Claims Clues

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HIFA to Add Parents to AHCCCS Rolls

Beginning October 1, parents of eligible SOBRA or KidsCare children who are not otherwise eligible for Medicaid can be approved for AHCCCS coverage under a waiver approved by CMS (formerly HCFA).

The waiver is granted under the Health Insurance Flexibility and Accountability Act (HIFA). This new coverage will be funded by unspent Title XXI KidsCare allotment.

There are potentially 70,000 to 75,000 eligible parents. However, the program will be capped at approximately 21,250 parents. Qualified individuals will be placed on a waiting list when the cap is reached.

Parents of Title XIX SOBRA children and Title XXI KidsCare children will be deemed eligible under the HIFA waiver if the following criteria are met:

- U.S. citizen or legal alien eligible for full Medicaid coverage
- Arizona resident
- Living with eligible child
- Has a valid Social Security Number
- Has no other creditable insurance currently or in the past three months.
- Not a state employee or spouse of a state employee

Parents who do not meet U.S. citizenship or legal alien requirement will not be eligible for the Emergency Services Program under the HIFA waiver.

Eligibility and enrollment in a health plan will be prospective. There will be no retro-eligibility or Prior Period Coverage for parents covered under the waiver.

HIFA waiver parents, except Native Americans, will pay a premium.

The program will be implemented in two stages:

- October 1 - Parents of SOBRA/KidsCare children who are enrolled in the Premium Sharing Program
- January 1 - Uninsured parents of SOBRA/KidsCare children ❒

Funds Approved for Non-Hospital SES Claims

The Arizona Legislature has provided limited funding to pay non-hospital claims for emergency services provided to State Emergency Services (SES) recipients.

"House Bill 1060 passed during the closing days of the recent legislative session," said Dr. C. J. Hindman, AHCCCS Chief Medical Officer. "AHCCCS now has funds to pay for non-hospital claims for emergency services provided to this group from March 21, 2002, through June 30, 2002. In addition, the Legislature did fund the SES program with $4.8 million for Fiscal Year 03, which begins July 1, 2002. We will continue to pay for non-hospital emergency service claims during FY 03 as long as these appropriated funds allow."

Since March 21, AHCCCS has not made any payments to non-hospital providers for SES claims due to a lack of appropriated funds.

Hindman noted that the Legislature did not appropriate any separate funding to allow continuation of the special program for both Federal Emergency Services (FES) and SES eligible recipients who need chronic dialysis or chemotherapy/ radiotherapy and who were already on the program as of Nov. 1, 2001. There are just over 100 individuals on this special program.

"However, the state will have approximately $1 million in funds that will carry over into state fiscal year 2003 (starting July 1, 2002)," Hindman said. "These funds are currently projected to last until October, 2002."

Claims for services provided to recipients eligible under the Emergency Services Program (ESP) are reviewed by the AHCCCS Administration on a case by case basis.

Claims must be submitted to AHCCCS with documentation

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Funds Approved for Non-Hospital SES Claims

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that supports the emergent nature of the services provided.

For a claim to be considered for reimbursement, the services billed must meet the federal definition of emergency services:

Emergency services are services that:

- Are *medically necessary*, and
- Result from the *sudden onset* of a health condition with *acute symptoms*, and
- Which, in the absence of *immediate* medical attention, are *reasonably likely* to result in at least one of the following:
  - Placing the individual's health in *serious jeopardy*, or
  - *Serious impairment* to bodily functions, or
  - *Serious dysfunction* of any bodily organ or part.

All of these conditions must be true at the time the medical service is provided or it is not covered by AHCCCS.

Providers must attach supporting documentation to the claim to AHCCCS for all services rendered to ESP recipients. The documentation must verify the medical emergency as defined in the federal guidelines. Providers should not attach the entire medical record.

Hindman noted that there may be community resources for those situations where a person may not meet the federal definition for emergency services yet does have legitimate medical needs.

"The Federally Qualified Community Health Centers are one such resource," Hindman said. "Several of the residency training programs have clinics for the indigent. Certain other community clinics have sliding scale fee arrangements for persons of low income."

Providers who have questions about the ESP program should contact the AHCCCS Office of Medical Management at (602) 417-4241. ❐

'TH' Modifier Required for Specialty Air Transport

Air ambulance providers who bill for specialty care transports must bill for services using the "TH" modifier to receive specialty care reimbursement.

The "TH" modifier must be billed with one of the following transportation codes:

A0430 Ambulance service, conventional air service, transport, one-way, base rate

A0435 Air ambulance, fixed-wing mileage, per statute mile

A0888 Non-covered ambulance mileage, per mile (Limited to air ambulance services for members with dual Medicare/Medicaid eligibility).

A0431 Ambulance service, air, helicopter service, transport, base rate

A0436 Air ambulance, helicopter mileage, per statute mile

Specialty care transports are services for high-risk members through the maternal transport program (MTP) and the newborn intensive care program (NICP) administered by the Arizona Department of Health Services (ADHS). Only providers with MTP or NICP contracts with ADHS may provide specialty care transport services for AHCCCS recipients. ❐

AHCCCS Briefs

Web Pilot Project Checks Eligibility, Claim Status

AHCCCS is conducting a pilot project to test a new Web application that will allow providers to verify eligibility and enrollment and to check the status of fee-for-service claims using the Internet.

The pilot project is expected to last about three months.

When the pilot project is completed, all providers will be invited to make use of the Web application.

Please check future issues of *Claims Clues* for more details.

AHCCCS Joins HIPDB

AHCCCS has joined the Healthcare Integrity and Protection Data Bank (HIPDB), a national health care fraud and abuse data collection program.

AHCCCS will notify HIPDB whenever a provider's participation in the program is terminated for violating terms of the Provider Agreement.

Providers who voluntarily terminate their AHCCCS participation or who are terminated for inactivity will not be reported to HIPDB. ❐