

Provider Newsbrief – May 3, 2021

Important Reminder: Substance Abuse Treatment Reporting due May 7

Arizona Revised Statute §36-109 requires that each quarter, each hospital, health care facility and outpatient substance abuse treatment providers that provide substance abuse treatment submit to the Department the following information. For the quarter ending March 31, 2021, please use the Survey Monkey link below to complete the survey no later than May 7, 2021:

<https://www.surveymonkey.com/r/WZ3VYGH>

- Name and address of the hospital or health care facility,
- The type of hospital or health care facility
- The number of available substance abuse treatment beds
- The number of days in the quarter that the hospital or health care facility was at capacity and not able to accept referrals for substance abuse treatment

The information you submit is important to assessing Arizona's progress in meeting the treatment needs of people throughout the state. The information is analyzed and compiled into a quarterly report that is provided to the Governor, the Presidents of the Arizona House and Senate, and the Arizona Secretary of State's Office. The quarterly reports are also posted on the ADHS opioid website at <https://azhealth.gov/opioid> under the reporting tab.

If you have any questions or comments, please e-mail: azopioid@azdhs.gov.

Change to BUHP pre-adjudication claims process

A few weeks ago, you received a BUHP Newsbrief that described a process to ensure that your pre-adjudication claims are processed correctly after June 1. We have taken your input into consideration and we are going to modify that process.

Instead of making edits through your clearinghouse, BUHP will instead be denying any claims with incorrect codes. This will allow you to more easily identify the errors, correct them and resubmit the claim for payment.

BUHP and other AHCCCS Health Plans are required to follow AHCCCS guidelines in claims processing and procedure. BUHP has identified four common processing errors that result in payments that later result in a recoupment.

MOST COMMON REASONS FOR DENIAL

- NPI not registered with AHCCCS on the Date of Service – Edit P378
- Provider not active on the Date of Service – Edit P281
- Provider type not eligible – Edit 353
- Provider not eligible for Category of Service – Edit 330

TIPS TO REDUCE DENIALS

Ensure provider registration and NPI are current with AHCCCS

During the AHCCCS registration process providers are assigned category of service and provider type, based on the licensing submitted by the provider. Furthermore, AHCCCS mandates that prior to payment of claims, Health Plans ensure providers have an NPI registered with AHCCCS on the date of service and that the billing provider be active on the date of service.

Ensure AHCCCS has the correct Category of Service (COS) registration for services billed

As provider groups grow and/or change, licensing may change. Licensing changes must be submitted to AHCCCS to ensure the causes for the Encounter Edits are corrected prior to providing services. When not updated in a timely manner or if there is a lapse in registration, claims payments are impacted. For providers that have been impacted, AHCCCS may grant retrospective approval.

Determine if provider type is eligible to bill

Some provider types are not eligible to submit claims, so it is important to verify provider type to avoid future claims denials.

Address questions about other information that can affect billing practices

Other factors can impact billing practices. Be sure to contact AHCCCS to receive answers to those questions prior to submitting claims.

AHCCCS Contact Information

Provider Enrollment

In Maricopa County: 602-417-7670 and select option 5

Outside Maricopa County: 1-800-794-6862

Out-of-State: 1-800-523-0231

Call Center Hours: Mon.-Fri., 8 a.m. - Noon and 1 p.m. - 4 p.m.

Important ROPA Reminder:

After June 1, 2021, claims that include referring, ordering, prescribing and attending (ROPA) providers who are **not enrolled** with AHCCCS **will not be reimbursed**. This means that claims will be denied if ROPA providers are not enrolled with AHCCCS.

All ROPA providers who are currently submitting claims are strongly encouraged to register as an AHCCCS provider **as soon as possible**.

In addition, service providers whose claims include ROPA providers who are not registered with AHCCCS should work with these providers to complete their registration.

To ensure payment of claims when submitting for items and/or services attended, ordered, referred, or prescribed by another provider, the rendering provider must ensure that the ordering/referring/prescribing provider is actively registered with AHCCCS.

A provider who chooses to attend, order, refer, or prescribe items and/or services for AHCCCS members, but does not to submit claims to AHCCCS directly, **must still be registered** with AHCCCS to ensure payment of those items and/or services where he attended, ordered, referred or prescribed.

To facilitate communication as to these requirements and provide related guidance AHCCCS has developed and posted the FAQ's outlined below.

<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>

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