The cell phone has been determined to be an extension of the provider's office and therefore all case management codes (T1016) performed via telephone should be billed using POS 11 (Office).

How Is The Diagnosis Determined on a Data Validation Review?

The following is the hierarchy followed by the Data Validation Review Coders to determine the correct diagnosis for an encounter.

- If the progress note contains a diagnosis code and the note is signed by a person who, according to A.A.C. R9-20-209, is authorized to diagnose. That is the diagnosis we expect to see on that claim/encounter.
- If the progress note clearly states the diagnosis from that point in time forward and is signed by a person authorized to diagnosis, we expect to see all future claims/encounters billed with that diagnosis code regardless of the assessment.
- If there is no diagnosis present on the progress note or if the note is not signed by an authorized person, the diagnosis is taken from the assessment that covers the date of service.

!! Edit Alerts !!

An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit alerts are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

New/Changed Edit Alert

Tracking Number: 93

Implemented:

Reference Title Revenue code to Procedure code check - REIMPLEMENTED

Notification Date: February 13, 2008

Expected Implementation Date: February 13, 2008

ADHS will provide 90 days notice when possible

Change Description:

POST IMPLEMENTATION PROBLEMS HAVE BEEN RESOLVED.

BHS will add an edit check to verify that procedure codes submitted on inpatient and outpatient UBs are valid for the revenue codes they are submitted with. (SSR 2339)

BHS will add an edit check to verify that procedure codes submitted on inpatient and outpatient UBs are valid for the revenue codes they are submitted with.

New/Changed Edit Alert

Tracking Number: 108

Implemented:

Reference Title: Rate/Unit Changes

Notification Date: February 8, 2008

Expected Implementation Date: As Indicated Below

ADHS will provide 90 days notice when possible

Change Description:

The following rate/unit changes were effective 11/2/2007:

Code	New Units	New Rate
90847	1	\$110.79
96101	6	\$89.94
96102	6	\$46.05
96119	6	\$71.39
A0382	999	No change
A0398	999	No change
A0422	999	No change
80101	9	No change
70460	2	No change
70470	2	No change

The following rate/unit changes will be effective 2/1/2008:

Code	New Units	New Rate
H0031	1	\$140.00
96103	2	No change
96111	1	\$165.00
96116	2	No change
96118	3	No change

The rate/unit changes effective for both 11/2/07 and 2/1/08.

New/Changed Edit Alert

Tracking Number: 110

Implemented:

Reference Title CRS TPL Edits

Notification Date: January 28, 2008

Expected Implementation Date: April 1, 2008

ADHS will provide 90 days notice when possible

Change Description:

ADHS will begin editing all encounters against the AHCCCS CRS TPL (Third Party Liability) file. Attached you will find the December TPL file and a copy of the file format. A monthly updated copy of this file will be provided to the CRS Sites between the 1st and 10th of every month.

All encounters for clients who show Medicare on the TPL file will be required to report insurance billing information in the appropriate fields on the encounter. The Medicare Allowed amount, Deductible amount and Paid amount must be reported. If the encounter was denied by Medicare, these fields must be zero filled. If the client has no Medicare, these fields must be submitted with a null value.

If an encounter was paid by Other Insurance, the Other Insurance Payment amount should be reported but no edits will be added at this time requiring payment information if the TPL file indicates the client has Other Insurance.

The following edit checks will be included:

- Medicare COB missing, but Client covered under Medicare
- Medicare COB present, but Client not covered under Medicare
- Medicare amounts not in sync. Must be all blank or all numeric
- Combined dollars paid (Other-Ins-Net-Paid, Medicare-Payment, Special-Net-Value, Net-Paid) cannot be greater than Encounter Billed/Allowed Amount

The first two Medicare bullets/edits will not apply to non-Title 19/21 clients and services.

ADHS will begin editing all encounters against the AHCCCS CRS TPL (Third Party Liability) file.

New/Changed Edit Alert

Tracking Number: 111

Implemented:

Reference Title CRS submission of TPL - UPDATE

Notification Date: February 21, 2008

Expected Implementation Date: March 15, 2008

ADHS will provide 90 days notice when possible

Change Description:

(SSR 2494) Client Medicare information in the AHCCCS system comes directly from Medicare. Other client insurance information is collected and provided to AHCCCS by DES, SSI, the Health Plans and Health Management Systems (HMS). HMS is the AHCCCS contractor who verifies all of their other insurance information (Third Party Leads).

The CRS sites are required to submit new updates of third party leads data they have collected on their AHCCCS CRS eligible/enrolled clients. The CRS sites currently submit their Third Party Leads for these clients to the HMS website, <https://cms.hmsy.com/tplreferrals>. Updates may continue to be submitted to the HMS website, however, AHCCCS has no way of tracking submissions made directly to the HMS website and they will not receive any notification if the referral is not verified.

ADHS will establish a process for the CRS sites to submit Third Party Leads for their AHCCCS CRS eligible/enrolled clients daily to ADHS on a Third Party Leads submission file. A copy of the file layout is attached. The Third Party Leads file will be sent to AHCCCS and AHCCCS will forward the file to HMS for verification. Verified information will be posted to the AHCCCS system. The CRS sites will receive notification of updated information on the TPL files received from ADHS.

The HMS website will not accept submissions if the "end date" of the policy is more than 6 months in the past. CRS site TPL submissions with end dates more than 6 months in the past must be submitted to ADHS on a Third Party Leads file.

ADHS will establish a process for the CRS sites to submit their third party leads for their AHCCCS CRS eligible/enrolled clients daily to ADHS on a Third Party Leads Submission File.

New/Changed Edit Alert

Tracking Number: 112

Implemented:

Reference Title: T/RBHA submission of TPL - UPDATE

Notification Date: February 21, 2008

Expected Implementation Date: March 15, 2008
ADHS will provide 90 days notice when possible

Change Description:

(SSR 2493) Client Medicare information in the AHCCCS system comes directly from Medicare. Other client insurance information is collected and provided to AHCCCS by DES, SSI, the Health Plans and Health Management Systems (HMS). HMS is the AHCCCS contractor who verifies all of their other insurance information (Third Party Leads).

The T/RBHAs are required to submit new updates of third party leads data they have collected on their AHCCCS behavioral health eligible/enrolled clients. The T/RBHAs currently submit their Third Party Leads for these clients to the HMS website, <https://cms.lmcs.com/tplreferrals>. Updates may continue to be submitted to the HMS website, however, AHCCCS has no way of tracking submissions made directly to the HMS website and they will not receive any notification if the referral is not verified.

ADHS will establish a process for the T/RBHAs to submit Third Party Leads for their AHCCCS behavioral health eligible/enrolled clients daily to ADHS on a Third Party Leads submission file. A copy of the file layout is attached. The Third Party Leads file will be sent to AHCCCS and AHCCCS will forward the file to HMS for verification. Verified information will be posted to the AHCCCS system. The T/RBHAs will receive notification of updated information on the TPL files received from ADHS.

The HMS website will not accept submissions if the "end date" of the policy is more than 6 months in the past. T/RBHA TPL submissions with end dates more than 6 months in the past must be submitted to ADHS on a Third Party Leads file.

ADHS will establish a process for the T/RBHAs to submit their third party leads for their AHCCCS Behavioral health eligible/enrolled clients daily to ADHS on a Third Party Leads Submission File.

New Staff at OPS

The Office of Program Support is excited to announce hiring of a Data Validation Specialist. Jeaneen Jones started on February 4, 2008. She brings many years of experience in healthcare. Born in Texas, but raised in New Mexico, she moved to the Phoenix area in 1996. She spent the last few years working for McKesson Specialty and more recently as a coding specialist for Arizona Kidney Disease and Hypertension Center (AKDHC). We are thrilled to have her on the team and she states "I am very happy here in my new position with the State and being a part of OPS."

Jeaneen Jones
Data Validation Specialist
jonesjl@azdhs.gov
(602) 364-4702

One NPI to multiple AHCCCS provider ID numbers

AHCCCS finalized procedures for handling multiple provider ID's with one NPI. Providers have the option of combining their AHCCCS ID numbers or obtaining additional NPI numbers. Many of the providers with multiple ID numbers have opted to obtain additional NPI numbers. This allows them to receive their payments as they have in the past. By choosing to consolidate their ID numbers, payment will be sent in one check. The services will not be separated by facility.

PMMIS Changes

Age Limit(s)

- Effective for dates on or after January 1, 2005, the minimum age limit has been changed to zero for the code J0180 (Injection, Agalsidase Beta, 1mg).

Coverage Code

- Effective for dates of service on or after January 1, 2005, the coverage code for J1931 (Injection, Laronidase, 0.1 mg) has been changed from 04 (Not Covered Service/Code Not Available) to 01 (Covered Service/Code Available).
- Effective for dates of service on or after January 1, 2008, the coverage code for 50593 (Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy) has been changed to 04 (Not Covered Service/Code Not Available).
- Effective for dates of service on or after January 1, 2007, the coverage code for the following procedure codes have been changed to 09 (Medicare only):
 - G0181 (physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present)).
 - G0182 (physician supervision of a patient under a Medicare-approved hospice).

Modifier

- Effective for dates of service on or after January 1, 2007, the modifier(s) 51 (Multiple procedure) and 79 (Unrelated proc/svc) can be reported with the HCPCS code G0393 (Transluminal balloon angioplasty, percutaneous for maintenance of hemodialysis access).

Daily Maximum (correction)

- Effective for dates of service on or after January 24, 2008, the procedure daily maximum for CPT code 82784 (Gammaglobulin; IGA, IGD, IGG, IGM, each) has been changed to 4.

H0031 - Mental Health Assessments Unit and Rate Change

Effective February 1, 2008, the daily limit for HCPCS code H0031 (Mental health assessment by non-physician) is being reduced from ten units to one unit to better reflect the code's description as an event based code rather than a time based code. Also effective February 1, 2008 the fee-for-service rate will increase from \$50.00 to \$140.00 per unit.

How Is The Diagnosis Determined on a Data Validation Review?

The following is the hierarchy followed by the Data Validation Review Coders to determine the correct diagnosis for an encounter.

- If the progress note contains a diagnosis code and the note is signed by a person who, according to A.A.C. R9-20-209, is authorized to diagnose. That is the diagnosis we expect to see on the claim/encounter.
- If the progress note clearly states the diagnosis from that point in time forward and is signed by a person authorized to diagnosis, we expect to see all future claims/encounters billed with that diagnosis code regardless of the assessment.
- If there is no diagnosis present on the progress note or if the note is not signed by an authorized person, the diagnosis is taken from the assessment that covers the date of service.

Pended Pharmacy Encounters at AHCCCS

Please be advised of the following regarding pharmacy encounters pended at AHCCCS for error code Z805 (Exact Duplicate from a Different Health Plan). ADHS has been informed of a settled agreement between AHCCCS and the provider Albertsons/Osco concerning billing errors which resulted in encounters between all RBHAs statewide to pend erroneously as duplicates against another health plan's. ADHS and AHCCCS are currently working together to resolve the issue of the outstanding pended Albertsons/Osco pharmacy encounters. Until a resolution has been identified, all RBHAs are advised that no actions are needed to further research or resolve Albertsons/Osco pharmacy encounters until further directed by ADHS.

Additional information will be provided as it becomes available. Please contact your respective OPS Representative with any questions or should you need any additional information.

Flex Monies and Respite Hours

Some questions have come to light recently regarding the guidelines for flex funds and respite hours. Here is some clarification:

- The available flex monies and respite hours are client based, not RBHA based.
- Individuals that are allowed to receive flex funds, per the RBHA, are allotted \$1,525 per fiscal year. If this amount is going to be exceeded, the RBHA would need to obtain prior approval from the Clinical Department at ADHS.
- Individuals that are allowed to receive respite care, per the RBHA, are limited to no more than 30 days or 720 hours of respite services per fiscal year. This is the maximum allowed amount of time and cannot be exceeded.

These guidelines are also outlined in the ADHS Client Information System (CIS) File Layout and Specifications Manual located on the ADHS website:

<http://www.azdhs.gov/bhs/cis.pdf>

BHS Encounter Production Schedule Key Dates and Events

Events / Cycle	Jan 2008	Feb 2008	Mar 2008
Run H74603 New Day			
IT submit bba notifications to AHCCCS for acceptance	12/28/07	01/25/08	02/29/08
Deadline for DelDup File submission to OPS (12 noon)	12/27/07	01/31/08	02/28/08
Deadline for RBHA CIS on-line pend corrections & deletes to OPS.	12/31/07	02/05/08	03/04/08
Run H74609 Create Pend correction file for AHCCCS	01/02/08	02/06/08	03/05/08
IT submit bba notification to AHCCCS for acceptance			
New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing			
Files available from AHCCCS (5pm)	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Receive AHCCCS notification			
Run H74614 Pend Reset			
Run H74607 Pend Load	Mon 14-Jan-08	Mon 18-Feb-08	Mon 17-Mar-08
Run H74611 Adjudication			
Cycle Completed - Files available from BHS			

Note: Any date change on the part of AHCCCS will result in a BHS date change.

CRS Encounter Production Schedule – Key Dates and Events

FTP Processing Activities	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008
Contractor Submission Deadlines:						
1. Deadline for New Day Encounter File Submission to ADHS/CRSA - Monday at 12:00 P.M.	Fri 09/28/07 12:00 PM	Mon 11/05/07 12:00 PM	Mon 12/03/07 12:00 PM	Mon 12/31/07 12:00 PM	Mon 02/04/08 12:00 PM	Mon 03/03/08 12:00 PM
2. Deadline for corrected Pend Encounters	Fri 09/28/07 12:00 PM	Fri 11/02/07 12:00 PM	Fri 11/30/07 12:00 PM	Fri 12/28/07 12:00 PM	Fri 02/01/08 12:00 PM	Fri 02/29/08 12:00 PM
3. New Day & Corrected Pends due to AHCCCS (12 noon)	Thurs 10/04/07	Thurs 11/08/07	Thurs 12/06/07	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing						
Files available from AHCCCS (5pm)	Mon 10/15/07	Fri 11/16/07	Fri 12/14/07	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Pended & Adjudicated Encounters	Tues 10/16/07	Mon 11/19/07	Mon 12/17/07	Mon 01/14/08	Mon 02/18/08	Mon 03/17/08
Available to CRS Regional Contractors by 5:00 p.m.						

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

DES Contact Number

For any changes in member enrollment (i.e. name changes, demographic changes, etc.)

DES Communications Center

Maricopa County: (602) 542-9935
Statewide: 1-800-352-8401

ADHS Encourages Electronic Claims

The Arizona Department of Health Services requests all CRS Contractors and RBHAs to encourage their providers to submit claims electronically. The benefits of electronic claim submissions include:

- Faster claims processing
- More accurate claims entry
- Less expensive than manual data entry



Security IDs for All BHS Secure Systems

Any person, needing access to the PMMIS system, must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any 'sharing' of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Office of Program Integrity must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4736.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.

Who Do I Call??

If you need assistance please contact your assigned Office of Program Support Representative:

Eunice Argusta	Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27 Tucson CRS	(602) 364-4715 hiquerj@azdhs.gov
Gary Szymanski	Magellan ValueOptions	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	NARBHA Flagstaff CRS	(602) 364-4734 chavezr@azdhs.gov
Jerri Gray	Cenpatico 02 & 22	(602) 364-1479 grayj@azdhs.gov
Dustin Jackson	Phoenix CRS	(602) 364-4711 jacksod@azdhs.gov
Donna Logan	Yuma CRS	(602) 364-4716 Logannd@azdhs.gov

Office of Program Integrity Staff

If you need assistance or to report an incident of suspected Fraud, Waste, and/or Abuse, please contact us at:

Tim Stanley	Chief	stanleti@azdhs.gov (602) 364-4781
Bobby Rivera	Manager	riveraro@azdhs.gov (602) 364-4702
Stacy Mobbs	Analyst	mobbss@azdhs.gov (602) 364-4708
Sandra Reyes	Analyst	reyess@azdhs.gov (602) 364-4426
Stephanie Ortiz	Admin	ortizs@azdhs.gov (602) 364-4437

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free).

If you prefer, you may write at:

Tim Stanley, Chief, Bureau of Audit Standards
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or Email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be reported to other agencies