



**Section 3.1**

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

- 3.1.1 Introduction**
- 3.1.2 Procedures**
- 3.1.3 References**
- 3.1.5 PM Forms**
- 3.1.6 PM Attachments**

**3.1.1 Introduction**

- a. 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:
  - i. Be eligible for Title XIX (Medicaid) or Title XXI (KidsCare) covered services,
  - ii. Not qualify for Title XIX/XXI entitlements, but be eligible for services as a person determined to have a Serious Mental Illness (SMI),
  - iii. Be covered under another health insurance plan or "third party" (including Medicare), or,
  - iv. Be without insurance or entitlement status and asked to pay a percentage of the cost of services.
- b. 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., The Arizona Health Care Cost Containment System (AHCCCS), the Department of Economic Security (DES).
- c. Beginning January 1, 2006, Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI), started receiving Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). The T/RBHA must develop and make available to their providers policies and procedures that include information indicating whether the T/RBHA is part of any Medicare Advantage plan network to provide the Medicare Part D benefit.
- d. The following information will assist providers of behavioral health services in:
  - i. Accessing and interpreting eligibility and enrollment information,
  - ii. Conducting financial screenings and assisting persons with applying for Title XIX/XXI benefits, and
  - iii. Assessing potential eligibility for Medicare Part D Prescription Drug coverage and the limited income subsidy (LIS) program.



### 3.1.2 Procedures

- a. Title XIX/XXI screening and eligibility
  - i. Screening Process
    1. First...Verify the person's Title XIX or Title XXI eligibility,
    2. Next...for those persons who are not Title XIX or Title XXI eligible, screen for potential Title XIX or other eligibility, and
    3. Finally...as indicated by the screening tool, assist persons with applications for a Title XIX or other eligibility determination.
  - ii. Step #1-Accessing Title XIX/XXI or other eligibility information. T/RBHA contracted 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:
    1. 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 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 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.
    2. AHCCCS contracted Medical Electronic Verification Service (MEVS). The AHCCCS member card can be “swiped” by providers to automatically access the AHCCCS Prepaid Medical Management System (PMMIS) for up to date eligibility and enrollment. For information on MEVS, contact the MEVS vendor: Emdeon at 1-800-444-4336.
    3. 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 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 all other counties at 1-800-331-5090, and
    4. Medifax. Medifax allows providers to use a PC or terminal to access the AHCCCS PMMIS system for up to date eligibility and enrollment information. For information on EVS, contact Emdeon at 1-800-444-4336.
    5. 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:
      - a. Call the contracted T/RBHA - **NARBHA at 928-774-7128 or 877-923-1400** for assistance during normal business hours (8:00 am through 5:00 pm, Monday-Friday), or
      - b. 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 Years 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 Unit, the



**PROVIDER MANUAL**

provider must be prepared to provide the verification unit operator the following information:

- i. The behavioral health provider's identification number,
  - ii. The recipient's name, date of birth, AHCCCS identification number and social security number (if known), and
  - iii. Dates of service(s).
- iii. Step #2-Interpreting eligibility information. A provider will access two important pieces of information when using the eligibility verification methods described in Step #1: (2.a.ii): The [AHCCCS Codes and Values \(CV\) 13 Reference System](#) includes a key code index that may be used by providers to interpret AHCCCS eligibility key codes and/or AHCCCS rate codes. T/RBHAs must ensure that providers have access to and are familiar with the codes as they may help indicate provider responsibility for the delivery of Title XIX/XXI covered services.
1. 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 Policy and Procedures Manual](#) and the [ADHS/DBHS Covered Behavioral Health Services Guide](#).
  2. 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 Arizona Long Term Care System (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 determined to have Serious Mental Illness (SMI) 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.
  3. If the person is not currently Title XIX eligible, proceed to step #3 and conduct a screening for Title XIX or other eligibility.
- iv. Step #3-Screening for Title XIX/XXI eligibility. The T/RBHA or provider must screen all Non-Title XIX/XXI persons using the [Health-e Arizona PLUS \(HEAPlus\) online application](#):
1. Upon initial request for behavioral health services,
  2. At least annually thereafter, if still receiving behavioral health services, and
  3. When significant changes occur in the person's financial status.
  4. A screening is not required at the time an emergency service is delivered, but must be initiated within five (5) days of the emergency service if the person seeks or is referred for ongoing behavioral health services.
  5. To conduct a screening for Title XIX or other eligibility, the T/RBHA or provider meets with the person and completes AHCCCS eligibility screening through the [Health-e Arizona PLUS online application](#) for all Non-Title XIX persons. Documentation of AHCCCS eligibility screening must be included in a person's comprehensive clinical record upon completion after initial screening, annual



**PROVIDER MANUAL**

- screening and screening conducted when a significant change occurs in a person's financial status (see [PM Section 4.2 Medical Record Standards](#)).
6. T/RBHAs must assist providers with contact information to obtain HEAPlus assistor modules and training from AHCCCS.
  7. Once completed, the screening tool will indicate:
    - a. That the person is potentially AHCCCS eligible.
  8. Pending the outcome of the Title XIX or other eligibility determination, the person may be provided services in accordance with NARBHA Policy 3.4 Co-payments and Other Member Fees.
  9. 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 other benefits, the person may be provided behavioral health services in accordance with NARBHA Policy 3.4 Co-payments and Other Member Fees.
  10. That the person does not appear Title XIX/XXI or eligible for other AHCCCS programs. If the screening tool indicates that the person does not appear Title XIX or any other AHCCCS eligibility, the person may be provided behavioral health services in accordance with [NARBHA Policy 3.4 Co-payments](#).
  11. ADHS/DBHS requires T/RBHAs to document and report the number of applicant screenings completed by providers for Title XIX, SMI, and [Federal Health Insurance Marketplace](#) eligibility. The reporting must include the following elements:
    - (a) Number of applicants to be screened for AHCCCS eligibility
    - (b) Number of applicant screenings for AHCCCS eligibility completed;
    - (c) Number of applicant screenings for AHCCCS eligibility to be completed;
    - (d) Number of AHCCCS eligible applicants as a result of the screening.
    - (e) Number of applicants to be screened for health coverage via the Federal Health Insurance Marketplace;
    - (f) Number of applicant screenings for health coverage via the Federal Health Insurance Marketplace completed;
    - (g) Number of applicant screenings for health coverage via the Federal Health Insurance Marketplace to be completed; and
    - (h) Number of applicants eligible for health coverage via the Federal Health Insurance Marketplace as a result of the screening;
  12. T/RBHAs must develop and make available to providers policies and procedures that include specific information indicating where providers should submit reports, the required format for reports, and how to access technical assistance.
- b. Medicare Part D Prescription Drug coverage and Limited Income Subsidy eligibility
- i. 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 [NARBHA Provider Manual Policy 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 providers may verify Medicare eligibility by calling 1-800-MEDICARE (1-800-633-4227), with a behavioral health recipient's permission and needed 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



**PROVIDER MANUAL**

- request. T/RBHAs and providers will be tracking Part D enrollment and LIS application status of behavioral health recipients and reporting tracking activities when required by ADHS/DBHS.
- ii. 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 web tools to assist with choosing a Part D plan that best meets the person's needs. The web tools can be accessed at [www.medicare.gov](http://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 602-542-4446 or toll free at 1-800-432-4040.
  - iii. Applying for the Limited Income Subsidy (LIS). The Limited Income Subsidy (LIS) 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 the Social Security Administration (SSA) website at [www.ssa.gov](http://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:
    1. On-line at <https://secure.ssa.gov/apps6z/i1020/main.html>,
    2. By calling 1-800-772-1213,
    3. In person at a SSA local office, or
    4. By mailing a paper application to the SSA.
  - iv. 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. Periodically, ADHS/DBHS will request T/RBHAs to report tracking of Part D enrollment and LIS applications.
  - v. RBHAs and RBHA contracted providers must educate and encourage Non-Title SMI members to apply for health coverage from a qualified health plan using the application process located at the [Federal Health Insurance Marketplace](#) and offer assistance for those choosing to enroll during open enrollment periods and qualified life events. Members enrolled in a qualified health plan through the Federal Health Insurance Marketplace may continue to be eligible for Non-Title XIX covered services that are not covered under the Federal Health Insurance Marketplace plan.
- c. Persons who refuse to participate with the screening and/or application process for Title XIX, other AHCCCS eligibility or enrollment in a Part D plan.
- i. 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 provider must actively encourage the person to



**PROVIDER MANUAL**

- participate in the process of screening and applying for AHCCCS health insurance coverage or enrolling in a Medicare Part D plan.
- ii. 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 services or will be disenrolled if the person refuses to participate during an annual screening. The following conditions do not constitute a refusal to participate:
    1. A person's inability to obtain documentation required for the eligibility determination
    2. A person is incapable of participating as a result of their mental illness and does not have a legal guardian; and/or
    3. A person who is enrolled in a qualified health plan through the Federal Health Insurance Marketplace and refuses to take part in the AHCCCS screening and application process will not be eligible for Non-Title XIX/XXI SMI funded services.
  - iii. If a person refuses to participate in the screening and/or application process for Title XIX or other 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 Health Insurance or Medicare Part D Plan Enrollment form ([NARBHA Policy Form 3.1.3](#)). If the person refuses to sign the form, document his/her refusal to sign in the comprehensive clinical record (See [Section 4.2 Medical Records Standards](#)).
  - iv. Special considerations for persons determined to have a Serious Mental Illness (SMI). 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 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 Professional. The T/RBHA must develop and make available to providers policies and procedures that include specific information on how to set up this consultation. 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 Health Insurance or Medicare Part D Plan Enrollment form ([NARBHA Policy Form 3.1.3](#))). Prior to the termination of behavioral health services for persons determined to have a SMI 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 [NARBHA Policy Form 5.5.1, Notice of Decision and Right to Appeal](#) (see [PM Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)).
  - v. For all persons who refuse to cooperate with the AHCCCS eligibility and/or application process or who do not enroll in a Part D plan. The T/RBHA or behavioral health provider must inform the person who they 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. The T/RBHA must develop and make available to providers policies and procedures that includes specific contact information for these requests. If a member in the NARBHA system



**PROVIDER MANUAL**

wishes to participate in the eligibility process in the future, direct them to call either the Responsible Agency or the NARBHA Member Services at 1-800-640-2123 or 928-774-7128.

**3.1.3 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/RBHA Contracts](#)
- [ADHS/TRBHA Intergovernmental Agreements \(IGAs\)](#)
- [Section 3.4, Co-payments and other Member Fees](#)
- [Section 3.5, Third Party Liability and Coordination of Benefits](#)
- [Section 3.10, SMI Eligibility Determination](#)
- [Section 4.1, Disclosure of Behavioral Health Information](#)
- [Section 4.2, Medical Records Standards](#)

**3.1.7 PM Forms**

- [PM Form 3.1.1 Tracking of Medicare Part D Enrollment](#)
- [PM Form 3.1.2 Tracking of Limited Income Subsidy Status](#)
- [PM Form 3.1.3 Decline to Participate in the Screening and/or Referral Process for AHCCCS](#)

**3.1.8 PM Attachments**

None

Signature on file	10/01/14
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Mary Jo Gregory President and Chief Executive Officer	Date
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Signature on file	10/01/14
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Teresa Bertsch, MD Chief Medical Officer	Date
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[Reference ADHS/DBHS Policy 101](#)