



Dear Provider,

ADHS/DBHS recently provided the T/RBHA's with detailed clarification on the policy related to AHCCCS eligible recipients Prior Period Coverage (PPC) (Provider Manual Section 4.3.7-D). As a result of this recent communication, we wanted to provide you an update and clarification regarding the Prior Period Coverage process and payment responsibility.

In most cases, Prior Period Coverage occurs when a non-titled recipient is admitted to an inpatient facility or receives emergency services, and is later found to be AHCCCS eligible with a retroactive enrollment effective date. Retroactive enrollment alone is not considered Prior Period Coverage. Two elements must exist, the first being retroactive enrollment, and the second is that the recipient's medical plan will need to reflect one (1) of four (4) contract types in AHCCCS during the time considered under Prior Period. When both of these conditions exist, the recipient will be enrolled in an Acute AHCCCS Health Plan and the T/RBHA will not be responsible for payment of the services occurring during this period. Services rendered during the PPC timeframe should be billed directly to the applicable Acute Health Plan.

When using AHCCCS Online to determine benefits and coverage for behavioral health services, please make note of the medical plan name followed by the Prior Period Coverage abbreviation of "PPC." One example of a Prior Period Coverage segment is provided below for your reference.

Eligibility			
Eligibility Key Code/Description	Begin Date	End Date	Added On
351/ACUTE AFDC SOBRA CHILD EXP	20081201		20081216
595/ACUTE MED	20081017	11/30/2008	20081212

Medical Enrollment				
Health Plan	Contract Type	Period Start	Period End	Rate Code/Description
ARIZONA PHYSICIANS IPA	ACU/CAP	01/01/2009		4314/SOBRA CHILD 14-20 MALE NON-MEDICARE
ARIZONA PHYSICIANS IPA	ACU/CAP	12/12/2008	12/31/2008	3410/MED ELIGIBILITY NON-MDC
ARIZONA PHYSICIANS IPA	ACU/PPC	10/17/2008	12/11/2008	3412/MED ELIGIBILITY NON-MDC PPC

Additionally for persons determined to be Seriously Mentally Ill (SMI), Prior Period Coverage does apply when both of the above defined conditions exist. The SMI recipient will be enrolled in an acute Health Plan and the T/RBHA will not be financially responsible for the services occurring during this period. Services rendered during the PPC timeframe should be billed directly to the applicable acute Health Plan. If the SMI recipient is found to not be AHCCCS eligible, services rendered will be billed to the T/TBHA.

There has been some confusion when Retroactive Enrollment is posted and the client is enrolled in a FFS Health Plan. This is not considered Prior Period Coverage.

Prior authorization is not required for individuals that do not have RHBA benefits at the time of service. If eligibility for RHBA benefits is determined during the hospitalization, providers may request a retrospective authorization. If the behavioral health recipient becomes Title

XIX/XXI eligible while in the hospital, providers must notify Magellan, no later than 72 hours after the eligibility posting date for emergency hospitalizations, to request a retrospective review. (See the AHCCCS Medical Manual, Policy 820, Number 3).

Should you have any questions regarding this clarification notice, please contact the RBHA Eligibility Team at MaricopaRBHAEligibility@MagellanHealth.com or at (800) 564-5465.

Thank you.