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I. INTRODUCTION
Pima County Behavioral Health is responsible for managing and payment of healthcare services related to Adult Correctional (ACORR) Healthcare, Court Ordered Evaluation (COE) Services and for Victims of Crime (VOC).

**Adult Correctional (ACORR) Healthcare**

PCBH administers the contract for healthcare services provided to detainees at the Pima County Adult Detention Center (PCADC) and the Pima County Juvenile Detention Center (PCJDC), which includes managing the payment process for off-site healthcare services (not provided at PCADC) and Restoration to Competency (RTC) services provided at PCADC.

PCBH provides and manages payment and invoicing of Restoration to Competency (RTC) services for detainees at PCADC who have been ordered by the court for competency evaluations.

**Court Ordered Evaluation Services (COE)**

PCBH manages the utilization review and payment process for services for individuals undergoing court ordered evaluation (COE) Pursuant to Arizona Revised Statute (ARS) §36-545.04.

**Victims of Crime (VOC)**

PCBH manages the payment process for services provided to Victims of Crime (VOC), pursuant to ARS 13§1414 and housing assistance for victims of domestic violence.

This manual will provide information to providers about PCBH’s role and their responsibilities related to payment and reimbursement for these services.
II. ADULT CORRECTIONAL (ACORR) HEALTHCARE
OFFSITE ACORR HEALTHCARE

ACORR Outpatient Claims

PCBH is responsible for ensuring covered off-site healthcare services provided to detainees in custody of the Pima County Sheriff are processed and paid, in accordance with Arizona Revised Statute 31-165.

When a detainee is transported off-site for medical care, the Pima County Sheriff’s Officer in care of the detainee gives the treating provider the “Healthcare Services Provided to Pima County Jail Detainees” (Attachment 1) form. This form provides information about how to bill Pima County for services.

Upon receipt of each claim, PCBH will verify that the patient was in Sheriff’s custody on the date of service. PCBH is not responsible to pay for dates of service prior to or after a detainee is released from custody. If the patient was not in Sheriff’s custody on the date of service, PCBH will deny the claim.

PCBH is the payer of last resort, and if the detainee has a third party payer, an Explanation of Benefits (EOB) from the third party payer is required with each claim. If an EOB is not submitted with the claim, the claim will be denied. (An EOB is not required if the detainee does not have a third party payer.)

ACORR Inpatient Claims

If a detainee is admitted into the hospital, PCBH will check for Arizona Health Care Cost Containment System (AHCCCS) coverage, and either request reinstatement of AHCCCS benefits for the inpatient stay, or submit an AHCCCS application on behalf of the detainee.

If the detainee is reinstated or becomes AHCCCS eligible during the hospital stay, the associated claims should be billed to AHCCCS.

If the detainee does not qualify for AHCCCS or if the application is denied, the claim should be billed to PCBH.

Juvenile Claims

PCBH is responsible for ensuring juveniles in custody of Pima County Sherriff’s Department have access to appropriate healthcare. In most cases, the parents or guardians are responsible for payment for off-site healthcare services provided to detainees at the PCJDC.

There are some cases where PCBH is responsible for payment of these services. These claims must be approved by the healthcare vendor at PCJDC and the claim must be submitted with the “Healthcare Services Provided on behalf of Pima County Juvenile Court Center” form (Attachment 2). If the claim for the juvenile detainee is not submitted with this form, the claim will be denied.
ACORR BILLING PROCEDURES

Submitting a claim

To be considered for payment, claims must be received within the submission window outlined in the contract, or Arizona Revised Statutes (ARS) §11-622 for non-contracted providers.

Clean claims are processed on a first in, first out basis, within thirty (30) days from the date the claim is received.

Claims shall be submitted to:

<table>
<thead>
<tr>
<th>ACORR Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima County Behavioral Health</td>
</tr>
<tr>
<td>Attn: ACORR Claims</td>
</tr>
<tr>
<td>3950 S. Country Club Rd, Suite 3240</td>
</tr>
<tr>
<td>Tucson, AZ 85714</td>
</tr>
</tbody>
</table>

Coordination of Benefits/Third Party Liability/Payments

PCBH is the payer of last resort. If the detainee has a third party payer, an Explanation of Benefits (EOB) from the third party payer is required with each claim. If an EOB is not submitted with the claim or the EOB does not cover the statement period, is incomplete or illegible, the claim will be denied. (An EOB is not required if the detainee does not have a third party payer.)

PCBH will reimburse providers for any copay, coinsurance or deductible of a third party carrier, not to exceed PCBH’s allowable rate. In no case shall a provider be reimbursed more than the PCBH allowable rate. (PCBH’s allowable rate is the contract rate for contracted providers or the AHCCCS Fee for Service (FFS) rate for non-contracted providers.)

It is the provider’s responsibility to determine the extent of the third party coverage and comply with all required policies and procedures in order to obtain reimbursement from the third party carrier. A denial as a result of no authorization or failure to comply with the primary payer’s guidelines does not automatically place PCBH in the primary payer position, unless there is written confirmation that the services are not a covered benefit. If there is no written confirmation to indicate the services are specifically not covered, PCBH may require providers to file an appeal and resubmit the claim with the appeal decision letter.

For outpatient ACORR claims, detainee AHCCCS eligibility is suspended while in custody, and providers are not required to bill AHCCCS.

If a detainee was enrolled with AHCCCS and admitted into the hospital, their AHCCCS eligibility will be reinstated for the inpatient stay, and claims should be billed to AHCCCS.
Denial of Claims

ACORR claims may denied for the following reasons:

- Failure to produce proof of accurate, complete, and timely billing to all other potential third party payers and subsequent denials of payment for services;
- Failure to timely file a clean claim for valid ACORR services;
- Patient was not in custody of Pima County Sheriff on the date of service;
- The claim is for inpatient services for an AHCCCS Federal Financial Participation eligible patient; or
- Failure to register as a vendor with Pima County to receive payment. (Vendor registration information is located here: http://webcms.pima.gov/cms/One.aspx?portalId=169&pagId=90700)

Remittance Advice

PCBH will provide a Remittance Advice that includes information needed to explain payments, reversals (recoupments), denials or partial payments of billed services. Denials or partial payment for ACORR claims will be explained in the notes section of the remit.

Claims Inquiry

Claims inquiries, claim status requests or processing questions may be made by phone or email at:

ACORR Claims

Phone: (520) 724-7839
Email: Wendy.Debono@pima.gov

Claim Resubmissions

A claim resubmission is a request to reprocess a corrected or updated claim. If a claim needs to be resubmitted (including claims where there is a third party payer), it must be submitted within the original submission window.

Resubmissions of corrected claims, must be marked, “RESUBMISSION,” on the claim form with a brief explanation for the resubmission. Resubmitted claims not marked as such may be denied as a duplicate claim.
Resubmissions may be submitted to:

**ACORR Claims**

Pima County Behavioral Health  
Attn: ACORR Claims  
3950 S. Country Club Rd, Suite 3240  
Tucson, AZ 85714

**Claim Reconsiderations**

A claim reconsideration is an informal request for review of a paid or denied claim. Reconsiderations of a paid or denied of a claim must be marked, “RECONSIDERATION,” across the claim form, with a brief explanation for the reason a reconsideration is being requested.

Claim reconsiderations will be processed through the standard claims process. Reconsiderations must be received within the submission window. Reconsiderations may be submitted to:

**ACORR Claims**

Pima County Behavioral Health  
Attn: ACORR Claims  
3950 S. Country Club Rd, Suite 3240  
Tucson, AZ 85714

If you do not agree with the outcome of the Claim Reconsideration decision, you may file an Appeal.

**Claims Appeals**

Providers may file appeals of denied claims or partial payments via U.S. Postal Service. Appeals must be filed within the appeal submission window outlined on the claim remittance advice, be clearly marked “APPEALS,” and specify the result being sought and the justification for such result. The appeal must contain relevant documents and information, including:

- A statement of factual and legal basis for the dispute;
- A statement of relief requested;
- Documentation and explanation to support claim dispute; and
- Contact information for response.
Appeals must be submitted within the timeframe outlined in your contract or within thirty (30) days of the denial of a timely filed claim, for non-contracted providers. Appeals may be sent to:

**Claim Appeals**

Pima County Behavioral Health  
Attn: Claim Appeals  
3950 S. Country Club Rd, Suite 3240  
Tucson, AZ 85714

PCBH will respond to appeals within thirty (30) days from the date the appeal is received.

**Audits**

PCBH will conduct periodic and focused audits of claims payments and denials. Claims processed in error will be re-adjudicated, and an explanation will be provided on a remittance advice.

**RESTORATION TO COMPETENCY (RTC)**

PCBH is responsible for managing the RTC program, which provide assessments for defendant’s competency to stand trial and restore competency to defendants who have been determined incompetent to stand trial by a County Superior Court. Defendants come into the program from Pima County or from other counties who maintain agreements with Pima County Behavioral Health for restoration services. The RTC program is located inside the Pima County Adult Detention Complex (PCADC). Restoration programs are designated by the Pima County Board of Supervisors, pursuant to A.R.S. § 13-4512.

The objectives of the RTC program are to:

- Evaluate the competency of all defendants who have been ordered by the Court to complete an in-custody restoration program,
- Formulate and implement an individualized competency restoration plan that will endeavor to restore the defendant to a level of competence that permits them to participate in their own defense,
- Provide a final opinion to Court once competency has been restored or the defendant was determined incompetent and not restorable, and serve as an expert witness to the Court regarding a defendant’s competency relative to that final opinion,
- Assist the Court to the best of program’s ability in the Court’s attempt to serve the interest of justice.
III. COURT ORDERED EVALUATION (COE) SERVICES
INPATIENT COE

Pima County Behavioral Health (PCBH) contracts with evaluation agencies for the provision of involuntary hospital based psychiatric commitment services required pursuant to Arizona Revised Statutes, Title 36, Chapter 5, Article 4, Court Ordered Evaluations (COE). The current COE process includes inpatient evaluation for individuals who meet criteria for Danger to Self (DTS), Danger to Others (DTO), Persistently or Acutely Disabled (PAD), and/or Gravely Disabled (GD).

INPATIENT COE UTILIZATION REVIEW

PCBH is responsible for payment of up to four (4) days of the COE process. PCBH’s Utilization Management (UM) division provides utilization review (UR) of the COE period provided by contracted evaluation agencies. If the patient does not have insurance, PCBH may consider authorization of an additional four (4) Post Evaluation Period (PEP) days at the contracted rate.

To ensure proper and timely payment of COE services, evaluation agencies are required to provide the following documentation within contract timeframes www.pima.gov/PCBHupload:

- Face sheet with insurance information;
- 1st set: Application for Emergency or Involuntary Admission, Petition for Court Ordered Evaluation and Order for Evaluation signed by an attorney and/or judge;
- 2nd set: Petition for Court Ordered Treatment and Notice of Hearing on Petition for Court Ordered Treatment signed by an attorney and/or judge;
- Two (2) Psychiatric Evaluations completed and signed by two (2) different mental health professionals (as required by statute);
- Release from Evaluation (RFE), if applicable;
- Blood/U-Tox and Breathalyzer results; and
- Ambulance Transport information as applicable, for facility to facility transports only.

Authorization for payment of an episode of care (EOC) is based on compliance with the evaluating agency contract, and includes review of required documents and applicable medical records.

The PCBH UM team conducts UR of the documentation received, and provides an authorization grid to each Evaluation Agency. The authorization grid includes UR status, requests for information, and notice about authorization or denial.

Evaluation agencies should monitor the authorization grid daily to identify any gaps in documentation, information requests, and to monitor authorization status.

Questions regarding the UR process, documentation and/or claims payments may be sent to: PCBH.UM@pima.gov
INPATIENT COE BILLING PROCEDURES

Submitting a claim

To be considered for payment, claims must be received within the submission window outlined in the contract, or (for non-contracted providers), Arizona Revised Statutes (ARS) §11-622 for non-contracted ambulance providers.

Clean claims are processed on a first in, first out basis, within thirty (30) days from the date the claim is received. On occasion, claims are pended for completion of utilization review.

Claims shall be submitted to:

<table>
<thead>
<tr>
<th>COE Claims</th>
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<tbody>
<tr>
<td>Pima County Behavioral Health</td>
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Coordination of Benefits/Third Party Liability/Payments

PCBH is the payer of last resort. If the patient has a third party payer, an Explanation of Benefits (EOB) from the third party payer is required with each claim. If an EOB is not submitted with the claim or the EOB does not cover the statement period, is incomplete or illegible, the claim will be denied.

PCBH’s allowable rate is the contract rate for contracted providers or the AHCCCS Fee for Service (FFS) rate for non-contracted providers. PCBH will reimburse providers for any copay, coinsurance or deductible of a third party carrier, not to exceed PCBH’s allowable rate. In no case shall a provider be reimbursed more than the PCBH allowable rate.

It is the provider’s responsibility to determine the extent of the third party coverage and comply with all required policies and procedures in order to obtain reimbursement from the third party carrier. A denial as a result of no authorization or failure to comply with the primary payer’s guidelines does not automatically place PCBH in the primary payer position, unless there is written confirmation that the services are not a covered benefit. If there is no written confirmation indicating the services are specifically not covered, PCBH may require providers to file an appeal and resubmit the claim with the appeal denial decision letter.

Denial of Claims

COE claims may be denied for the following reasons:

- Failure to timely notify PCBH of presentation of a COE patient to the hospital (via face sheet);
• Failure to timely file a clean claim for valid COE services per contract;
• Failure to bill and produce proof of accurate, complete and timely billing to all other potential third party payers and subsequent denials of payment for COE services;
• Failure to obtain an authorization for inpatient admission;
• Failure of psychiatrist to appear timely to testify at Court hearing;
• Failure to treat COE patient according to interdisciplinary treatment plan;
• The COE patient is not a resident of Pima County;
• Services to COE patient after their status has changed to voluntary;
• Failure to complete two (2) psychiatric evaluations by two (2) different mental health professionals (as indicated by statute), within forty-eight (48) hours of the 1st set being filed for emergency petitions and within forty-eight (48) hours of inpatient admission for involuntary petitions;
• Failure to file signed, legible evaluation paperwork that provides detail and specificity to meet statutory requirements.

Remittance Advice
PCBH will provide a Remittance Advice that includes information needed to explain payments, reversals (recoupments), denials or partial payments of billed services.

Claims Inquiry
Claims inquiries may be made by phone or email at:

COE Claims

Phone: (520) 724-7834
Email: PCBHClaims@pima.gov

Claim Resubmissions
A claim resubmission is a request to reprocess a paid or denied claim due to a correction or updated information.

If a claim needs to be resubmitted (including claims where there is a third party payer), it must be submitted within the original submission window.

Resubmissions of corrected claims, must be marked, “RESUBMISSION,” across the claim form with a brief explanation for the resubmission. Resubmitted claims not marked as such will be denied as a duplicate claim.

Resubmissions may be submitted to:
Claim Reconsiderations

A claim reconsideration is an informal request for review of a paid or denied claim. Reconsiderations of a paid or denied of a claim must be marked, “RECONSIDERATION,” across the claim form, with a brief explanation for the reason a reconsideration is being requested.

Claim reconsiderations will be processed through the standard claims process. Reconsiderations must be received within the submission window. Reconsiderations may be submitted to:

COE Claims

Email: PCBHClaims@pima.gov
Mail: Pima County Behavioral Health
      Attn: COE Claims
      3950 S. Country Club Rd, Suite 3240
      Tucson, AZ 85714

If you do not agree with the outcome of the Claim Reconsideration decision, you may file an Appeal.

Claims Appeals

Providers may file appeals of denied claims or partial payments via U.S. Postal Service. Appeals must be filed within the appeal submission window outlined on the claim remittance advice, be clearly marked “APPEALS,” and specify the result being sought and the justification for such result. The appeal must contain relevant documents and information, including:

- A statement of factual and legal basis for the dispute;
- A statement of relief requested;
- Documentation and explanation to support claim dispute; and
- Contact information for response.
Appeals must be submitted within the timeframe outlined in the contract or for non-contracted providers, within 30 days of the denial of a timely filed claim. Appeals may be sent to:

PCBH will respond to appeals within thirty (30) days from the date the appeal is received.

**Audits**

PCBH will conduct periodic and focused audits of claims payments and denials. Claims processed in error will be re-adjudicated, and an explanation will be provided on a remittance advice.

**Inpatient COE Reporting**

Each COE provider shall provide PCBH with a monthly patient census report as outlined in the contract. PCBH utilizes data to conduct monitoring and to inform behavioral health systems improvements, COE service provision and oversight, and presents data summaries to stakeholders in a variety of venues, including a periodic COE stakeholder meeting. Reporting data must be securely emailed to PCBH ([PCBH.Reports@pima.gov](mailto:PCBH.Reports@pima.gov)) on a calendar-monthly basis within thirty (30) days following the end of each month. Monthly census reports must include sufficient patient data such that PCBH can determine:

- Number of Emergency Applications;
- Number of Involuntary Applications;
- Total number of patients admitted for COE;
- Total number of unique patients admitted for COE;
- Number of Outpatient Title 36 COEs, if applicable;
- Number of proposed patients transferred from Pima County Adult Detention Center (PCADC);
- Number of patients returned to PCADC before hearing;
- Number of patients on applications who were admitted in the previous 90 days;
- Number of petitions dropped because individual agreed to voluntary treatment;
• Number of petitions dropped before the hearing other than voluntary, with explanation of the reason for the decision not to further pursue COE or COT;
• Number of patients who went to court;
• Number of patients court ordered for treatment;
• Number of inpatient orders;
• Number of combined orders;
• Number ordered without a hearing (stipulated);
• Number of COE patients who had no insurance;
• Number of Petitions dismissed at court - patient able to be voluntary;
• Number of Petitions dismissed at court - patient did not meet criteria for court order;
• Number of Petitions dismissed at court - psychiatrist not available for hearing;
• Number of Petitions dismissed at court - filing error;
• Number of hearings rescheduled - psychiatrist not available for hearing;
• Number of hearings rescheduled - other;
• Substance Abuse issues at time of admission (how many had a substance diagnosis and to which substance(s)); and
• Number of petitions resubmitted to PCAO because:
  o Untimely;
  o Incomplete;
  o Evaluations were not completed within statutory timeframes; or
  o Other with the reason/explanation.

PCBH may audit any process or data resulting from provision of contract services, as well as request ad hoc reports or data compilation as PCBH determines necessary.

OUTPATIENT COURT ORDERED EVALUATION (COE)

Pima County Behavioral Health (PCBH) contracts with outpatient psychiatric service providers for the provision of Court Ordered Evaluations (COE) as required pursuant to Arizona Revised Statutes, Title 36, Chapter 5, Article 4, for Proposed Patients identified as Persistently or Acutely Disabled (PAD).

PCBH will provide payment for Court Ordered Evaluation (COE) services, including support services, for Proposed Patients who qualify for outpatient COE services, which will allow Proposed Patients to receive services in the least restrictive setting.

In collaboration with Community Bridges Incorporated (CBI) and Helping Ourselves Improve Enrichment (HOPE) Incorporated, PCBH will provide outpatient Court
Ordered Evaluation (COE) options for individuals who do not meet medical necessity criteria for hospital admission, demonstrate low risk factors and meet criteria for Persistently or Acutely Disabled (PAD). Individuals who meet DTO, DTS and/or GD criteria will NOT qualify for outpatient COE services. This process allows individuals to receive outpatient COE options in the least restrictive setting.

CBI is responsible for initiating outpatient COE services, to include but not limited to pre-petition screenings; court ordered evaluations; medical/legal requirements pursuant to A.R.S. § 36-523 and §36-533 as applicable, any other directions or guidelines of the Pima County Superior Court; and referring individuals to HOPE Inc. for support services.

HOPE Inc., will provide supportive outpatient COE services to include, but not limited to peer support, case management, medication assistance, transportation services, and discharge planning.

OUTPATIENT UTILIZATION REVIEW

Outpatient evaluation service providers must submit a COE Outpatient Referral Form to PCBH which includes:

- Proposed Patient Name;
- Proposed Patient’s Date of Birth;
- Date/Time of Referral;
- Proposed Patient’s Address;
- Proposed Patient’s Phone Number;
- Diagnosis Code;
- CIS Client ID;
- AHCCCS ID;
- ICCA; and
- Referral Reason.

Authorization for payment of an episode of care (EOC) is based on compliance with the evaluating agency contract, and includes review of required documents and applicable medical records.

The PCBH UM team conducts UR of the documentation received, and provides an authorization for each EOC, which will include authorization for payment for contracted evaluation and support services.

Referrals to initiate the UR process should be sent to: PCBH.UM@pima.gov.
OUTPATIENT COE BILLING PROCEDURES

Submitting a claim
To be considered for payment, claims must be received within the submission window outlined in the contract.

Clean claims are processed on a first in, first out basis, within thirty (30) days from the date the claim is received. On occasion, claims are pended for completion of utilization review.

Claims shall be submitted to:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Email: <a href="mailto:PCBHClaims@pima.gov">PCBHClaims@pima.gov</a></td>
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<td>3950 S. Country Club Rd, Suite 3240</td>
</tr>
<tr>
<td>Tucson, AZ 85714</td>
</tr>
</tbody>
</table>

Denial of Claims
Outpatient COE claims may be denied for the following reasons:

- Failure to timely provide PCBH with a referral for outpatient COE services;
- Failure to timely file a clean claim for services per contract;
- Failure to obtain an authorization for services;
- Failure of psychiatrist to file signed, legible, evaluation paperwork that provides sufficient detail and specificity to meet statutory requirement;
- Failure of psychiatrist to appear timely to testify at Court hearing;
- Failure to treat outpatient COE patient according to interdisciplinary treatment plan;
- Failure to complete two (2) court ordered psychiatric evaluations by two (2) different mental health professionals (as required by statute), within within four (4) business days of the first evaluation;
- Failure to file signed, legible evaluation paperwork that provides detail and specificity to meet statutory requirements.
Remittance Advice
PCBH will provide a remittance advice that includes information needed to explain payments, reversals (recoupments), denials or partial payments of billed services.

Claims Inquiry
Claims inquiries may be made by phone or email at:

<table>
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Claim Resubmissions
A claim resubmission is a request to reprocess a paid or denied claim due to a correction or updated information.

- If a claim needs to be resubmitted (including claims where there is a third party payer), it must be submitted within the original submission window.
- Resubmissions of corrected claims, must be marked, “RESUBMISSION,” across the claim form with a brief explanation for the resubmission. Resubmitted claims not marked as such will be denied as a duplicate claim.

Resubmissions may be submitted to:

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Claim Reconsiderations
A claim reconsideration is an informal request for re-review of a paid or denied claim.

- Reconsiderations of a paid or denied of a claim must be marked, “RECONSIDERATION,” across the claim form, with a brief explanation for the reason a reconsideration is being requested.
- Claim reconsiderations will be processed through the standard claims process.

Reconsiderations must be received within the submission window. Reconsiderations
may be submitted to:

**COE Claims**

Email: PCBHClaims@pima.gov

Mail: Pima County Behavioral Health
     Attn: COE Claims
     3950 S. Country Club Rd, Suite 3240
     Tucson, AZ 85714

If you do not agree with the outcome of the Claim Reconsideration decision, you may file an Appeal.

**Claims Appeals**

Providers may file appeals of denied claims or partial payments via U.S. Postal Service. Appeals must be filed within the appeal submission window outlined on the claim remittance advice, be clearly marked “APPEALS,” and specify the result being sought and the justification for such result. The appeal must contain relevant documents and information, including:

- A statement of factual and legal basis for the dispute;
- A statement of relief requested;
- Documentation and explanation to support claim dispute; and
- Contact information for response.

Appeals must be submitted within the timeframe outlined in your contract or within thirty (30) days of the denial of a timely filed claim, for non-contracted providers. Appeals may be sent to:

**Claims Appeals**

Pima County Behavioral Health
     Attn: Claims Appeals
     3950 S. Country Club Rd, Suite 3240
     Tucson, AZ 85714

PCBH will respond to appeals within thirty (30) days from the date the appeal is received.
Audits
PCBH will conduct periodic and focused audits of claims payments and denials. Claims processed in error will be re-adjudicated, and an explanation will be provided on a remittance advice.

Outpatient COE Reporting
Reporting will be based on the required documents submitted by outpatient COE evaluating and support agencies.
IV. VICTIMS OF CRIME
VICTIMS OF CRIME (VOC)

PCBH is responsible for paying for forensic services for victims of dangerous crimes against children or sexual abuse or assault.

CRIMES AGAINST CHILDREN

Forensic interviews and forensic medical examinations are provided to victims of child abuse, sexual abuse and neglect as outlined in ARS 13-705, Dangerous Crimes Against Children.

Billing
Contracted providers submit a de-identified Service Authorization Form with required data elements for utilization, verification of services and to request payment for forensic interviews and medical examinations.

Reporting
PCBH processes and tracks utilization, claims/invoices for forensic evidence collection services provided to victims of assault, sexual assault and abuse. Data collected in each claim form is used to calculate month end payment and data analysis.

ADULTS

Forensic medical examinations are provided to victims of physical and sexual abuse and assault.

Billing
Contracted providers submit invoices and encounter reports that include required data elements for utilization, verification of services and to request payment for interviews and examinations. The payment for these services is a flat fee per month.

Reporting
Data collected in encounter report will be used to verify services provided, the month end payment and data analysis.

DOMESTIC VIOLENCE

Shelter services are provided to individuals and families escaping domestic violence and abusive situations.

Billing
Contracted providers submit an invoice and encounter reports that include required data elements for utilization, verification of services and to request payment for interviews and examinations. The payment for these services is a flat fee per month.

Reporting
Data collected in reports will be used to verify services provided, the month end payment and data analysis.
V. DEFINITIONS
I. Adult Correctional (ACORR): Refers to management and oversight provided on behalf of the Pima County Sheriff to inmates specific to healthcare services provided to detainees at PCADC.

II. Adjudication: Process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.

III. Allowable Rate: Refers to the rate for services payable by contract or statute.

IV. Clean Claim: A “clean claim” as defined by ARS § 20-3101 is a claim for health care services or benefits that can be processed without obtaining additional information, and may also include coordination of benefits information.

V. Coordination of Benefits (COB): A practice used to ensure that insurance claims are not paid multiple times when someone is insured under multiple insurance plans. The process is used to determine which of two or more insurance policies or payers will have the primary responsibility of processing/paying a claim and the extent to which the other policies will contribute.

VI. Court Ordered Evaluation (COE) Period: Also referred to as an Episode of Care (EOC), which begins only after the patient receives medical clearance, received aggressive treatment and triage, and is determined to be in need of involuntary commitment, under an Application for Emergency Admission or a Court Order for Evaluation and continues on to the point that the patient is allowed to continue treatment on a voluntary basis, the patient is discharged or the petition for the court-ordered evaluation is dismissed, the petition for court-ordered treatment is filed with the court, or up to four calendar days, whichever is sooner.

VII. Explanation of Benefits (EOB): A statement sent by a health insurance company to covered individuals or other potential payers explaining what medical treatments and/or services were paid for on their behalf.

VIII. Evaluation Agencies: A healthcare agency that is licensed by the State and that has been approved to provide those services required of such agency pursuant to ARS § 36-501.

IX. Claim Reconsideration: A claim reconsideration is an informal request for review of a paid or denied claim.

X. Claim Resubmission: A claim resubmission is a request to reprocess a paid or denied claim with updated or new information.

XI. Payer of Last Resort: Pima County is the payer of last resort for all healthcare services. Providers must seek and bill all other potential payer sources before submitting claims to PCBH.

XII. Utilization Management (UM): Either a concurrent or retrospective review or both of claims for services or processes related to provision of services under ARS § 36-501 et seq., to assess compliance with statute, appropriate payment of claims, or efficiency or effectiveness of process applicable to service provision.
VI. ATTACHMENTS
Healthcare Services Provided to Pima County Jail Detainees

Pima County Behavioral Health (PCBH) is responsible for reviewing and processing healthcare claims related to the following:

- An inmate of Pima County Adult Detention Complex (PCADC) who receives outpatient healthcare services offsite;
- A person in custody of local County or City law enforcement who receives healthcare services prior to being taken to PCADC for booking, and who has no other health insurance;
- An inmate of PCADC who receives inpatient healthcare services AND is not eligible for benefits under the Arizona Health Care Cost Containment System (AHCCCS) Federal Financial Participation program.

Claims can be submitted to:

Pima County Behavioral Health  
Attn: ACORR CLAIMS  
3950 S. Country Club Rd. #3240  
Tucson, AZ 85714

PCBH processes claims in accordance with guidelines established by AHCCCS.¹

Claims must be received within six (6) months from the date of service.²

PCBH is the payer of last resort, and if the detainee has a third party payer, an Explanation of Benefits (EOB) from the third party payer is required with each claim. If an EOB is not submitted with the claim, the claim will be denied.

Claims are generally processed within 30 days from the date a clean claim is received.

Please note, Pima County Behavioral Health is NOT responsible for processing claims for services provided to:

- An inmate of Arizona Department of Corrections (ADOC) or any Federal prison;
- A person in the custody of any Federal or Tribal law enforcement agency;
- A person enrolled in AHCCCS or ALTCS (includes inpatient services);
- An employee of the Sheriff Department who receives job-related health services.

Claims questions or inquiries can be made by phone or email at:

Phone: (520) 724-7839  
Email: Wendy.Debono@pima.gov

¹ Arizona Revised Statute 31-165  
² Arizona Revised Statute 11-622
Healthcare Services Provided on behalf of Pima County Juvenile Court Center

Pima County Behavioral Health (PCBH) is responsible for reviewing and processing healthcare claims related to:

Name: ____________________________________________________________

Date of Birth: ______________________________________________________

Date of Service: ____________________________________________________

Provider Name: _____________________________________________________

Claims can be submitted to:

Pima County Behavioral Health
Attn: ACORR CLAIMS
3950 S. Country Club Rd. #3240
Tucson, AZ 85714

PCBH processes claims in accordance with guidelines established by AHCCCS.

Claims must be received within six (6) months from the date of service.

PCBH is the payer of last resort, and if the detainee has a third party payer, an Explanation of Benefits (EOB) from the third party payer is required with each claim. If an EOB is not submitted with the claim, the claim will be denied.

Claims are generally processed within 30 days from the date a clean claim is received.

Claims questions or inquiries can be made by phone or email at:

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1 Arizona Revised Statute 31-165
2 Arizona Revised Statute 11-622