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Check Detail/Extended Stub Report is Available On-Line With The Billing Detail Report. Here is How to View:

If receiving direct deposit please do the following:

- Go to <http://www.gao.az.gov/> - Vendor Payment Search
- Retrieve Payment number , this number is only 5 digits
- Log into QVADS
- Go to Check Detail Report
- Input "0002" plus 5 digit check number to find check detail

Extended Stubs for direct deposit are not received by Providers until usually five (5) days after payment.

If receiving paper checks please do the following:

- Warrant number is listed on check (always begins with "21")
- Log into QVADS
- Go to Check Detail Report
- Input warrant number to find check detail

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

New Nursing Codes Effective for January Billing

HN1– over 4 hours
HN9– not to exceed 4 hours a day
HNR– Nursing Respite

DDD Nursing staff are currently changing authorizations.

For Questions Contact:
Annette Lammon-Belcher, R.N.
DDD Health Care Services, Nurse Manager
602-238-9028 x 6035
Fax 602-253-9083



Use Of Outside Billing Consultants

The Division recognizes that Providers contract with outside Billing Consultants. As a reminder, when Billing Consultants come in for training the Provider or Provider representative **must** be present.



Eliminating Fraud, Waste and Abuse

Centers for Medicare and Medicaid (CMS) policy defines Medicaid Program Integrity as the “....planning, prevention, detection, and investigation/recovery activities undertaken to minimize or prevent overpayments due to Medicaid fraud, waste, or abuse.” In keeping with the comprehensive nature of this definition, AHCCCS believes that Program Integrity is an important component of all operational departments.

-AHCCCS Program Integrity Plan, page 1



Required Billing Documentation to Eliminate Waste, Fraud, and Abuse

IN HOME SERVICES: ATTENDANT CARE (ATC), RESPITE (RSP/RSD), HOUSEKEEPING (HSK), HABILITATION HOURLY (HAH)

PROOF OF HOURS PROVIDED

The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must contain the **original signature of the consumer/family/consumer's representative of hours served.**

Example of Non-Compliance:

- The Qualified Vendor can produce timesheets that indicate that a staff member was paid to provide the service but no signature was collected from the consumer, the consumer's family member, or the consumer's representative verifying the hours served.
- The Qualified Vendor bills the service at a 1:1 rate but provides the service to more than 1 consumer.
- The Qualified Vendor bills the service for dates that do not correspond to the service dates on the Timesheet or the Service Delivery Record.

MODIFIERS

Modifiers are required depending on service

- Tier, Time of Day (HAH, RSP, ATC)
- Person Providing Procedure Modifier (ATC ONLY)

Example of Non-Compliance:

- The Qualified Vendor provides the services with a consumer's family member but fails to modify the billing record to indicate the proper relationship between consumer and caregiver. (ATC)

ATC ONLY– FAMILY MEMBERS PROVIDING SERVICE

The Qualified Vendor must maintain documentation of any familial relationships that direct service providers have to any consumers, such as: spouses; family members who reside with a consumer; family members who do not reside with the consumer. (ATC ONLY)

RESPITE

- Respite Hourly = 13 hours or below a day
- Respite Daily = Over 13 hours a day
- Hours should not be combined with other services
- Providers **cannot** "gift" Respite to families of the consumer



Required Billing Documentation to Eliminate **Waste, Fraud, and Abuse**

DAY TREATMENT AND TRAINING (ADULT AND CHILD)

- The Qualified Vendor must keep a record of each consumer's attendance, including time of arrival and departure.

Examples of Non-Compliance:

- Timesheets or electronic equivalent that does not have any of the following :
 - Staff name
 - Time in and out
 - Total time
 - Location
 - Signature or equivalent

Tracking direct service staff:

- Daily records of the number of hours each direct service staff spends providing direct services to consumers in the program.
- Only the time when consumers are present at the program shall be counted as direct service.
- Time for behaviorally or medically intense consumers with specially authorized staffing shall be recorded separately.

Examples of Non-Compliance:

- A billing document's aggregate totals that cannot be supported by timesheets/consumer's record or the electronic equivalent totals provided by support staff or attendance records.
- A timesheet/Electronic Equivalent that lacks a counter signature or electronic equivalent from a supervisor.

Billing, the ratio calculation should "match" direct service staff and consumers.

- Calculate ratio based on number of staff serving number of consumers. (ratio=rate)
- Please refer to Rate Book pages 18-20.



Required Billing Documentation to Eliminate Waste, Fraud, and Abuse

GROUP HOMES

The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g., **staff time sheets**.

Example of Non-Compliance:

- Time sheets don't include the following: Staff name, Time in or time out, Total for hours worked, Equivalent signature, Location provided or Equivalent approval.

The Qualified Vendor shall invoice for payment on each consumer the *per diem* rate that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours documented on the approved "Hab Matrix", or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly, or may calculate the monthly average of weekly service hours at the end of the month for that month.

Examples of Non-Compliance:

- Vendor bills what was authorized. The vendor knows they are authorized a range, for example range 22 and they bill range 22. The vendor needs to ensure that all required hours were actually delivered (480 hours). If the hours are not delivered, the vendor should bill a lower range.
- Vendor bills the authorized range because the vendor believes the hours were delivered. The vendor believes 480 hours were delivered after adding up all timesheets. The vendor includes in the 480 hours: vacation hours, training, paid sick leave, etc. These hours are not direct service hours and cannot be included.
- Vendor bills above authorized range. The vendor delivers more than 480 hours and bills a range higher than 22. Vendor needs to get prior approval from the Division before billing a higher range.



Required Billing Documentation to Eliminate Waste, Fraud, and Abuse

GROUP HOMES

The amount of direct care staffing authorized for each residence is determined by assessing the collective needs of all consumer residents. The authorized staffing for each residence is documented in the "Hab Matrix". If the needs of a consumer change or number of consumers living in the home change, the Qualified Vendor is obligated to initiate the cooperative planning process with the District Program Manager/designee to revise the "Hab Matrix" as appropriate.

Examples of Non-Compliance:

- A billing document that reflects support hours for a consumer who was not in the home at the time.
- Vendor bills for 1:1 ratio at \$1196.57 (range 22 w/o modifier), when it was actually 1:2 ratio at \$598.30 (range 22 w/o modifier).

Helpful Links.....

[QVA- Qualified Vendor Agreement Service Specifications](#)

[Rate Book](#)

[AHCCCS Fraud, Abuse, Or Abuse of a Member](#)

[Eliminating Fraud, Waste, and Abuse in Medicaid](#)



FAMILY COST PARTICIPATION BILLING

Providers are required to bill the below services correctly using the appropriate modifier for each claim line.

This change is effective for all bills received on or after December 1, 2010, regardless of dates of service.

Service Codes Requiring Modifiers

<u>Service Code</u>	<u>Service</u>	<u>Age</u>
OCL	Occupational Therapy	0-3
PHL	Physical Therapy	0-3
SPL	Speech Therapy	0-3
DH1/DSI	Developmental Special Instructions	0-3

Modifiers: A modifier must be used on each claim line.

- EM** (Meeting) Used when the provider is attending a meeting required by the ISFP/or IEP on behalf of the child/family they are supporting. These hours or portion of hours **are not billable** to the family under Family Cost Participation.
- EA** (Assessment) Used when the provider is conducting an assessment of the child's development. This shall include (1) a review of pertinent records related to their current health status and medical history; (2) an evaluation of their level of functioning and assessment of the unique needs of the child; (3) an interview with the child/family and other caregivers, using appropriate questionnaires, standardized test procedures (as appropriate), direct observations and consultation with others to gather input regarding daily routines, supports, strengths and concerns. These hours or portion of hours **are not billable** to the family under Family Cost Participation.
- EY** (Bill the Family) Used for direct service hours provided to the child required by the ISFP. These hours or portion of hours **are billable** to the family under Family Cost Participation.



How Can We Help You?

Name	Phone #	Email
Kim Maldonado—Statewide TPL Trainer	520-742-7679 x 130	KMaldonado@azdes.gov
Judy Niebuhr—Statewide Billing Trainer	602-364-1862	JNiebuhr@azdes.gov
Tyra Oliver— Adjudication Claims Manager	602-542-6798	TOliver@azdes.gov
Beta Schneider— AHCCCS Certification Liaison	602-542-6876	BSchneider@azdes.gov
<u>TPL Waivers:</u>	602-364-1865	CarolGarcia@azdes.gov
Carol Garcia—Benefits Coordinator	602-542-8193	
<u>Waivers Fax #</u>		
<u>Bill Payers:</u>	602-542-7060	MariaNino@azdes.gov
Teresa Nino	602-542-6897	EdgarRuiz@azdes.gov
Edgar Ruiz	602-542-6866	VerdeanWilliams@azdes.gov
Verdean Williams		

Thanks for all you do!



Walk-ins Welcome!

Open Provider Billing Training

When: April 20, May 4 & 18, June 1 & 15 & 29, July 27, August 10 & 24, September 7 & 21, October 5 & 19, November 2 & 16, December 14.

What: All-day assistance is available for providers on a walk-in basis.

Where: 1789 W. Jefferson— 4th Floor SW Conference Room
Phoenix, AZ 85005

Time: 9 am—3 pm

We're here to help with your billing questions! We'll work one-on-one or with groups. Bring your laptop with your billing if you'd like us to look it over before you submit electronically.

For providers needing help/guidance with TPL issues, Kim Maldonado will be available to assist you.

