

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

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 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., AHCCCS, DES).

Effective January 1, 2006, Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI), will receive Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). **[T/RBHA insert information here indicating whether the T/RBHA is part of any Medicare Advantage plans’ networks to provide the Medicare Part D benefit.]**

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 “extra help”.

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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/RBHA Contracts](#)

[ADHS/Gila River Health Care Corporation Intergovernmental Agreement](#)

[ADHS/Pascua Yaqui Behavioral Health Program Intergovernmental Agreement](#)

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

[Section 3.4, Co-payments](#)

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

[Section 3.10, SMI Eligibility Determination](#)

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

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

[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.
- 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.
- Effective with the implementation of Medicare Part D Prescription Drug coverage on January 1, 2006, Title XIX/XXI funding will no longer be available to cover those drugs available through Medicare Part D for persons dually eligible for Medicare and Medicaid.

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- 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 “extra help” program to pay the cost sharing of Medicare Part D.

3.1.6 Procedures

3.1.6-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** (<https://scertsrv.ahcccs.state.az.us/Home.asp>);
- **AHCCCS’ contracted Medical Electronic Verification Service (MEVS)**. MEVS uses “swipe card” technology to verify eligibility and enrollment. For information on MEVS, contact one of the MEVS vendors: Envoy at 1-800-366-5716 or Potomac Group at 1-800-444-4336;
- **Interactive Voice Response (IVR) system**. IVR allows unlimited verifications by entering information on a touch-tone telephone. Providers may call IVR at: Maricopa County at (602) 417-7200 and all others at 1-800-331-5090; and
- **Eligibility Verification System (EVS)**. EVS, also known as Medifax, allows providers to use a PC or terminal to access eligibility and enrollment information. For information on EVS, contact the Potomac Group 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 [**T/RBHA insert language here**] for assistance during normal business hours (8:00 am through 5:00 pm, Monday-Friday); or
- After normal business hours, call the AHCCCS Verification Unit, which is available until midnight. On weekends and holidays, the AHCCCS Verification Unit is available between 6:00 a.m. and midnight. Callers from outside Maricopa County can call 1-800-962-6690. In

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Maricopa County, call (602) 417-7000. When calling the AHCCCS Verification Unit, the behavioral health provider must be prepared to provide the verification unit operator 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) is 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) 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 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 instances that 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 SOBRA Extension Program. A person who is Title XIX eligible through ALTCS must be referred to their 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

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services from the 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:

- Upon initial request for behavioral health services, and;
- 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 the AHCCCS Eligibility Screening Tool ([PM Form ADHS AE-01](#)) for all Non-Title XIX persons.

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](#).

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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						

[T/RBHAs enter specific information indicating where behavioral health providers should submit reports, the required format for reports and how to access technical assistance.]

3.1.6-C. Medicare Part D Prescription Drug coverage and “extra help” 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 providers may verify Medicare eligibility by calling 1-800-MEDICARE, with a behavioral health recipient’s permission and personal information. Once a person is determined Medicare eligible, T/RBHAs or providers must assist 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 managed care Medicare. 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.

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. To be eligible for the “extra help,” the person must have income below 150% of the Federal Poverty Limit (FPL) and resources below \$11,500 for an individual and \$23,000 for a couple. If the T/RBHA or provider determines that a person may be eligible for the “extra help,” they must offer to assist the person in completing an application. Applications can be obtained and submitted through the following means:

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- 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 "extra help" program, if applicable. **[T/RBHA insert specific information indicating when and where behavioral health providers should submit tracking reports for Medicare eligibles.]** 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 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 Medicare Part D. 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 in 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. The following conditions do not constitute a refusal to participate:

- A person's inability to obtain documentation required for the eligibility determination; and
- A person who is unable or refuses to participate due to his/her mental status and who 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 Plan Enrollment form ([PM FORM ADHS AE-08](#) or [PM FORM ADHS AE-08 Spanish](#)). If the person refuses to sign the form, document their refusal to sign in the comprehensive clinical record (See [Section 4.2, Behavioral Health Medical Records Standards](#)).

If a person meets one of the conditions above, which is not considered refusal, and does not enroll in a Medicare Part D plan, T/RBHAs can use state funds to pay for his/her prescription drugs according to [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).

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Special considerations for persons with a Serious Mental Illness

If a person is eligible for or requesting services as a person with a Serious Mental Illness and 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 (e.g., Clinical Liaison) **[T/RBHA insert specific information here]**. 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/XXI) Health Insurance or Medicare Part D Plan Enrollment form ([PM FORM ADHS AE-08](#) or [PM FORM ADHS AE-08 Spanish](#)). Before discontinuing the person's behavioral health services, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Clinical Services, Bureau of Adult Services (602-364-4602) must be notified and approve the decision.

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 representative 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. **[T/RBHA enter specific contact information here]**