

TABLE OF CONTENTS

Chapter 2

UNIQUE FEATURES OF CMDP.....	2-1
• Custodial Agency’s Role.....	2-1
• Court-Ordered Treatment.....	2-1
• Dual Enrollment with an AHCCCS Health Plan	2-2
• Dual Eligible Members.....	2-2
• Coordination of Benefits (COB) / Third Party Liability (TPL)	2-2
• Consent to Treat.....	2-3
• Pregnancy Termination.....	2-3

Chapter 2

UNIQUE FEATURES OF CMDP

All CMDP members have an assigned custodial agency representative, parole or probation officer, or a representative from one of the following custodial agencies:

- DES/Child Protective Services (CPS)
- DES/Division of Developmental Disabilities (DDD)
- Arizona Department of Juvenile Corrections (ADJC)
- Administrative Office of the Courts (AOC)/County Juvenile Probation Offices (JPO)
- Casey Family Program

The custodial agency representative is the member's case manager/legal guardian. These representatives are not medical managers for the members. CMDP has Care Coordinators who assist with coordinating care for members. *Please refer to Chapter 5 for additional information.*

Custodial Agency's Role

The custodial agency's responsibility is to give consent to, or to assist with obtaining consent for, treatment of the member. In some cases, court orders or state laws delegate the responsibility of consent to treatment to the foster caregivers. The custodial agency representative can provide clarification on a case-by-case basis. The custodial agency representative can also assist medical providers with accessing services the child needs. The custodial agency representative may be able to provide additional medical history information about the member.

CMDP Provider Services staff can assist you with contacting the child's custodial agency representative.

Court-Ordered Treatment

In certain circumstances, the court may dictate specific treatment for children under the court's jurisdiction. Prior authorization may be required for some of the services, and authorization should be attained prior to rendering services. The child's custodial agency representative will inform CMDP of court-ordered treatment, which may include specific timeframes for completion. Please submit standard claim forms to CMDP Claims, Attn: Claims Manager.

CMDP Provider Services can assist you with claims questions.

Dual Enrollment with an AHCCCS Health Plan

Children placed in foster care may be enrolled in another AHCCCS Health Plan (i.e., APIPA, Mercy Care) at the time services are rendered. While the child is transitioning from another AHCCCS Health Plan to CMDP, the providers must seek reimbursement for AHCCCS covered services from the AHCCCS Health Plan assigned to that child. To confirm the correct payor, please refer to the AHCCCS website at www.azahcccs.gov.

Member Services staff can assist with identifying in which health plan the child is enrolled, and whom to call regarding prior authorization and claims submission.

Dual Eligible Members

AHCCCS members who are eligible for Medicare and Medicaid services have dual eligibility. They may be classified as a Qualified Medicare Beneficiary (QMB) or as non-QMB eligible. If a member is dual eligible, Medicare is considered the primary payer and CMDP is the secondary payer. CMDP pays the members deductible, coinsurance, and co-payments.

CMDP payment will be the difference between the AHCCCS fee-for-service schedule and the amount paid by Medicare. CMDP shall have no cost-sharing responsibility if the Medicare payment exceeds the AHCCCS fee-for-service schedule for services rendered.

NOTE: Services covered by AHCCCS that are not covered by Medicare, such as certain home health services, may be reimbursed by CMDP provided the services are medically necessary and all reimbursement/prior authorization requirements have been met.

Coordination of Benefits (COB) / Third Party Liability (TPL)

CMDP is the payor of last resort. Providers are required to bill any known primary insurer prior to submitting a claim to CMDP. Upon receipt of reimbursement or denial from the third party, submit the claim and the explanation of benefits (EOB) from the third party to CMDP. If a third party insurer (other than Medicare) requires the member to pay any co-payment, coinsurance or deductible, **CMDP is responsible for making these payments.**

CMDP members and foster parents, representatives, legal guardians, and birth parents are not responsible for payment of any fees or co-pays.

In accordance with A.R.S § 36-2903.01(L) billing or attempting to collect payment through a collection agency is prohibited and any action is to be terminated immediately. Failure to do so is in violation of federal and state law and is just cause for assessing a civil penalty.

Additionally, Arizona Administrative Code (A.A.C.) R6-5-6006(2) states that the Department shall not pay for that portion of the cost of any covered service which exceeds the charges set by the fee schedule and that the medical/dental provider is

prohibited from rendering a bill for additional amounts to the Department, its representatives, the member, foster parents, legal guardians and birth parents.

If you have any questions regarding third party coverage, please contact Provider Services at (602) 351-2245 or (800) 201-1795.

Consent to Treat

A custodial agency representative must give consent for treatment of a CMDP member.

The CMDP member's custodial agency representative or legal representative must give consent, or obtain consent through the court, for any non-routine service including, but not limited to:

- HIV and/or STD testing for those under age 13 (*see Chapter 5*);
- Pregnancy termination (*see Chapter 5*);
- Procedures requiring general anesthesia; and
- Hospitalizations.

For HIV testing, the child may give his/her own consent if thirteen (13) years of age or older. Testing for HIV status must be recommended by a physician and performed to identify the child's medical needs. Testing of infants and children shall take place only when one of the following conditions exists:

- Upon recommendation of a physician, when the child displays symptoms or the child or parent presents high risk factors;
- A child is born to a mother who is known to be HIV positive during pregnancy; or
- A child has been involved in sexual activity where an exchange of bodily fluids has likely occurred.

If available, and possible, DES shall seek the parent's consent for testing if the child is twelve (12) years of age or under.

Pregnancy Termination

Pregnancy terminations must be *medically necessary*. AHCCCS Medical Policy defines the termination as medically necessary if one of the following conditions exists:

- The pregnant member suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, which would, as certified by a physician, place the member in danger of death unless the pregnancy is terminated.

- The pregnancy is a result of rape or incest.
- The pregnancy termination is medically necessary according to the medical judgment of a licensed physician who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or mental health problem for the pregnant member by:
 - creating a serious physical or mental health problem for the pregnant member;
 - seriously impairing a bodily function of the pregnant member;
 - causing dysfunction of a bodily organ or part of the pregnant member;
 - exacerbating a health problem of the pregnant member; or
 - preventing the pregnant member from obtaining treatment for a health problem.

The child's custodial agency representative and CMDP will assist with obtaining the necessary documentation.

Provider Services staff are always available to assist you in delivering covered services to CMDP members. Effective communication between medical providers and CMDP is essential to the delivery of appropriate medical services to our children. If you have any questions, please call Provider Services or Medical Services units at (602) 351-2245 or (800) 201-1795.