

February 2019

Covered Behavioral Health Services Guide – Important Update

In early 2019, information contained within the AHCCCS Covered Behavioral Health Services Guide (CBHSG) will be transitioned into the following areas:

- AMPM 310-B, Behavioral Health Services Benefit
- AMPM 320-T, Non-Title XIX/XXI Behavioral Health Services Benefit
 - o Non-Title XIX/XXI service information will be transferred to AMPM 320-T.
- The Provider Billing Manuals
 - o Billing information for Fee-For-Service providers will be transferred to the Provider Billing Manuals.
 - Chapter 19, Behavioral Health Services, of the Fee-For-Service Provider Billing Manual
 - Chapter 12, Behavioral Health Services, of the IHS/Tribal Provider Billing Manual
- Appropriate Policies as necessary.
 - o i.e. Service benefit information, including transportation and transportation billing information pertinent to MCOs and FFS providers, will be transferred to AMPM 310-BB.

Once the CBHSG is transitioned, additional information will be sent out to providers.

Questions? Email us at ProviderTrainingFFS@azahcccs.gov

BHRF Notification

Effective 4/1/2019, all admissions and continued stays at Behavioral Health Residential Facilities (BHRF) (Provider Type B8) for AIHP and TRBHA members will require authorization. (Note: Authorization is not required for IHS/638 BHRF facilities).

All new BHRF admissions will require prior authorization, with the exception of direct admissions from a Behavioral Health Inpatient Facility (BHIF) or crisis provider. For direct admissions from a BHIF or crisis provider, notification upon admission and continued stay authorization beyond the

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PROVIDER EDUCATION DATES

- NEMT Training - Daily Trip Report 2/7/19
8:30 - 9:30 AM
- NEMT Training - Updates & Reminders 2/7/19
10:30 AM - 11:30 AM
- One on One Provider Training Dates: 2/14/19;
2/28/19

ELECTRONIC PAYMENT SIGN UP

Contact:

ISDCustomerSupport@azahcccs.gov

-OR-

Call 602-417-4451

CONTACTS

Prior Authorization Questions FFS
PA Line (602) 417-4400

Claims Customer Service
Billing Questions
(602) 417-7670

Provider Registration Process
Questions - (602) 417-7670
Fax Applications (602) 256-1474

Technical Assistance with Online
Web Portal Please email
ProviderTrainingFFS@azahcccs.gov

BHRF Notification continued

initial 5 days will be required. For members currently in a BHRF, the facility must submit an authorization request to get the continued stay authorized by 5/31/2019.

Criteria for admission and continued stay will be detailed in the new AMPM Policy 320-V – Behavioral

Health Residential Facilities. Specific authorization submission and documentation procedures will be available on the [FFS web page](#) on the AHCCCS web site. Please look for upcoming notifications on [training opportunities](#) that will be available on the FFS web page.

QMB Only, QMB Dual, and Non-QMB Dual Member Copays

The Fee-For-Service and IHS/Tribal Provider Billing Manuals have been updated with the following clarification regarding copays for QMB Only, QMB Dual Members, and Non-QMB Dual Members.

QMB Only – AHCCCS can reimburse the provider for the Medicare deductible, coinsurance, and copay.

QMB Dual –Per A.A.C. R9-29-302:

1. AHCCCS will pay the following costs for FFS members when the services are received from an AHCCCS registered provider and the service is covered:
 - a) By Medicare only, then AHCCCS pays only the Medicare deductible/coinsurance/copay;
 - b) By Medicaid only, then AHCCCS pays the FFS rate; or
 - c) By both Medicare and Medicaid, then AHCCCS pays the Medicare deductible/ coinsurance/copay.

2. When services are received from a non-registered provider and the service is covered, then AHCCCS does not pay the Medicare deductible/coinsurance/copay.

Non-QMB Dual – Per A.A.C. R9-29-303:

1. AHCCCS will pay the following costs for FFS members when services are received from an AHCCCS registered provider and the service is covered:
 - a) By Medicare only, then AHCCCS shall not pay the Medicare deductible or coinsurance or copay;
 - b) By Medicaid only, then AHCCCS pays the FFS rate; or
 - c) By both Medicare and Medicaid, then AHCCCS pays the Medicare deductible, coinsurance or copay.
2. When services are received from a non-registered provider and the service is covered, then AHCCCS does not pay the Medicare deductible/coinsurance/copay.

What Does a Tribal ALTCS Membership Card Look Like?

The AHCCCS Medical Identification Card for a Tribal ALTCS member will show the **Health Plan Name** as *the Tribal ALTCS Program Name*. (i.e. Navajo Nation, Tohono O’Odham, etc.)



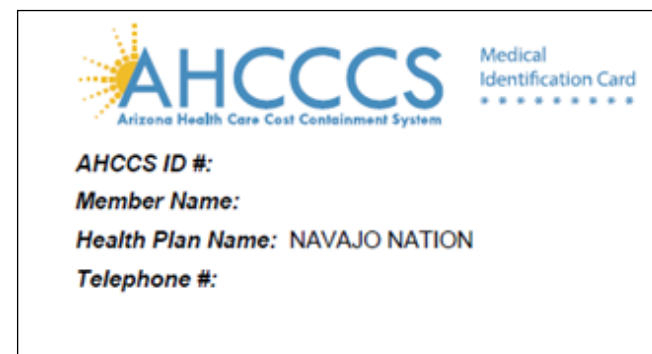
The Tribal ALTCS Programs are as follows:

- Navajo Nation
- Tohono O’Odham Nation
- Hopi Tribe
- Gila River
- Pascua Yaqui
- San Carlos Apache Tribe
- White Mountain Apache Tribe
- Native Health

NOTE: AHCCCS registered providers who accept Fee-For-Service may provide Medicaid Title XIX/XXI services to Tribal ALTCS members. No separate contract with AHCCCS is needed. A provider simply must be an AHCCCS registered provider.

AHCCCS has received questions about where a claim should be sent when a member presents an AHCCCS Medical Identification Card bearing the name of a Tribal ALTCS Program.

- When a member presents an AHCCCS ID card bearing the name of one of these programs under the **Health Plan Name** heading, the claim should be sent to AHCCCS Division of Fee-For-Service Management (DFSM). Claims shall not be sent to the Tribe.



Tribal ALTCS members may receive health care services from any AHCCCS registered provider that chooses to serve Fee-For-Service members.

If you have additional questions please outreach:
ProviderTrainingFFS@azahcccs.gov