

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

Section 3.1 Eligibility Screening for AHCCCS Health Insurance, Medicare Part D Prescription Drug Coverage, and the Limited Income Subsidy Program

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3.1.1 Introduction

Eligibility status is essential for knowing the types of behavioral health services a person may be able to access. In Arizona's public behavioral health system, a person may:

- Be eligible for Title XIX (Medicaid) or Title XXI (KidsCare) covered services;
- Not qualify for Title XIX/XXI entitlements, but be eligible for services as a person determined to have a Serious Mental Illness (SMI);
- Be covered under another health insurance plan, or "third party" (including Medicare); or
- Be without insurance or entitlement status and asked to pay a percentage of the cost of services.

Determining current eligibility and enrollment status is one of the first things a Tribal/Regional Behavioral Health Authority (T/RBHA) or behavioral health provider does upon receiving a request for behavioral health services. For persons who are not Title XIX or Title XXI eligible, a financial screening and eligibility application must be filed with the appropriate eligibility agency (e.g., Arizona Health Care Cost Containment System (AHCCCS), the Department of Economic Security (DES), KidsCare, or the Social Security Income/Medical Assistance Only (SSI/MAO) program).

Beginning January 1, 2006, Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX or Title XXI), started receiving Medicare Part D Prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). All PDPs operating in Arizona and all local area Medicare Advantage Special Needs Plans honor prescriptions written by CPSA Network prescribers subject to the individual plan's formulary and prior authorization requirements. Prescription drug coverage for Medicare eligible behavioral health recipients enrolled in Part D will be based on Part D formularies. Benzodiazepines, barbiturates and over-the-counter medications on the ADHS/DBHS and CPSA formularies are excluded under Part D and will continue to be Title XIX/XXI reimbursable for Title XIX/XXI eligible persons. For Non-

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Title XIX/XXI eligible persons, coverage of the excluded Part D drugs will be based on available funding and SMI status (see [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)).

The following information will assist providers of behavioral health services in:

- Accessing and interpreting eligibility and enrollment information,
- Conducting financial screenings and assisting persons with applying for Title XIX/XXI benefits, and
- Assessing potential eligibility for Medicare Part D Prescription Drug coverage and the Limited Income Subsidy (LIS) Program.

3.1.2 References

The following citations can serve as additional resources for this content area:

[42 CFR Part 400](#)

[42 CFR Part 403](#)

[42 CFR Part 411](#)

[42 CFR Part 417](#)

[42 CFR Part 422](#)

[42 CFR Part 423](#)

[A.R.S. § 36-3408](#)

[AHCCCS/ADHS Contract](#)

[ADHS/T/RBHA Contract](#)

[ADHS/T/RBHA Intergovernmental Agreement \(IGAs\)](#)

[Section 3.4, Co-payments](#)

[Section 3.5, Third Party Liability and Coordination of Benefits](#)

[Section 3.10, SMI Eligibility Determination](#)

[Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 4.2, Behavioral Health Medical Records Standards](#)

[Assisting Behavioral Health Recipients with AHCCCS Eligibility Manual](#)

3.1.3 Scope

To whom does this apply?

This standard applies to all persons who are currently or potentially eligible for Title XIX or Title XXI behavioral health services and persons who are eligible for Medicare.

3.1.4 Did you know...?

- The Arizona Health Care Cost Containment System's (AHCCCS') Application for Health Insurance (see the [Assisting Behavioral Health Recipients with AHCCCS Eligibility Manual](#)) was designed to make the application process easier. Applicants can fill out the application and it will be routed to the correct eligibility determination office. The application also permits a person to apply for all AHCCCS programs for all family members on one application form. If the results of the eligibility screening indicate that a person may be eligible for the Medicare Part D prescription drug benefit, Title XIX or Title XXI, in order to continue to receive services the applicant's application must be submitted within ten working days to the

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SSA, DES, or AHCCCS, which shall determine the applicant's eligibility.

- In most cases, an eligibility determination is completed within 45 days after the date of application, unless the person is pregnant (completed within 20 days) or in an inpatient hospital at the time of application (completed within 7 days).
- It is preferred and advantageous to use a person's AHCCCS identification number as opposed to the person's social security number when inquiring about a person's current eligibility status.
- Title XIX/XXI funding is not available to cover drugs available through Medicare Part D for persons dually eligible for Medicare and Medicaid.
- Medicare Part D Prescription Drug coverage is a voluntary benefit, but eligible persons who do not enroll in a Part D plan may not have access to prescription drug coverage through the T/RBHA.

3.1.5 Objectives

- To identify methods for accessing and interpreting Title XIX and Title XXI eligibility,
- For persons who are not Title XIX/XXI eligible, to describe the procedures to screen persons for Title XIX/XXI eligibility and, if indicated, apply for AHCCCS health insurance, and
- To identify and assist persons eligible for Medicare with enrolling in a Part D plan and with applying for the Limited Income Subsidy (LIS) program to pay the cost sharing of Medicare Part D.

3.1.6 Procedures

3.16-A. Title XIX/XXI Screening and Eligibility

What is the process?

- **First**...Verify the person's Title XIX or Title XXI eligibility,
- **Next**...for those persons **who are not** Title XIX or Title XXI eligible, screen for potential Title XIX and Title XXI eligibility, and
- **Finally**...as indicated by the screening tool, assist persons with applications for a Title XIX or Title XXI eligibility determination.

Step #1-Accessing Title XIX/XXI eligibility information

Behavioral health providers who need to verify the eligibility and enrollment of an AHCCCS member can use one of the alternative verification processes 24 hours a day, 7 days a week. These processes include:

- **AHCCCS' web-based verification** (Customer Support 602-417-4451)
This web site allows the providers to verify eligibility and enrollment. To use the website, providers must create an account before using the applications. To create an account, go to: <https://azweb.statemedicaid.us/Home.asp> and follow the prompts. Once 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.

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- **AHCCCS' contracted Medical Electronic Verification Service (MEVS).** . The AHCCCS member card can be "swiped" by providers to automatically access AHCCCS' PMMIS system for up to date eligibility and enrollment. For information on MEVS, contact the MEVS vendor: Emdeon 1-800-444-4336 ;
- **Interactive Voice Response (IVR) system** IVR allows unlimited verifications by entering the AHCCCS member's identification number on a touch-tone telephone. This allows providers access to AHCCCS' PMMIS system for up to date eligibility and enrollment. Maricopa County 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 from all other counties at 1-800-331-5090, and
- **Medifax** Medifax, allows providers to use a PC or terminal to access AHCCCS' PMMIS system for up to date eligibility and enrollment information. For information on EVS, contact Emdeon at 1-800-444-4336.

If a person's Title XIX or Title XXI eligibility status still cannot be determined using one of the above methods, a behavioral health provider must:

- Call their contracted T/RBHA, CPSA Member Services at 1-800-771-9889 for assistance during normal business hours (8:00 am through 5:00 pm, Monday-Friday); or
- Call the AHCCCS Verification Unit, Which is open Monday through Friday from 7:00 a.m. to 7:00 p.m. The Unit is closed Saturdays and Sundays, and on the following holidays: New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day. Callers from outside Maricopa County can call 1-800-962-6690 or call 602-417-7000 in Maricopa County and remain on the line for the next available representative. When calling the AHCCCS Verification Unity, the behavioral health provider must be prepared to provide the verification unity operation the following information:
 - The behavioral health provider's identification number;
 - The recipient's name, date of birth, AHCCCS identification number and social security number (if known); and
 - Dates of service(s).

Step #2-Interpreting eligibility information

A behavioral health provider will access two important pieces of information when using the eligibility verification methods described in Step #1: AHCCCS eligibility key codes and/or AHCCCS rate codes. Key codes and rate codes are assigned to AHCCCS eligibility categories and are important for determining:

- If a person is eligible for Title XIX/XXI covered behavioral health services; and
- If ADHS/DBHS (behavioral health providers) are responsible for providing the person's Title XIX/XXI covered behavioral health services; or whether it is the AHCCCS Health Plan or Arizona Long Term Care System (ALTCS) Program Contractor's responsibility.

Available Resources for Interpreting Eligibility Information

- [PM Attachment 3.1.1](#) is a behavioral health eligibility key code index and may be used by behavioral health providers to interpret key code information. The key code index will

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indicate if the ADHS/DBHS system (and T/RBHA contracted behavioral health provider) is responsible for the delivery of Title XIX/XXI covered behavioral health services.

- [PM Attachment 3.1.2](#) is a listing of all AHCCCS rate codes and descriptions that include Title XIX/XXI behavioral health covered services that are provided by a T/RBHA and/or contracted behavioral health provider.
- [PM Attachment 3.1.3](#) is a summary of AHCCCS rate codes for use by T/RBHAs and/or contracted behavioral health providers in determining responsibility for providing behavioral health services.

If Title XIX or Title XXI eligibility status and behavioral health provider responsibility is confirmed, the behavioral health provider must provide any needed covered behavioral health services in accordance with the [ADHS/DBHS Provider Manual](#) and the [ADHS/DBHS Covered Behavioral Health Services Guide](#).

There are some circumstances whereby a person may be Title XIX eligible but the ADHS/DBHS behavioral health system is not responsible for providing covered behavioral health services. This includes persons enrolled as elderly or physically disabled (EPD) under the ALTCS Program and persons eligible for family planning services only through the Sixth Omnibus Reconciliation Act (SOBRA) Extension Program. A person who is Title XIX eligible through ALTCS must be referred to his/her ALTCS case manager to arrange for provision of Title XIX behavioral health services. However, ALTCS-EPD individuals who are Seriously Mentally Ill may also receive Non-Title XIX SMI services from the T/RBHA. ALTCS-Division of Developmental Disabilities (DDD) persons' behavioral health services are provided through the ADHS/DBHS behavioral health system.

If the person is not currently Title XIX or Title XXI eligible, proceed to step #3 and conduct a screening for Title XIX/XXI eligibility.

Step #3-Screening for Title XIX/XXI eligibility

When and who do I screen for Title XIX/XXI eligibility?

The T/RBHA or behavioral health provider must screen all Non-Title XIX/XXI persons using the [Health-e Arizona online application](#):

- Upon initial request for behavioral health services,
- At least annually thereafter, if still receiving behavioral health services, and
- When significant changes occur in the person's financial status.

A screening is not required at the time an emergency service is delivered but must be initiated within 5 days of the emergency service if the person seeks or is referred for ongoing behavioral health services.

How do I conduct a screening for Title XIX/XXI eligibility?

The T/RBHA or behavioral health provider meets with the person and completes AHCCCS eligibility screening through the [Health-e Arizona web page](#) for all Non-Title XIX/XXI persons. Documentation of AHCCCS eligibility screening must be included in a person's comprehensive clinical record upon completion after initial screening, annual screening, and screening conducted when a significant change occurs in a person's financial status. (see [PM Section 4.2](#).)

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[Behavioral Health Medical Record Standards](#)).

What's next?

Once the screening tool is completed, the screening tool will indicate one of two options:

- That the person is potentially AHCCCS eligible.
 If the person is potentially eligible, then T/RBHAs or behavioral health providers must reference the [Assisting Behavioral Health Recipients with AHCCCS Eligibility Manual](#) and follow the appropriate steps.

 Pending the outcome of the Title XIX or Title XXI eligibility determination, the person may be provided services in accordance with [Section 3.4, Co-payments](#) and [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).

 Upon the final processing of an application, it is possible that a person may be determined ineligible for AHCCCS health insurance. If the person is determined ineligible for Title XIX or Title XXI benefits, the person may be provided behavioral health services in accordance with [Section 3.4, Co-payments](#) and [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).
- That the person does not appear Title XIX/XXI eligible.
 If the screening tool indicates that the person does not appear Title XIX or Title XXI eligible, the person may be provided behavioral health services in accordance with [Section 3.4, Co-payments](#) and [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).

3.1.6-B. Reporting requirements for Title XIX/XXI Eligibility Screening

The number of screenings completed for Title XIX/XXI eligibility must be documented by providers and reported to the T/RBHA on a monthly basis. The reporting must include the following elements:

	SMI		NON-SMI		CHILD	
	New Applicant	Currently Receiving Services	New Applicant	Currently receiving services	New Applicant	Currently receiving services
Number Screened						

Financials are sent to the Member Benefits Specialist at CPSA Provider Services on a weekly basis. All financials must be entered by the 10th of the month. Providers can submit any questions or requests for additional information to the Member Benefits Specialist at 1-800-771-9889, option 3.

3.1.6-C. Medicare Part D Prescription Drug coverage and Limited Income Subsidy (LIS) Program eligibility

Persons must report to the T/RBHA or provider if they are eligible, or become eligible, for Medicare as it is considered third party insurance. See [Section 3.5, Third Party Liability and Coordination of Benefits](#), regarding how to coordinate benefits for persons with other insurance, including Medicare. If a behavioral health recipient is unsure of Medicare eligibility, T/RBHAs or

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providers may verify Medicare eligibility by calling 1-800-MEDICARE (1-800-633-4227), with a behavioral health recipient's permission and personal information. Once a person is determined Medicare eligible, T/RBHAs or providers must offer assistance and provide assistance with Part D enrollment and the Limited Income Subsidy (LIS) application upon a behavioral health recipient's request. T/RBHAs and providers will be tracking behavioral health recipients' Part D enrollment and LIS application status and reporting tracking activities, when required by ADHS/DBHS.

Enrollment in Part D

All persons eligible for Medicare must be encouraged to and assisted in enrolling in a Medicare Part D plan to access Medicare Part D Prescription Drug coverage. Enrollment must be in a Prescription Drug Plan (PDP), which is fee-for-service Medicare, or a Medicare Advantage Prescription Drug Plan (MA-PD), which is a managed care Medicare plan. Upon request, the T/RBHA or provider must assist Medicare eligible persons in selecting a Part D plan. The Centers for Medicare and Medicaid Services (CMS) developed webtools to assist with choosing a Part D plan that best meets the persons' needs. The webtools can be accessed at www.medicare.gov. For additional information regarding Medicare Part D Prescription Drug Coverage, call Medicare at 1-800-633-4227 or the Arizona State Division of Aging and Adult Services at 602-542-44646 or toll free at 1-800-432-4040.

Applying for the Limited Income Subsidy (LIS)

The Limited Income Subsidy (LIS) or "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 person. If the T/RBHA or provider determines that a person may be eligible for the LIS (see www.ssa.gov for income and resource limits), the T/RBHA or provider must offer to assist the person in completing an application. Applications can be obtained and submitted through the following means:

- On-line at <https://s044a90.ssa.gov/apps6z/i1020/main.html>,
- By calling 1-800-772-1213,
- In person at a Social Security Administration local office, or
- By mailing a paper application to the SSA.

Reporting Part D enrollment and LIS applications

T/RBHAs and providers must track Medicare eligible behavioral health recipients' Part D enrollment and LIS application status. ADHS/DBHS has developed [PM Form 3.1.1, Tracking of Medicare Part D Enrollment](#), and [PM Form 3.1.2, Tracking of Limited Income Subsidy \(LIS\) Status](#), which can be used by the T/RBHA or behavioral health provider to track persons eligible for Medicare. This will assist the T/RBHA to ensure that Medicare eligible persons are enrolled in a Part D plan and apply for the LIS program, if applicable. The Networks will submit their tracking reports for Medicare eligibles to the Member Benefits Specialist at CPSA Provider Services Department.

Periodically, ADHS/DBHS will request T/RBHAs to report tracking of Part D enrollment and LIS applications.

3.1.6-D. What if a person refuses to participate with the screening and/or application

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process for Title XIX/XXI or enrollment in a Part D plan?

On occasion, a person may decline to participate in the AHCCCS eligibility screening and application process or refuse to enroll in a Medicare Part D plan. In these cases, the T/RBHA or behavioral health provider must actively encourage the person to participate in the process of screening and applying for AHCCCS health insurance coverage or enrolling a Medicare Part D plan.

Arizona state law stipulates that persons who refuse to participate in the AHCCCS screening and eligibility 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 and eligibility application or enrollment in Medicare Part D, if eligible, will not be enrolled with a T/RBHA during his/her initial request for behavioral health services or will be disenrolled if the person refuses to participate during the annual screening. The following conditions do not constitute a refusal to participate:

- A person's inability to obtain documentation required for the eligibility determination (see the Assisting Behavioral Health Recipients with AHCCCS Eligibility Manual for information on obtaining required documentation), and
- A person is incapable of participating as a result of his/her mental illness and does not have a legal guardian.

If a person refuses to participate in the screening and/or application process for Title XIX or Title XXI eligibility or to enroll in a Part D plan, the T/RBHA or behavioral health provider must ask the person to sign the Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XXI) Health Insurance or Medicare Part D Enrollment form ([PM Form ADHS AE-08 \[Eng large print\]](#) or [Forma PM AE-08 Spanish \[Spa large print\]](#)). If the person refuses to sign the form, document his/her refusal to sign in the comprehensive clinical record (See [Section 4.2, Behavioral Health Medical Records Standards](#)).

Special considerations for persons determined to have a Serious Mental Illness

If a person is eligible for or requesting services as a person determined to have a Serious Mental Illness is unwilling to complete the eligibility screening or application process for Title XIX/XXI or to enroll in a Part D plan and does not meet the conditions above, the T/RBHA or behavioral health provider must request a clinical consultation by a behavioral health medical practitioner. The Network's Financial Eligibility Specialist refers the person to the assigned Clinical Liaison to determine if the reason for refusal is due to mental status. If the person continues to refuse following a clinical consultation, the T/RBHA or behavioral health provider must request that the person sign the Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XI) Health Insurance or Medicare Part D Plan Enrollment form ([PM Form ADHS AE-08 \[Eng large print\]](#) [[Forma PM ADHS AE-08 Spanish](#)] [[Spa large print](#)]). Prior to the termination of behavioral health services for persons determined to have a Serious Mental Illness who have been receiving behavioral health services and subsequently decline to participate in the screening/referral process, the T/RBHA must provide written notification of the intended termination using PM Form 5.5.1, Notice of Decision and Right to Appeal (see PM Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)).

For all persons who refuse to cooperate with the AHCCCS eligibility and/or application process or who do not enroll in a Medicare Part D plan

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The T/RBHA or behavioral health provider representative must inform the person who he/she can contact in the behavioral health system for an appointment if the person chooses to participate in the eligibility and/or application process in the future. CPSA Member Services (1-800-771-9889) may be contacted to identify an intake site.