650 - BEHAVIORAL HEALTH PROVIDER REQUIREMENTS FOR ASSISTING INDIVIDUALS WITH ELIGIBILITY VERIFICATION AND SCREENING/ APPLICATION FOR PUBLIC HEALTH BENEFITS

EFFECTIVE DATE: 02/01/18

I. PURPOSE

This Policy applies to behavioral health providers. The purpose of this Policy is to ensure processes are in place to comply with A.R.S. §36-3408 (*Eligibility for behavioral health service system; screening process; required information*) for the provision of assistance to individuals requiring behavioral health services who are not currently Title XIX/XXI eligible/enrolled.

II. DEFINITIONS

DUAL ELIGIBLE	A member who is eligible for both Medicare and Medicaid.
HEALTH-E-ARIZONA PLUS (HEAPLUS)	A system through which to apply for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace.
SERIOUS MENTAL ILLNESS (SMI)	A designation as defined in A.R.S. §36-550 and determined in a person 18 years of age or older.

III. POLICY

Behavioral health providers are required to assist individuals with applying for Arizona Public Programs (Title XIX/XXI, Medicare Savings Programs, Nutrition Assistance, and Cash Assistance), and Medicare Prescription Drug Program (Medicare Part D), including the Medicare Part D "Extra Help with Medicare Prescription Drug Plan Costs" low income subsidy program, as well as verification of U.S. citizenship/lawful presence prior to receiving Non-Title XIX/XXI covered behavioral health services, at the time of intake for behavioral health services.

Refer also to AMPM Policy 580 for supporting documentation that may be needed during the behavioral health referral and intake process.

Eligibility status is essential for identification of the types of behavioral health services an individual may be able to access.

For individuals who are not currently Title XIX/XXI eligible, a financial and eligibility screening and application shall be completed to determine eligibility. Verification of an individual's identification and citizenship/lawful presence in the United States is completed through the AHCCCS Health-e-Arizona PLUS (HEAPlus) application process. Behavioral

health providers are required to assist individuals in completing this screening and verification processes.

An individual who is not eligible for Title XIX/XXI covered services may still be eligible for Non-Title XIX/XXI services including services through the Substance Abuse Block Grant (SABG), the Mental Health Block Grant (MHBG), or the Projects for Assistance in Transition from Homelessness (PATH) Program. See AMPM Policy 320-T regarding non-discretionary federal grants and the delivery of behavioral health services. An individual may also be covered under another health insurance plan, including Medicare. Individuals who do not have any insurance or entitlement status may be asked to pay a percentage of the cost of services. Refer to ACOM Policy 406, Attachment A regarding copayments for Non-Title XIX/XXI individuals.

If the individual is in need of emergency services, the individual may begin to receive these services immediately provided that within five days from the date of service a financial screening is initiated.

Individuals presenting for and receiving crisis services are not required to provide documentation of Title XIX/XXI eligibility nor are they required to verify U.S. citizenship/lawful presence prior to or in order to receive crisis services.

Medicare eligible individuals, including individuals who are eligible for Medicare and Medicaid (Dual Eligible(s)) are eligible for the Medicare Part D prescription drug benefit. The benefit also provides for Part D *Extra Help* for eligible individuals whose income and resources are limited. Dual Eligible individuals are automatically eligible for the Part D *Extra Help* due to their Medicaid eligibility.

Coverage for Medicare Part D is provided by private prescription drug plans (PDPs) that offer drug-only coverage, or through Medicare Advantage health plans that offer both prescription drug and health care coverage (known as MA-PDs). Behavioral health providers are required to assist individuals in completing enrollment in Medicare Part D and with the Part D *Extra Help* application.

A. TITLE XIX/XXI ELIGIBILITY VERIFICATION AND SCREENING/APPLICATION PROCESS

1. Verify the individual's current Title XIX/XXI eligibility status.
   The following verification processes are available 24 hours a day, 7 days a week:
   a. AHCCCS web-based verification (Customer Support 602-417-4451)
      This web site allows the providers to verify eligibility and enrollment. To use the web site, providers shall create an account before using the applications. To create an account, go to:
      https://azweb.statemedicaid.us/Home.asp and follow the prompts. Once the providers have an account they can view eligibility and claim information (claim information is limited to FFS). Batch transactions are also available. There is no charge to providers to create an account or view transactions. For technical Web-based issues, contact AHCCCS Customer Support at 602-417-4451, Monday – Friday 7:00 a.m. to 5:00 p.m.

When providers use the web-based member verification system and enter a member's social security number, the member's photo, if available from the Arizona Department of Motor Vehicles (DMV), will be displayed on the AHCCCS eligibility verification screen along with other AHCCCS coverage information. The photo image assists providers to quickly validate the identity of a member.

b. Interactive Voice Response (IVR) system
IVR allows unlimited verification information by entering the AHCCCS member's identification number on a touch-tone telephone. This allows providers access to the AHCCCS Prepaid Medical Management Information System (PMMIS) for up-to-date eligibility and enrollment. Providers may also request a faxed copy of eligibility for their records. There is no charge for this service. Providers may call IVR within Maricopa County at (602) 417-7200 and all other counties at 1-800-331-5090,

c. Medifax
Medifax allows providers to use a PC or terminal to access PMMIS for up-to-date eligibility and enrollment information. For information on Eligibility Verification Screening (EVS), contact Emdeon at 1-800-444-4336,

d. If an individual's Title XIX/XXI eligibility status cannot be determined using one of the above methods the provider shall:
   i. Call the Contractor for assistance during normal business hours (8:00 am through 5:00 pm, Monday-Friday), or
   ii. Call the AHCCCS Verification Unit, which is open Monday through Friday, from 8:00 a.m. to 5:00 p.m. The Unit is closed Saturdays and Sundays and on state holidays. Callers from outside Maricopa County can call 1-800-962-6690 or call (602) 417-7000 in Maricopa County. When calling the AHCCCS Verification Unit, the provider shall be prepared to provide the verification unit operator the following information:
      a) Provider identification number,
      b) The individual's name, date of birth, AHCCCS identification number and social security number (if known), and
      c) Dates of service(s).

2. Interpret eligibility information.
   a. A provider will access the *AHCCCS Codes and Values (CV) 13 Reference System* when using the eligibility verification methods described above. This includes a key code index that may be used by providers to interpret AHCCCS' eligibility key codes and/or AHCCCS rate codes,
   b. For information on the eligibility key codes and AHCCCS rate codes refer to the AHCCCS Reference Subsystem Codes and Values on the AHCCCS website, and
   c. If Title XIX/XXI eligibility status and provider responsibility is confirmed, the provider shall provide any needed covered behavioral health services in accordance with the AMPM and AHCCCS Covered Behavioral Health Services Guide.

3. For individuals who are not identified as Title XIX/XXI eligible, providers shall assist individuals with the AHCCCS screening/application process for Title XIX/XXI or other Public Program eligibility through HEAPlus at the following times:
   a. Upon initial request for behavioral health services,
   b. At least annually, if still receiving behavioral health services, and
   c. When significant changes occur in the individual's financial status.

4. To conduct the AHCCCS screening/application for Title XIX/XXI or other Public Program eligibility through HEAPlus, behavioral health providers shall meet with the individual and complete the AHCCCS HEAPlus online application. Once completed, HEAPlus will indicate if the individual is potentially Title XXI/XXI eligible.
   a. To the extent that it is practicable, the provider is expected to assist applicants in obtaining the required documentation of identification and U.S. citizenship/lawful presence within the timeframes indicated by HEAPlus,
   b. For information regarding what documents are required in order to verify proof of U.S. citizenship/lawful presence refer to Arizona's Eligibility Policy Manual for Medical, Nutrition, and Cash Assistance Manual Chapter 500, Policy 507 and Policy 524,
   c. Documentation of Title XIX/XXI and other Public Program eligibility screening/application shall be included in the individual's medical record including the Application Summary and final Determination of eligibility status notification printed from HEAPlus,
   d. Pending the outcome of the Title XIX/XXI or other Public Program eligibility determination via HEAPlus the individual is eligible for covered Non-Title XIX/XXI services in accordance with the AHCCCS Covered Behavioral Health Services Guide and AMPM Policy 320-T.
   e. Upon the final processing of a Title XIX/XXI and other Public Program screening/application, if the individual is determined ineligible for Title XIX/XXI or other Public Program benefits, regardless of verification of US Citizenship/Lawful Presence, the individual is eligible for covered Non-Title XIX/XXI services in accordance with the AHCCCS Covered Behavioral Health Services Guide and AMPM Policy 320-T,
   f. An individual found not to be eligible for Title XIX/XXI or other Public Program benefits may submit the application for review by AHCCCS and/or DES. Additional information requested and verified by AHCCCS and/or DES may result in the individual subsequently receiving Title XIX/XXI or other Public Program.

B. MEDICARE PART D ENROLLMENT AND EXTRA HELP APPLICATION

1. Behavioral health providers shall offer and provide assistance to Medicare-eligible individual with completing Medicare Part D enrollment and the *Extra Help* application as outlined below.

a. Medicare Part D Enrollment
   i. If an individual is unsure of his/her Medicare eligibility, the provider, with the individual's permission and needed personal information, may verify Medicare eligibility by calling 1-800-MEDICARE (1-800-633-4227),
   ii. The Centers for Medicare and Medicaid Services (CMS) has developed web tools to assist with choosing a Medicare Part D plan that best meets the individual's needs. The web tools can be accessed at www.medicare.gov,
   iii. For additional information regarding Medicare Part D Prescription Drug coverage, call Medicare at 1-800-633-4227 or Arizona's State Health Insurance Assistance Program (SHIP) at 602-542-4446 or toll free at 1-800-432- 4040.

b. Applying for the *Extra Help* Subsidy

   Medicare Part D *Extra Help* is a program in which the federal government pays all or a portion of the cost sharing requirements of Medicare Part D on behalf of the individual (42 CFR Part 422 and 42 CFR Part 423).
   i. The provider shall determine if an individual may be eligible for Part D *Extra Help*. Refer to the Social Security Administration (SSA) website at www.ssa.gov for qualifying income and resource limits,
   ii. Dual Eligible members meeting the following conditions automatically qualify for *Extra Help*:
      a) Have full Medicaid coverage,
      b) AHCCCS pays Part B premiums (in a Medicare Savings Program), and
      c) Receive Supplemental Security Income (SSI) benefits.
   iii. Once Part D eligibility is determined, the provider shall offer assistance with completing the Part D *Extra Help* application,
   iv. The Part D *Extra Help* application can be obtained and submitted through the following means:
      a) On-line at: https://secure.ssa.gov/apps6z/i1020/main.html,
      b) By calling the SSA at 1-800-772-1213,
      c) In person at a SSA local office, or
      d) By mailing a paper application (Form SSA-1020) to the SSA.

C. REFUSAL TO PARTICIPATE IN THE SCREENING/APPLICATION PROCESS

1. Arizona state law stipulates that individuals who refuse to participate in the AHCCCS screening/application process or to enroll in a Medicare Part D plan are ineligible for state funded behavioral health services. See A.R.S. §36-3408. As such, individuals who refuse to participate in the AHCCCS screening/application or enrollment in Medicare Part D, if eligible, will not be assigned a Contractor during his/her initial request for services, or will be un-assigned if the individual refuses to participate during an annual screening.

2. When an individual declines to participate in the AHCCCS screening/application process or refuses to enroll in a Medicare Part D plan, the provider shall actively encourage the individual to participate in the AHCCCS screening/application process.

3. The following conditions do not constitute an individual's refusal to participate:
   a. An individual's inability to obtain documentation required for the eligibility determination, and/or
   b. An individual is incapable of participating as a result of their mental illness and does not have a legal guardian.

4. If an individual refuses to participate in the AHCCCS screening/application process, or to enroll in a Medicare Part D plan, the provider shall:
   a. Request that the individual sign Attachment A, and
   b. Document the refusal to sign in the individual's medical record.

5. Special considerations for individuals designated as SMI:
   a. If the individual is unwilling to complete the AHCCCS screening/application process or to enroll in a Medicare Part D plan, and does not meet the conditions above, the provider shall request a clinical consultation by a Behavioral Health Medical Professional,
   b. If, following the clinical consultation, the individual continues to refuse to participate, the provider shall request that the individual sign Attachment A.

6. Prior to the termination of behavioral health services for individuals who have been receiving behavioral health services and subsequently decline to participate in the AHCCCS screening/application process, or to enroll in a Medicare Part D plan, the Contractor shall provide written notification to the member of the intended termination as required by Contract.

7. For all individuals who refuse to cooperate with the AHCCCS screening/ application process, the provider shall inform the individual who they can contact in the behavioral health system for an appointment if the individual chooses to participate in the AHCCCS screening/application process in the future.