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-T itle 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 Heath Services, of the Fee-For-Service Provider Billing Manual
    • Chapter 12, Behavioral Heath Services, of the IHS/Tribal Provider Billing Manual
  o 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
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 website. 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