

**SPECIAL EDITION - September 2018**

## The Future of Integrated Healthcare

Today most AHCCCS members have one health plan for physical healthcare services, and one health plan for behavioral healthcare services. These services will be integrated under AHCCCS Complete Care (ACC), beginning October 1st, 2018. This change will affect most adults and children on AHCCCS.

Integration is also known as AHCCCS Complete Care (ACC), and it will occur for both the American Indian Health Program (AIHP) and Managed Care Organizations (MCOs).

This new integrated system will join physical and behavioral health services together to treat all aspects of our members' health care needs under a chosen health plan. AHCCCS Complete Care encourages more coordination between providers within the same network which can mean better health outcomes for members.

This means that providers will no longer have to navigate two separate networks for their AHCCCS member's medical and behavioral health services. A member will have all of their providers listed under one network, which will be managed and paid for by their single health care plan.

Integrated health care makes it easier for providers to work with one plan when they submit their claims.

Additional information can be found on the [AHCCCS website](#) and on the [Division of Fee-For-Service Management \(DFSM\) page](#).

## 10/1/18 Enrollment Changes for Members

ACC Integration, on 10/1/18, will affect some AHCCCS members, as depicted in the Member Movement chart below.

The following members will see no change:

- ALTCS members (EPD and DES/DD);
- Foster care children receiving services through the Comprehensive Medical Dental Program (CMDP); and
- Adults with a Serious Mental Illness (SMI) designation

American Indian/Alaskan Native (AI/AN) members maintain the ability to choose. AI/AN members may choose to switch their enrollment between an AHCCCS Complete Care (ACC) plan or AIHP at any time. However, they may only change between different ACC plans once per year during annual enrollment.

In the below chart you can see a member's current health plan on the left, and what their new health plan will be on the right.

Note: There is no change for AIHP/TRBHA enrolled members.

### Q: Are Contracts Needed for FFS Members?

A: Fee-For-Service providers do *not* need to contract with AHCCCS AIHP, Tribal ALTCS, or a TRBHA to continue providing Medicaid Title XIX/XXI services to FFS members. **A provider simply must be an AHCCCS registered provider.**

Providers must follow the AHCCCS Medical Policy Manual (AMPM) and Fee-for-Service Provider Billing Manual.

For information on providing services to an ACC Plan enrolled member (not a FFS member), please contact [the ACC plan](#).

### Q: How Do I Submit Claims to AHCCCS for FFS Members?

A: There will be **no change** in how providers submit claims to AHCCCS DFSM for FFS members. The process will remain the same as it is currently.

However, as of October 1st, 2018 some members will undergo an enrollment change. It will be **essential** for providers to check a member's new enrollment, since this may effect where a provider needs to **send** their claim.

For members enrolled with AIHP, please refer to the above section "Billing Considerations."

For information on the submission of claims to an AHCCCS Complete Care (ACC) health plan, please contact [the ACC plan](#).

### Q: How Do I Submit Prior Authorization Requests for FFS Members?

A: For information on the submission of prior authorization requests for FFS members, see AMPM Chapter 800 or visit the FFS Health Plans page on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

For information on the submission of prior authorization requests to an AHCCCS Complete Care (ACC) health plan, please contact the the ACC plan

MEMBER MOVEMENT	
Current Health Plan	New Health Plan/Enrollment
CRS (for acute and CRS services) & TRBHA (for BH services)	Integrated Contractor
CRS (for CRS services only), AIHP (for acute services), and TRBHA (for BH services)	AIHP and TRBHA
CRS, AIHP (for acute services), and RBHA (for BH services)	AIHP
AIHP (for acute services) and TRBHA (for BH services)	AIHP & TRBHA (No Changes)
AIHP (for acute services) and RBHA (for BH services)	AIHP
Acute MCO (for acute services) and TRBHA (for BH services)	Integrated Contractor
Acute MCO (for acute services) and RBHA (for BH services)	Integrated Contractor
CMDP (for acute services) and TRBHA (for BH services)	CMDP & TRBHA (No Changes)
DDD (for acute services) and TRBHA (for BH services)	DDD and TRBHA (No Changes)

## The American Indian Health Program (AIHP)

As of October 1st, both physical and behavioral health services can be received through the American Indian Health Program (AIHP), which is state wide. Please note:

- Those AIHP members enrolled with a TRBHA for behavioral health services will remain enrolled with the TRBHA. This means they will remain enrolled in both the AIHP and the TRBHA. There will be no change for these members.
- Those AIHP members enrolled with a RBHA for behavioral health services will be transitioned to AIHP (exceptions noted below). This means they will be enrolled in AIHP for both physical and behavioral health services.

The following members will see no change:

- ALTCS members (EPD and DES/DD);
- Foster care children receiving services through the Comprehensive Medical Dental Program (CMDP); and
- Adults with a Serious Mental Illness (SMI) designation.

American Indian/Alaskan Native (AI/AN) members maintain the ability to choose. AI/AN members may choose to switch their enrollment between an AHCCCS Complete Care (ACC) plan or AIHP at any time. However, they may only change between different ACC plans once per year during annual enrollment.

**AI/AN members can still access services from an Indian Health Services (IHS) Facility or a Tribally-Operated 638 Health Program at any time, regardless of their enrollment choice.**

**A Note of Special Importance:**

Fee-For-Service providers do *not* need to contract with AHCCCS AIHP, Tribal ALTCS, or a TRBHA to continue providing Medicaid Title XIX/XXI services to FFS members. They simply must be an AHCCCS registered provider.

Providers must follow the AHCCCS Medical Policy Manual (AMPM) and Fee-for-Service Billing Manual.

## Behavioral Health

As of 10/1/18, most AHCCCS members will be in a single health plan, either an ACC plan or AIHP, which will align behavioral health services with physical health services under the same plan. This will encourage more coordination between providers, which can mean better health outcomes for members.

Note: The following members will see no change:

- ALTCS members (EPD and DES/DDD);
- Foster care children receiving services through the Comprehensive Medical Dental Program (CMDP); and
- Adults with a Serious Mental Illness (SMI) designation.

### Checking a Member's Eligibility

It will be important for providers to check a member's

eligibility online as of October 1st, 2018. A provider training on how to verify a member's eligibility and enrollment can be found on the [AHCCCS website](#).

Some AIHP-enrolled members will be changing from a RBHA (for their behavioral health services) to the American Indian Health Program (AIHP). When a provider checks such a member's eligibility on AHCCCS Online they will see a new designation for behavioral health eligibility: **98 AMERICAN INDIAN HLTH PLAN AIHP**.

For those members who will begin receiving their behavioral health services through AIHP, under the **BHS Site** heading it will say **98 AMERICAN INDIAN HLTH PLAN AIHP**. This is circled below in red, and can be found under the **Behavioral Health Services** tab. Providers will need to work with DFSM on appropriate billing requirements.



**Member Eligibility Verification: Eligibility And Enrollment**

Print | Help

Recipient Search | Eligibility And Enrollment | Third Party Liability | CoPayment | Medicare Benefits | **Behavioral Health Services** | Share of Cost | Additional Benefits

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
G GENERAL MENTAL HEALTH SERVICES	10/01/2018		98 AMERICAN INDIAN HLTH PLAN AIHP	CH MENTAL HEALTH FACILITY - OUTPATIENT
G GENERAL MENTAL HEALTH SERVICES	10/01/2018	12/31/2018		CH MENTAL HEALTH FACILITY - OUTPATIENT

**BHS Category**  
Indicates the category of Behavioral Health Enrollment.

**Begin Date**  
The effective start date of the member's enrollment in Behavioral Health Services.

**End Date**  
The date that the member's enrollment in Behavioral Health Services expired.

**BHS Site**  
Name of the member's Behavioral Health Entity.

**BHS Service Type**  
Description of the types of services covered under the specified Behavioral Health Services Enrollment.

## Billing Considerations

Due to enrollment changes for some members with the transition to a single payer for *both* physical and behavioral health services, providers should verify a member's enrollment as of October 1st, 2018, prior to submitting a claim.

The member's enrollment determines where the provider submits their claim.

### **AMERICAN INDIAN HEALTH PROGRAM (AIHP) ENROLLED MEMBERS**

**For members enrolled with AIHP, both IHS/638 & Non-IHS/638 providers should send their claims for both physical and behavioral health services to AHCCCS DFSM.**

On 10/1/18, most AIHP members currently enrolled with a RBHA for behavioral health services will be transitioned to AIHP for their behavioral health services\*.

The following members will remain enrolled with the RBHA:

- Adults with a Serious Mental Illness (SMI) designation,
- Children in foster care receiving services through the Comprehensive Medical Dental Program (CMDP), and
- ALTCS/DD members.

**For AIHP members, who remain enrolled with the RBHA for behavioral health services, the claims for behavioral health services should be sent to the RBHA.**

\*Note: For members who are transitioned to AIHP, a Tribal Regional Behavioral Health Authority (TRBHA) will be a choice if the member's area is serviced by a TRBHA. This would be a choice made by the member, not an automatic transition.

### TRBHA-ENROLLED MEMBERS

AIHP members enrolled with a TRBHA for behavioral health services will remain enrolled with the TRBHA.

Most MCO members enrolled with a TRBHA for behavioral health services will transition to an ACC plan for their behavioral health services.

The following members will remain enrolled with the TRBHA:

- Adults with a Serious Mental Illness (SMI) designation,
- Children in foster care receiving services through the Comprehensive Medical Dental Program (CMDP), or
- ALTCS/DD members.

**For members enrolled with a TRBHA, the claims will be sent to AHCCCS DFSM.**

### AHCCCS COMPLETE CARE (ACC) ENROLLED AMERICAN INDIAN (AI) MEMBERS

For AI members enrolled with an ACC plan:

- **Non-IHS/638 Providers:** Claims for both physical and behavioral health services should be sent to the ACC plan.
- **IHS/638 Providers:** Claims for Title XIX services should be sent to AHCCCS DFSM. Claims for Title XXI services should be sent to the ACC plan.

### CLAIM SUBMISSION TO AHCCCS DFSM

The method of claims submission to AHCCCS DFSM remains unchanged.

For technical assistance with claims submission, please outreach provider training at [ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov).

### Q: Where Can I Find Out More?

A: Additional information regarding AHCCCS Complete Care and Integration can be found on the AHCCCS website at [www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/](http://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/)  
Additional information on Fee-For-Service plans can be found on the [FFS web site](#).

### Q: AHCCCS Provider Training – ACC Training and AHCCCS Open Houses

A: The AHCCCS Provider Training division has a series of presentations and open house events available for providers to attend regarding AHCCCS Complete Care.

#### Wednesday, September 26

09:30-11:30

Open House – By Appointment Only

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

#### Thursday, September 27

10:00-12:00

ACC Top 100 Provider Training

#### Thursday, October 11

10:00-12:00

ACC Top 100 Provider Training

#### Wednesday, October 10

TBD

Open House – By Appointment Only

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

#### Week of October 22

TBD

Open House – By Appointment Only

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

Sign-up information will be sent out [via email](#).

As a friendly reminder, the AHCCCS Complete Care presentations are by WebEx **ONLY**. There will be no in-person option available. The Open House training sessions will be by appointment only, and must be confirmed with a confirmation email response from AHCCCS. We thank you for your understanding.

### Q: How can I get updated information?

A: Email notifications sent out by AHCCCS DFSM, straight to a FFS provider's email inbox, regarding changes to the program, claims and billing updates and requirements, system changes, and training dates.

[Subscribe to our email list](#) to receive these notifications.

## CRS Update

As of 10/1/18, CRS services will be provided by *all* ACC plans and AIHP.

- Members can choose any ACC plan in their service area for CRS services. They will receive all their physical health and behavioral health services from their chosen plan, including CRS services.
- American Indian/Alaskan Native (AI/AN) members enrolled in AIHP will also receive their CRS services through AIHP.
- AI/AN members may choose to switch their enrollment between an ACC plan or AIHP at any time. However, they may only change between different ACC plans once per year during annual enrollment.

CRS members were notified in June of their plan changes and were able to make plan choices in July.

### **Will CRS members continue to be identified and designated by AHCCCS?**

Yes.

### **Do all CRS members transition to an ACC plan or AIHP on 10/1/18?**

No. The following members with a CRS designation will not transition to an ACC plan or AIHP on 10/1/18:

- Children in foster care with CRS conditions. These members will receive physical health services, including services for CRS conditions, from the Comprehensive Medical Dental Program (CMDP). Their behavioral health services will be provided by a RBHA.
- CRS members enrolled with DES/DD. These members will continue receiving physical and behavioral health services through the United Healthcare Community Plan.
- CRS members designated SMI who are not enrolled with DES/DD. Their physical and behavioral health services will be provided by a RHBA.