

**432 - BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR
BEHAVIORAL HEALTH SERVICES AND PHYSICAL HEALTH SERVICES**

EFFECTIVE DATE: 07/01/12, 04/01/15, 10/01/15

REVISION DATE: 10/11/12, 04/02/15, 05/21/15, 07/30/15

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ADHS/DBHS, CRS, DCS/CMDP (CMDP), and DES/DDD (DDD) Contractors for the purposes of benefit coordination and delineating financial responsibility for AHCCCS covered behavioral health services provided to AHCCCS members. This Policy also prescribes payment responsibility for physical health services that are provided to members who are also receiving behavioral health services. This Policy does not apply to services provided through Indian Health Services (IHS) or Tribally owned and/or operated facilities.

II. DEFINITIONS

**ACUTE CARE
CONTRACTOR**

A contracted managed care organization (also known as a health plan) that provides acute care physical health services to AHCCCS members in the acute care program who are Title XIX or Title XXI eligible. The Acute Care Contractor is also responsible for providing behavioral health services for its enrolled members who are treated by a Primary Care Provider (PCP) for anxiety, depression, and Attention Deficit Hyperactivity Disorder (ADHD). Effective October 1, 2015, Acute Care Contractors are also responsible for providing behavioral health services for dual eligible adult members with General Mental Health and/or Substance Abuse (GMH/SA) needs. For other acute care populations, behavioral health services are carved out and are provided through Tribal or Regional Behavioral Health Authorities.

ACUTE CARE HOSPITAL

A general hospital that provides surgical services and emergency services.

**AMERICAN INDIAN
HEALTH PROGRAM
(AIHP)**

An acute care Fee-For-Service (FFS) program administered by AHCCCS for eligible American Indians which reimburses for services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider.

**BEHAVIORAL HEALTH
DIAGNOSIS**

Behavioral health diagnoses can be located in Covered Behavioral Health Services Guide at <http://www.azdhs.gov/bhs/covserv.htm> and any amendments thereof due to ICD 10.

**BEHAVIORAL HEALTH
ENTITY**

A Contractor or subcontractor to which the member is assigned for the provision of Behavioral Health services. Behavioral Health Entities are one of the following:

- Acute Care Contractor for adult members dually enrolled in Medicaid and Medicare with General Mental Health and Substance Abuse needs except for members who elect a TRBHA for behavioral health services
- Regional Behavioral Health Authority (RBHA);
- Integrated RBHA;
- Tribal Regional Behavioral Health Authority (T/RBHA);
- Children's Rehabilitative Services (CRS) Fully Integrated; and
- CRS Partially Integrated Behavioral Health.

**CRS FULLY
INTEGRATED**

A coverage type which includes members who receive all services from the CRS Contractor including acute health, behavioral health and CRS-related services.

CRS ONLY

A coverage type which includes members who receive all CRS-related services from the CRS Contractor, who receive acute health services from the primary program of enrollment, and who receive behavioral health services as follows:

- CMDP and DDD American Indian (AI) members from a Tribal RBHA
- AIHP members from a T/RBHA

CRS Only also includes ALTCS/EPD AI Fee-For-Service (FFS) members.

**CRS PARTIALLY-
INTEGRATED-ACUTE**

A coverage type which includes American Indian members who receive all acute health and CRS-related services from the CRS Contractor and who receive behavioral health services from a Tribal RBHA.

**CRS PARTIALLY-
INTEGRATED
BEHAVIORAL HEALTH
(BH)**

A coverage type which includes CMDP or DDD members who receive all behavioral health and CRS-related services from the CRS Contractor and who receive acute health services from the primary program of enrollment.

**ENROLLED
ENTITY**

The entity, which may be a Contractor or AHCCCS FFS, with which the member is enrolled for the provision of acute care services.

- For members enrolled in Acute Care, the Enrolled Entity is the Acute Care Contractor.
- For members enrolled in DDD, with or without CRS coverage and/or BH coverage, the Enrolled Entity is DDD.
- For members enrolled in CMDP, with or without CRS coverage and/or BH coverage, the Enrolled Entity is CMDP.
- For members with Serious Mental Illness with CRS coverage who do not elect the American Indian Health Program, the Enrolled Entity is CRS under the CRS Fully Integrated coverage type.
- For members with Serious Mental Illness with CRS coverage who elect a TRBHA for behavioral health services, the Enrolled Entity is CRS under the CRS partially Integrated-Acute coverage type.
- For members with Serious Mental Illness without CRS coverage who do not elect the American Indian Health Program, the Enrolled Entity is an Integrated RBHA.
- For members with Serious Mental Illness without CRS coverage who elect a TRBHA for behavioral health services, the Enrolled Entity is either the Acute Care Contractor or AIHP.
- For members who elect the American Indian Health Program, the Enrolled Entity is AIHP.
- For members receiving all services from the CRS Contractor including acute health, behavioral health and CRS-related services, the Enrolled Entity is CRS under the Fully Integrated CRS coverage type.

ENROLLED

ENTITY

****CONTINUED****

- For American Indian members receiving all acute health and CRS-related services from the CRS Contractor and receiving behavioral health services from a Tribal RBHA, the Enrolled Entity is CRS under the CRS partially Integrated-Acute coverage type.

**INTEGRATED REGIONAL
BEHAVIORAL HEALTH
AUTHORITY
(INTEGRATED RBHA)**

An organization that provides behavioral health services to AHCCCS members who are Title XIX or Title XXI eligible, other than adult members dually enrolled in Medicaid and Medicare with General Mental Health and Substance Abuse needs and American Indians who choose a TRBHA. The Integrated RBHA also provides physical health services for AHCCCS members determined to have a Serious Mental Illness, with the exception of American Indians who choose AIHP.

**PRIMARY CARE
PROVIDER (PCP)**

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

PRINCIPAL DIAGNOSIS

The condition established after study to be chiefly responsible for occasioning the admission or care for the member, (as indicated by the Principal Diagnosis on a UB claim form from a facility or the first-listed diagnosis on a CMS 1500 claim line).

The Principal Diagnosis should not be confused with the admitting diagnosis or any other diagnoses on the claim. Neither the admitting diagnosis nor any other diagnoses on the claim should be used in the assignment of payment responsibility.

**SERIOUS MENTAL
ILLNESS (SMI)**

A person 18 years of age or older who has been determined to have a serious mental illness as defined in A.R.S. §36-550.

**TRIBAL/REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (T/RBHA)**

An organization under contract with the State of Arizona that administers covered behavioral health services for Title XIX and XXI members. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.R.S. §36-3401, §36-3407, and A.A.C. R9-22-1201.

III. POLICY

The purpose of this Policy is to clarify payment responsibility of AHCCCS Contractors and ADHS/DBHS subcontracted T/RBHAs for physical and behavioral health services for specific circumstances. Payment for AHCCCS covered behavioral health and physical health services is determined by the Principal Diagnosis appearing on a claim, except in limited circumstances as described in Attachment A, Matrix of Financial Responsibility by Responsible Party.

As this policy is not intended to address **all** scenarios involving payment responsibility, refer to Contract, Section D, Program Requirements, for additional information regarding covered services.

**A. GENERAL REQUIREMENTS REGARDING PAYMENT FOR PHYSICAL AND
BEHAVIORAL HEALTH SERVICES**

1. Regardless of setting, if physical health services are listed on a claim with a Principal Diagnosis of behavioral health, the Behavioral Health Entity is responsible for payment of covered physical health services as well as behavioral health services.
2. Regardless of setting, if behavioral health services are listed on a claim with a Principal Diagnosis of physical health, the Enrolled Entity is responsible for payment of covered behavioral health services as well as physical health services.
3. Payment responsibility for professional services associated with an inpatient stay is determined by the Principal Diagnosis on the professional claim. Payment responsibility for the inpatient facility claim and payment responsibility for the associated professional services is not necessarily the same entity. Payment of the professional claim shall not be denied by the responsible entity due to lack of authorization/notification of the inpatient stay regardless of the entity which authorized the inpatient stay.
4. Payment for an emergency department facility claim of an acute care facility is the responsibility of the Enrolled Entity regardless of the Principal Diagnosis on

the facility claim. Payment responsibility for professional services associated with the emergency department visit is determined by the Principal Diagnosis on the professional claim. Payment responsibility for the emergency department visit and payment responsibility for the associated professional services is not necessarily the same entity. Payment of the professional claim shall not be denied by the responsible entity due to lack of notification of the emergency department visit.

5. AHCCCS Fee-For-Service (FFS) will be responsible for payment of claims for physical and behavioral health services that are provided by an IHS or a tribally owned and/or operated facility to Title XIX members whether enrolled in managed care or FFS.

In addition to identifying exceptions, Attachment A, Matrix of Financial Responsibility by Responsible Party also provides detail and clarification regarding payment responsibility in specific scenarios.

All AHCCCS services must be medically necessary, cost effective, and federally and state reimbursable. For specific information on inpatient reimbursement rates refer to A.A.C. R9-22-712.60 et seq. Enrolled Entities and Behavioral Health Entities may enter into contracts with providers that delineate other payment terms, including responsibility for payment.

B. SPECIFIC CIRCUMSTANCES REGARDING PAYMENT FOR BEHAVIORAL HEALTH SERVICES

The Enrolled Entity is responsible for reimbursement of services associated with a Primary Care Provider (PCP) visit for diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder including professional fees, related prescriptions, laboratory and other diagnostic tests. PCPs who treat members with these behavioral health conditions may provide medication management services including prescriptions, laboratory and other diagnostic tests necessary for diagnosis, and treatment. Clinical tool kits for the treatment of anxiety, depression, and ADHD are available in the AMPM Policy 310.

The Enrolled Entity is responsible for payment of medication management services provided by the PCP while the member may simultaneously be receiving counseling and other medically necessary rehabilitative services from the Behavioral Health Entity. For purposes of medication management, it is not required that the PCP be the member's assigned PCP.

1. The Enrolled Entity must coordinate with the Behavioral Health Entity when both physical and behavioral health services are rendered during an inpatient stay and the Enrolled Entity is notified of the stay. Such coordination shall include,

but is not limited to, communication/collaboration of authorizations, determinations of medical necessity, and concurrent reviews.

2. When the Principal Diagnosis on an inpatient claim is a behavioral health diagnosis, the Behavioral Health Entity shall not deny payment of the inpatient facility claim for lack of authorization or medical necessity when the member's Enrolled Entity authorized and/or determined medical necessity of the stay through concurrent review, such as when the admitting diagnosis is a physical health diagnosis.
4. When the Enrolled Entity is AHCCCS FFS for AIHP members assigned to a TRBHA, AHCCCS FFS is responsible for payment of medically necessary transportation services (emergent and non-emergent) when the diagnosis code on the claim is unspecified (799.9 or its replacement code under ICD-10).
5. Payment of pre-petition screening and court ordered evaluation services is the fiscal responsibility of a county. For payment responsibility for other court ordered services refer to ACOM Policy 423 and ACOM Policy 437.

C. SPECIFIC CIRCUMSTANCES REGARDING PAYMENT FOR PHYSICAL HEALTH SERVICES – ARIZONA STATE HOSPITAL (AZSH)

The payment responsibilities of an Enrolled Entity described below for members residing in AzSH do not apply to CMDP because CMDP members are under the age of 18 and members residing in AzSH are 18 years and older.

1. AHCCCS enrolled members who are residing in the Arizona State Hospital (AzSH) and who require physical health services that are not provided by AzSH during their stay, will receive the services at the Maricopa Integrated Health Systems (MIHS) clinics and/or Maricopa Medical Center (MMC).
 - a. The Enrolled Entity shall provide reimbursement for medically necessary physical health services under one of the two following arrangements:
 - i. A contractual agreement with MIHS clinics including MMC and MIHS physicians, to provide all medically necessary services. MIHS will be assigned to provide primary care services for all members residing in AzSH.
 - ii. In the absence of a contractual agreement, the enrolled entity shall be responsible for coordination of care, prior authorization processes, claims payments, and provider and member issues for all services delivered by MIHS. The Contractor shall provide a seamless and obstacle free process for the provision of services and payment.
 - b. Emergency services for AzSH residents will be provided by the Maricopa Medical Center and shall be reimbursed by the Enrolled Entity regardless of prior authorization or notification.

- c. Physical health related pharmacy services for AzSH residents will be provided by AzSH in consultation with the Enrolled Entity. The Enrolled Entity is responsible for such payment.

IV. REFERENCES

- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- CRS Contract, Section D
- DCS/CMDP Contract, Section D
- DES/DDD Contract, Section D
- Attachment A, Matrix of Financial Responsibility by Responsible Party
- ACOM Policy 423
- ACOM Policy 437
- A.A.C. R9-22-712.60 et seq.
- A.A.C. R9-22-1201
- A.R.S. Title 32 Chapter 13
- A.R.S. Title 32 Chapter 15
- A.R.S. Title 32 Chapter 17
- A.R.S. Title 32 Chapter 25
- A.R.S. §32-3401
- A.R.S. §32-3407
- A.R.S. §36-550
- A.R.S. §36-2901

ATTACHMENT A, MATRIX OF FINANCIAL RESPONSIBILITY BY RESPONSIBLE PARTY

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY