



# Community Health Representative (CHR) Resources for Standing Up Medicaid Reimbursement

The below resource list is meant to assist CHW/CHR Programs as they prepare to bill AHCCCS (the State Medicaid program) for the first time. The guidance is meant to assist CHW/CHR Programs for **Stage 1**.

AHCCCS will be rolling out Medicaid reimbursement in 2 stages:

## Stage 1

CHW/CHR Programs may bill for services provided, under the AHCCCS ID of an **existing AHCCCS provider**.

- Go live date of April 1, 2023

## Stage 2

CHW/CHR Programs may **register themselves as an AHCCCS-registered provider, and bill under their own AHCCCS ID**.

- **Anticipated “go live” date:** Per AHCCCS, this is TBD, but should be sometime later this year in Fall of 2023.

### Keep in mind...

Since with Stage 1, another provider is already registered with AHCCCS, we have not included information on becoming an AHCCCS-registered provider.

Additionally, while we have included the claims submissions process trainings, the provider that your team will be billing under should already have an account set up to do billing for Medicaid Services. This includes having an account registered for the AHCCCS Online Provider Portal (the online portal where claims are submitted) and the Transaction Insight Portal (aka: TI portal, or the portal where documentation is attached to claims) so they can also assist your team in submitting claims.

### AHCCCS Resources to Familiarize Yourself With

Knowing how and when to file claims is key to getting paid successfully. AHCCCS offers a variety of resources to help providers with this, including billing manuals and trainings.

- Please note, this applies **only to members enrolled with the American Indian Health Program (AIHP) or other Fee-for-Service (FFS) programs**.
- To bill for Medicaid members enrolled with an AHCCCS Complete Care (ACC) Health Plan, please contact the individual ACC Health Plan (Managed Care Organization or MCO) for information on how to submit claims to them. However, some of the basics, such as the billing codes and units, will still apply. They will have their own portals though.



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## For Fee-for-Service Members

### **Billing Manuals:**

- Fee-for-Service Provider Billing Manual:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual1.html>
- IHS/638 Provider Billing Manual:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

### **DFSM Provider Training Team:**

- [https://www.azahcccs.gov/Resources/Training/DFSM\\_Training.html](https://www.azahcccs.gov/Resources/Training/DFSM_Training.html)
- Scroll to the middle of the page, and both video YouTube and PowerPoint training presentations can be found via a drop down list, and you can search by topic of interest.
- For questions that you still have, after reviewing the billing manuals and watching the appropriate trainings, the DFSM Provider Training team can be reached at:  
[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

### **Fee-for-Service Health Plans Web Page:**

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans>

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## Claims 101

### **Timely Filing**

It is important for providers new to the billing process to know that **time matters.**

According to State law (ARS §36-2904 (G),) an initial claim for services provided to an AHCCCS member ***must be received by AHCCCS no later than 6 months after the date of service,*** unless the claim involves retro-eligibility.

For claims filed by FFS providers:

- AHCCCS must receive the claim no later than **6 months** after the initial date of service.
- A clean claim (that pays without any errors) must be received by AHCCCS no later than **12 months** from the initial date of service.
- So as long as the initial claim is received within that initial 6 month window, even if there is an error that causes the claim to deny, you are able to submit corrections up to 12 months after the initial date of service. Do not void the initial claim if you are past that 6 month window.

Scenario:

- This means if your CHW/CHR program provides a service to a member on 4/1/2023, but the provider billing it does not submit the claim to AHCCCS until 10/1/2023, then the claim will *automatically deny* and your program will receive no payment. AHCCCS will not be able to make an exception for this, so make sure all claims are submitted in a timely fashion to AHCCCS.

Once the initial claim is submitted, if AHCCCS finds errors on the claim or if additional information is



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needed, you will then have the opportunity to submit corrections or the additional documentation requested.

- Example:
  - Date of Service: 4/1/2023
  - Claim submission date: 9/30/2023 (last day for timely filing)
  - AHCCCS reviews the claim and denies it due to errors: 10/7/2023
  - Notice sent to provider: 10/7/2023
  - Provider corrects the claim and/or provides additional documentation requested: 2/12/2024
    - Note: Do not void the original claim and replace it. Doing this would put your CHW/CHR program *past timely filing* as the February 2024 date is well past the 6 month initial claim submission. However, it is within the 12 month window from the initial date of service (DOS).
  - AHCCCS reprocesses the claim: 2/15/2024
  - AHCCCS approves the claim: 2/15/2024

The AHCCCS FFS and IHS/638 Provider Billing Manuals have additional information on timely filing.

- Fee-for-Service Provider Billing Manual:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
- IHS/638 Provider Billing Manual:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingmanual.html>

Please note that timely filing deadlines are different for IHS/638 providers. For claims filed by IHS/638 providers:

- AHCCCS must receive the claim no later than **12 months** after the initial date of service.
- A clean claim (that pays without any errors) must be received by AHCCCS no later than **12 months** from the initial date of service.
- Due to the initial and clean claim filing dates being the same for IHS/638 providers it is vital that providers submit sooner rather than later.

### Where do claims need to be submitted?

Claim submission is often a two step process, if documentation is required.

- As of July 2023, AHCCCS is not requiring additional documentation to be attached to claims for the services provided by CHW/CHR programs.
- If documentation is required in the future, you will:
  - Submit the claim using the AHCCCS Online Provider Portal
  - Submit documentation using the Transaction Insight Portal

### Claim Submission

1. Claims should typically be submitted through the AHCCCS Online Provider Portal.
  - a. The claim will be submitted under the AHCCCS-registered provider who your CHW/CHR Program is billing under.
2. Claims can also, in some cases, be submitted as a paper claim. This is **not the preferred method of**



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**submission and in some cases may result in unnecessary errors or the claim not processing correctly due to typos or illegibility.**

### Documentation Submission

If documentation is required, you will submit it using the Transaction Insight (TI) Portal.

- This can be a *very* tricky process, as you need to attach the documentation to the claim itself using a special number. This number (PWK Number) must be typed in *exactly the same* on both portals (the AHCCCS Online Provider Portal and the TI Portal) in order for it to link to the claim successfully.

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## **AHCCCS Trainings to Review for Claims Submission**

### Video Trainings

#### General Resources

[AHCCCS Fee for Service \(FFS\) Health Plans Overview](#)

[Billing Resources for New Providers](#)

[AHCCCS Website Overview](#)

[AHCCCS Website Overview - Part](#)

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[AHCCCS Providers & Useful Materials on the AHCCCS](#)

[Website Prior Authorization Requirements for Fee-for-Service](#)

[Members](#)

[Documentation Requirements for Claim Submission and Concurrent](#)

[Review How to Read the Remittance Advice](#)

#### AHCCCS Online Provider Portal Series (This is where you submit claims)

[How to Register for an Account on the AHCCCS Online Provider](#)

[Portal What is the Master Account Holder?](#)

[How to Verify a Member's Enrollment Using the AHCCCS Online Provider](#)

[Portal How to Submit a Prior Authorization Request](#)

[Institutional Claims \(UB-04\) - Submitting Institutional Claims on the AHCCCS Online Provider](#)

[Portal Submitting Professional Claims \(CMS 1500\)](#)

[Submitting Dental Claims \(ADA 2012\)](#)

[How to Check a Claim Status](#)



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[How to Submit a Replacement, Correction, or to Void a Claim Using the AHCCCS Online Provider Portal](#)

**Transaction Insight Portal Series (This is where you submit documentation, if it is needed for your claim)**

[How to Register for an Account on the Transaction Insight](#)

[Portal Transaction Insight Portal Training](#)

### PDF PowerPoint Trainings

#### Claim Form Basics

Claim Form Types:

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/ClaimFormTypes2021.pdf>

Paper Claim Tips:

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/PaperClaimsTips.pdf>

#### AHCCCS Online Provider Portal (Submitting Claims Online)

Master Account Holder Training (when using the AHCCCS Online Provider Portal you need a main account to designate as the Master Account Holder, and they approve/deny/change settings on other user accounts):

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2022/AHCCCSOnlineProviderPortalMasterAccountHolder.pdf>

Submitting a Claim using the AHCCCS Online Provider Portal:

[https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2020/FALL2020\\_ClaimSubmission.pdf](https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2020/FALL2020_ClaimSubmission.pdf)

Claim Submission for Professional Claim Forms (CMS 1500):

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/ProfessionalCMS1500ClaimSubmission.pdf>

Claim Submission for Institutional Claim Forms (UB-04):

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/InstitutionalUB-04ClaimSubmissionJune2021.pdf>

Status a Claim using the AHCCCS Online Provider Portal ( if you have a claim that was previously submitted, and you would like to see if it has been approved, denied, or pending for further review, this is how you do that):

[https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2020/FALL2020\\_HowToStatusAClaimUsingAOPP.pdf](https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2020/FALL2020_HowToStatusAClaimUsingAOPP.pdf)

### **Coding**

The following information is a high level overview of what codes have been approved for reimbursement for CHW/CHR programs, and the anticipated list of provider types that a CHW/CHR program can bill under. Please keep in mind this information is preliminary and may be updated when AHCCCS releases their FAQ.



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Provider Reimbursable Services - Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each billed in 30 minute increments.

### **Billing Caps:**

A maximum of 4 units per member per day, and 60 units per month may be billed.

If additional services are required, prior auth must be requested. (PA is requested online through the AHCCCS Online Portal.)

### **Codes**

Codes to be reimbursed are:

- 98960 - education and training provided for an individual patient for each 30 minutes of service.
- 98961 - for a group of 2 to 4 patients
- 98962 - or a group of 5 to 8 patients

### **Providers Who May Bill**

During Phase 1, CHR Agencies are not able to register with AHCCCS (yet). However, billing can occur under the following provider types:

- Hospital (PT 02)
- Integrated Clinic (PT IC)
- MD-Physician (PT 08)
- DO-Physician Osteopath (PT 31)
- Attendant Care Providers (PT 40)
- BH Outpatient Clinic (PT 77)
- Chiropractor (PT 16)
- Clinic (PT 05)
- Community/Rural Health Center (PT 29)
- Dentist (PT 07)
- Dialysis Clinic (PT 41)
- Federally Qualified Health Center (FQHC) (PT C2)
- Habilitation Providers (PT39)
- Naturopath (PT 17)
- Optometrist (PT 69)
- Physician Assistant (PT 18)
- Registered Nurse Practitioner (PT 19)

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## **Documentation Requirements**

As of June 2023, AHCCCS is not requiring additional documentation to be submitted with claims. AHCCCS *may request additional documentation* at any time.

As a provider it is vital that you maintain documentation to prove compliance with AHCCCS and State polices regarding CHW/CHR services. Please keep on file the following items, as AHCCCS may request a copy at any time.



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- Proof of CHR Voluntary Certification
- Visit Notes detailing what educational and training services were performed during the visit
- Referral

These items may or may not be requested by AHCCCS for submission with claims.

Please note this is discussing claims, not voluntary certification requirements.

AHCCCS FAQs can be found here:

- [https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW\\_CHRFAQs.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf)

## Important Takeaways

### Billing

- We are in phase 1. Billing has to occur under one of the listed AHCCCS Provider Types.
- Phase 2 does not have a launch date. Right now it is listed as Fall 2023.
- ***Billing can only occur for services provided to Medicaid members by CHR's who are voluntary certified through the State.***
- CHR programs ***can employ CHR's who are not voluntarily certified***, but they ***cannot bill for services provided by them*** to AHCCCS members.

### Rates

- These services will not be reimbursable at the All-Inclusive Rate (AIR).
- These services are only billable at the FFS Rates.
- Rates for the education and training provided to patients for each 30 minutes of service:

Code	FFS Rate (AHCCCS)	Unit Increment (Time)	# of patients
98960	\$23.29	Per 30 minutes	1
98961	\$11.06	Per 30 minutes	2-4
98962	\$8.15	Per 30 minutes	5-8

### AHCCCS Publications

- We are awaiting AHCCCS publication on billing in the IHS/638 Tribal Billing Manual and FFS Billing Manual as of 6/6/2023. As of this date, AHCCCS stated they anticipate the updates soon. They are at AD review in DFSM. Stay tuned.
- As of 6/6/2023, trainings are in progress.

### Licensing

- To bill, services provided by a CHR must be by a CHR who went through and completed the voluntary certification process.
- CHR's do NOT register independently with AHCCCS. Billing is done through one of the listed provider types during phase 1. Phase 2, if the CHR **AGENCY** registers, then it could be done through that. CHR's are not and will not be providers who can independently bill.



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### Billable Services

- Education and training provided for an individual patient for each 30 minutes of service, or to a group for 30 minutes (up to 8 people). 3 codes are available (selection is based on number of patients that education/training is being given to).
- Travel is not reimbursed.
- Case management is not separately billable by CHRs.
- Peer Recovery Support Specialist (PRSS) services cannot be billed by a CHR. This is a separate service. That being said, a CHR can be dual certified as *both* a CHR who was voluntarily certified *and* as a Peer Recover Support Specialist (PRSS). If they are certified as a PRSS, if they provide those services, then they bill for PRSS services with PRSS codes (not the CHR codes).