

Health Choice Arizona Behavioral Health Educational Session April 14, 2022



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**Medicaid
Redeterminations:
Provider Partnerships**

April 14, 2022



End of Federal Public Health Emergency: COVID 19 Pandemic

AHCCCS members have been able to maintain their healthcare coverage throughout the pandemic without having to go through the re-enrollment process.

When the federal public health emergency (PHE) expires, we want to ensure our Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ) Health Choice members are able to continue their care with you.

Let's Partner Together

Although we don't know when the PHE will end, we would like your help in preparing your patients for a smooth transition and avoid gaps in care.



What Health Choice is doing

BCBSAZ Health Choice Medicaid has become a Community Partner Organization which allows us to renew member's applications.

BCBSAZ Health Choice will be doing direct outreach to members for renewals based on data provided by AHCCCS.



What can Providers do?

Partner with BCBSAZ Health Choice to educate members about the end of the public health emergency.

Utilize the monthly lists BCBSAZ Health Choice will provide to outreach to your members who need renewal.

Ask us questions - we are here to help.



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Proprietary and Confidential

Here's how to help patients continue their AHCCCS care

1

Verify or update contact information and mailing address with AHCCCS. Members can do this online at healtharizonaplus.gov or by calling **1-855- HEA-PLUS (432-7587)**.

2

Reach out to our Community Assistors to get set up for a Medicaid renewal. Our Community Assistor team is available at **1-844-390-8935**, Monday-Friday, 8 a.m. – 5 p.m.

3

Promptly respond to any AHCCCS letters requesting information (see [AHCCCS member instruction sheet](#)).

We appreciate your support in this effort and value our continued partnership with you.

We're here to make it easy for members to confirm their eligibility for continued coverage.



Questions?



Thoughts?



Feedback?



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State Only/Non-T19 Programs

April 2022



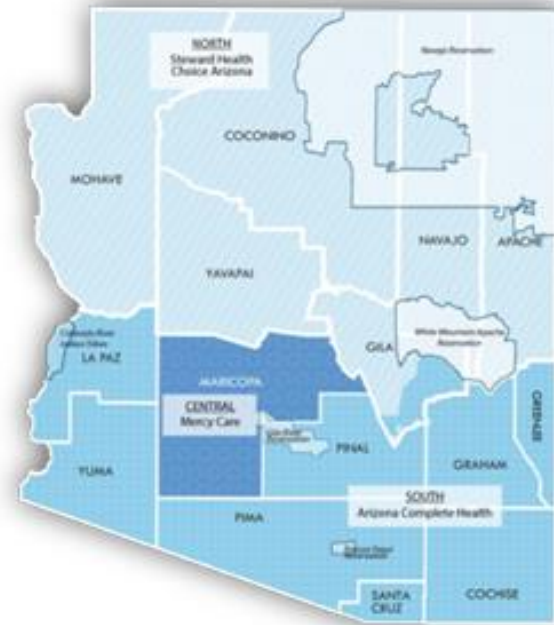
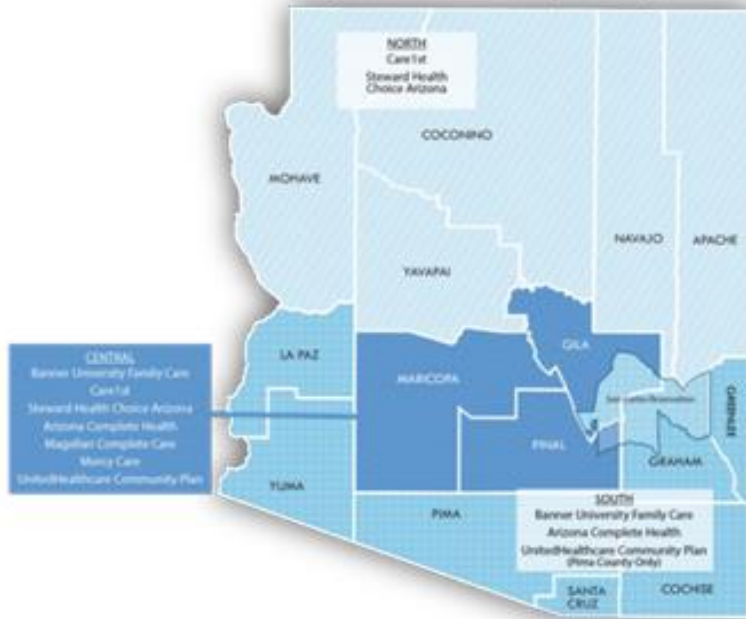
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Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map

RBHA/TRBHA and Crisis Services Map



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

RBHA Non-T19/T21 Contract Basics

- Service Coverage:
 - Mix of Federal & State funding
 - In general, services are **not entitlements** & only provided as funding allows
 - Provides services to both AHCCCS & “State Only” members
 - State Only: Un/Under-Insured Arizonans who qualify for N-T19 funding
 - HCA’s RBHA Contract only applies to members living in the RBHA GSA (North + Gila)
 - Enrolled on a short-term basis
 - Main Funding Categories:
 - Adults with an SMI determination
 - Children with an SED determination or School Referral
 - Adults & Children with an active Substance Use Diagnosis
 - Adults & Children in the first 72 hours of a Mental Health Crisis
 - Coverage for AHCCCS Members:
 - Non-Medicaid Covered Services: Room & Board/Traditional Healing, Medicare Part D (SMIs only)
 - Coverage for State Only Members:
 - Most of the Medicaid Covered Services (depending on eligibility)
 - [AMPM 300-2B AHCCCS Covered Non-Title XIX XXI Behavioral Health Services](#)

Crisis Intervention Services

aka 24 Hour Crisis

For 24 Hour Crisis, there are three main services that the RBHA is responsible for when they occur in the North RBHA GSA, regardless of the member's address or enrolled Health Plan. Effective 10/1/22, these services will either be Care 1st's responsibility or covered under a statewide contract.

- 1. Crisis Phones** (H0030 only as of 7/1/20) – Health Choice contracts through Solari (fka Crisis Response Network) to provide these services. They bill us capitated claims via one of their Phoenix locations.
- 2. Mobile Crisis** (H2011 & follow-up T1016, some transportation) – several capitated providers provide this service. We don't currently have any Fee-For-Service providers providing Mobile Crisis in the North RBHA GSA.
- 3. Crisis Stabilization Unit** within the first 24 hours (S9484/S9485 & the following ancillaries H0031, H0038, 90791, T1002, T1016):
 - These must all have an emergency indicator and a service location in the RBHA GSA. This applies to all State Only and AHCCCS members.
 - If a Health Choice enrolled member receives this service outside of the RBHA North GSA, these services should deny because they are the responsibility of the local RBHA.

Members Awaiting Inpatient Placement after 24 hours in the CSU, these will remain HCA responsibility on 10/1/22:

- S9484/S9485 & the following ancillaries H0031, H0038, 90791, T1002, T1016; WITHOUT and emergency indicator
- No location/County limitations
- Only HCA enrolled members qualify for this service if they have existing coverage under their Coverage Code.

Non-Title 19 Programs

RBHA Non-T19 State Crisis

- Eligibility
 - This funding provides crisis behavioral health service to any individual not eligible for Medicaid.
 - Member will have a rate code (coverage code) of SHCA_State_00_M
- Limitations
 - Inpatient services are limited to 72 hours
- Best Practices
 - HCFA Claims must include a 1 in the emergency field on the claim.
 - UB claims must be an admit type 1 or 2
 - Effective 10/1/18, the ET modifier should be used on crisis claims for service codes 00104, 90791, 90762, H0019, H0038, H2011, S9484, S9485, T1002 & T1016

RBHA Non-T19 State SMI

- Eligibility
 - This funding provides limited behavioral health service to any SMI individual not eligible for Medicaid.
 - Must be certified as SMI by Crisis Response Network (AHCCCS' vendor) and identified at AHCCCS as SMI
 - Member will have a rate code (coverage code) of SHCA_State_00_SMI
- Limitations
 - Limited to the services identified in AHCCCS AMPM Exhibit 300-2B
 - Health Choice version includes service codes
 - Since funding is limited Health Choice is not allowing the following services
 - H0018 Residential effective 7/1/18
 - H0046 SE Room & Board effective 10/1/19
 - This has not been allowed for several years. Now it is allowed according to Exhibit 300-2B but there is not funding available for these services.
 - H0043 Supported Housing 10/1/19
 - Rent subsidies are no longer allowed to be billed under this service code only wrap around services. AHCCCS is looking to eliminate this service code since the wrap around services can be billed under case management.
- Best Practices
 - Member must be identified as SMI in the Health Choice systems

RBHA Non-T19 SABG

- Eligibility

- Primary rate code (coverage code) of SHCA_State_00_M or SHCA_State_00_SMI or SHCA_State_00_BM
- Add-on rate code (coverage code) of SHCA_State_00_SABG
- SABG funding can be utilized for T-19 members for services covered by AHCCCS
 - Acupuncture
 - Room & Board (only for priority pop members)

- Limitations

- No use of drugs in the past 12 months as identified by the use of the remission codes
 - Exception: Methadone services can be provided to members in remission
- Services identified in AHCCCS AMPM Exhibit 300-2B
- Eligibility for room & board requires qualification as priority pop
 - See SABG FAQs for definition

RBHA Non-T19 SABG

- Best Practices
 - Effective 10/1/18, AHCCCS requires a qualifying diagnosis on the claim
 - Effective 2/10/20, bill with a U7 modifier where you believe the service qualifies for SABG funding.
 - Only applicable to service codes S5150 & S5151.
- Priority Pops (AMPM 320-T section D (3))
 - SUD priority pops
 - Pregnant women/teenagers who use drugs by injection
 - Pregnant women/teenagers with a SUD
 - Other persons who use drugs by injection
 - Women and teenagers with a SUD, with dependent children and their families including women who are attempting to regain custody of their children
 - All other individuals with a SUD, regardless of gender or route of use, (as funding is available).
 - OUD priority
 - Members with Opioid Use Disorder (Per NT19/21 FAQs Question 4)

SABG Prohibited Uses

12. What are the restrictions on grant expenditures?

The State shall not expend the Block Grant funds on the following activities:

- a) Inpatient hospital services;
- b) Acute Care or physical health care services including payment of copays, unless otherwise specified for priority populations;
- c) Cash payments to intended recipients of health services;
- d) Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS;
- e) Purchase major medical equipment;
- f) To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- g) Provide financial assistance (grants) to any entity other than a public or non-profit private entity;
- h) Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS);
- i) Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see https://grants.nih.gov/grants/policy/salcap_summary.htm;
- j) Purchase treatment services in penal or correctional institutions in the State of Arizona;
- k) Flex funds purchases; or
- l) Sponsorship for events and conferences.

Funding Clarifications

- Exception to Prohibited Uses 12a. & 13a.: “Inpatient hospital services”
 - Allowable by AHCCCS to be billed under MHBG & SABG
 - Inpatient Detox at a Subacute Facility
 - Provider Type B5
 - Revenue Codes of 01x6
- Exception to Prohibited Use 12b. “Acute Care or physical health care services...”
 - A physical exam needed to enter a Residential or other BH Treatment can be billed under SABG
 - Reasoning: the physical exam should not be a barrier to covered treatment
 - Services must have an SABG-Qualifying DX to pay
 - Services must be on the Covered BH Services Guide (see link in references)

RBHA Non-T19 MHBG

- Eligibility
 - SMI
 - Same guidance as State SMI funding
 - SED
 - Member will have a primary rate code (coverage code) of SHCA_State_00_BM
 - Funding can be utilized for T-19 members for services covered by AHCCCS
 - Acupuncture
 - Room & Board
 - May also have applicable add-on coverage codes:
 - SHCA_State_00_SABG – eligible for SABG services

RBHA Non-T19 MHBG

- Best Practices
 - Bill with a UB modifier where you believe the services qualify for MHBG funding
 - Only applicable to service codes T2040 and A0998
 - SED data from AHCCCS flows to Health Choice
 - Health Choice has received all SED data dating back to October 2018
 - Health Choice receives new data twice per month
 - If SED members claim's are denying resubmit the CASII data via the AHCCCS Dugless portal

MHBG Prohibited Uses

13. What are the restrictions on MHBG grant expenditures?

The State shall not expend the Block Grant on the following activities:

- a) Inpatient hospital services;
- b) Acute Care or physical health care services including payment of copays;
- c) Cash payments to intended recipients of health services;
- d) Purchase or improve land; purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from AHCCCS;
- e) Purchase major medical equipment;
- f) To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds;
- g) Provide financial assistance (grants) to any entity other than a public or non-profit private entity;
- h) Provide individuals with hypodermic needles or syringes for illegal drug use, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS);
- i) Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see https://grants.nih.gov/grants/policy/salcap_summary.htm;
- j) Purchase treatment services in penal or correctional institutions in the State of Arizona;
- k) Flex funds purchases; or
- l) Sponsorship for events and conferences.

Other Grants & Funding

Encounterable

- Children's Behavioral Health Services Fund (CBHSF)
- Emergency COVID (ECOVID)
- SUDS (2021)
- SABG CRRSAA (In Progress, TBA)

Non-Encounterable

- SOR

Other

- T-36

Glossary - Definitions

- VOS - Value of service is comprised:
 - TOS2/Capitated Services provided by the Health Home
 - Medications
 - TOS1/FFS/OOA - “Out of Area”/fee for service claims for their assigned members
- “Trued” up/Truing
 - Funding is adjusted based on the encounters submitted by the providers (VOS)
 - Finance – uses encounter as our terminology
- DOS – Date of Service
- EOB – Explanation of Benefits
 - The date indicates the time in which the claim (or revision) was processed by the insurance company and serves as a log of information that was available at this point in time.
- AOE – Analysis of Encounters
- PMPM – Per Member Per Month
- Claims vs Encounters
 - Claims – Provider to HCA – all claims submitted by provider to HCA
 - Encounters – HCA to AHCCCS – Once HCA sends claims to AHCCCS changes to “encounter”

AHCCCS NT19 Resources

- AHCCCS Non-Title XIX/XXI FAQs
https://www.azahcccs.gov/AHCCCS/Downloads/ACC/Non-TitleXIX-XXI_FAQ.pdf
- AHCCCS SABG/MHBG FAQ
<https://www.azahcccs.gov/Resources/Downloads/Grants/FrequentlyAskedQuestions.pdf>
- AHCCCS AMPM Exhibit 300-2B
<https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/Exhibit300-2B.pdf>
- AHCCCS Crisis FAQs - Q1
https://www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf
- AHCCCS MHBG qualifying diagnosis list
https://www.azahcccs.gov/Resources/Downloads/Grants/MHBG/SED-SMI_DiagnosesList.pdf
- AHCCCS SABG qualifying diagnosis list
https://archive.azahcccs.gov/archive/Resources/ADHS%20DBHS%20Guides%20Manuals/Demographic%20And%20Outcome%20Data%20Set%20User%20Guide/Attachment1DUG8_1DiagnosisReferenceTablesUpdatedFeb2017.pdf

AHCCCS NT19 Resources

- AHCCCS AMPM policy 320-T1
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320T1.pdf>
- AHCCCS AMPM policy 320-T2
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320T2.pdf>
- AHCCCS Behavioral Health Matrix (f/k/a the B-2 Matrix)
<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>
- AHCCCS ACOM 432
https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/432_Benefit_Coordination_and_Fiscal_Responsibility_for_Behavioral_Health_Services_and_Physical_Health_Services.pdf