**10/1/2011 Benefit Limitations - Systems Impact Matrix**
**DRAFT**

| Benefit | Policy | Target Implementation Date | | | | |
|---|---|---|---|---|---|---|
| **Inpatient Days** | Limit 25 Days per Contract Year (*Contract year to which each day of the claim is allocated is determined by the claim dates of service*) | **10/1/2011** | | | | |
| | **Criteria** | **1. Adult Recipients age 21 and >;** | **2. Who are Non-QMB dual Medicare members (recipient does not have QMB Medicare as indicated by a Medicare type of C and a rate code XX2X); Members who are QMB dual Medicare members are not considered for this limit.** | **3. Claims and encounters for Acute Hospital (Provider type 02) Inpatient Form Type;** | **4. and claims/encounters for Acute Hospital (Provider type 02) Outpatient Form Type for Observation Services (G0378 or G0379) in excess of 24 hours/units.** | |
| | **Exceptions to Limit** | **A. Maricopa Burn Unit Services - AHCCCS provider 020107, with a diagnosis of 940 - 949.XX, 906.5 - 906.9X, 987.9 or 682.82;** | **B. Claims/encounters from American Indian/638 facilities.** | **C. Days qualified/paid at the Psychiatric Tier, or with a primary diagnosis in the range of 290 thru 316.99 including; all days paid for the Arizona State Hospital - AHCCCS provider 029331; all days submitted by ADHS/BHS (079999), or processed on behalf of the TRBHA's by AHCCCS FFS.** | **D. Transplant related days identified with a CN1 code of 09 and a recipient exception code 25 for encounters: or paid through the Reinsurance system for Claims.** | **E. and Same Day Admission/Discharge claims/encounters.** |
| | **Notes** | **Count - Paid Accommodation Days Only; Claims will be applied against limits in the order adjudicated as paid/approved;** | **Non-QMB Medicare primary claims/encounters should count and allow the entire stay in which the 25th day occurs regardless of the length of that stay;** | **Observation Counting should be based on the number of paid units for procedure codes G0378 and G0379 on a single claim; count each 24 units as 1 day** | **After the limit is met; subsequent outpatient observation claims are only paid up to 23 units and remaining units are disallowed.** | |

| Benefit | Policy | Target Implementation Date | | | | |
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| **Respite** | 360 Hours per Contract Year (*Contract year to which the claim is allocated is determined by the claim dates of service*) | **10/1/2011** | | | | |
| | **Criteria** | **1. Applies to all eligible recipients, both Adults and Children.** | **2. Claims/encounters for procedure codes S5150 and S5151.** | | | |
| | **Exceptions to Limit** | **A. None** | | | | |
| | **Notes** | **Count - Paid units Only; Claims will be applied against limits in the order adjudicated as paid/approved;** | **Count S5150 - each paid unit should count as .25 of an hour** | **Count S5151 - each paid unit should count as 12 hours** | | |

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| **Benefit** | **Policy** | **Target Implementation Date** | | | | |
| **ED Visits (not resulting in an admission)** | 12 Visits per Contract Year (*Contract year to which each visit is allocated is determined by the claim dates of service*) | **10/1/2011** | | | | |
| | **Criteria** | **1. Applies to Adult Recipients age 21 and >;** | **2. Who are Non-QMB dual Medicare members (recipient does not have QMB Medicare as indicated by a Medicare type of C and a rate code XX2X); Members who are QMB dual Medicare members are not considered for this limit.** | **3. and claims/encounters for Acute Hospital (Provider type 02) Outpatient Form Type for ED Services (Revenue codes 0450, 0451, 0452 or 0459).** | | |
| | **Exceptions to Limit** | **A. Claims/encounters from American Indian/638 facilities.** | | | | |
| | **Notes** | **Counting should be based on the presence of a paid line for revenue codes 0450, 0451, 0452 amd 0459; Count only up to 1 visit per claim or encounter; Claims will be applied against limits in the order adjudicated as paid/approved.** | | | | |
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| **Benefit** | **Policy** | **Target Implementation Date** | | | | |
| **Transportation** | Eliminate for AHCCCS Care and TANF Expansion Adults enrolled in Maricopa and Pima Counties. | **TBD - No current timeline set.** | | | | |
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| **Benefit** | **Policy** | **Target Implementation Date** | | | | |
| **Office Visits** | TBD | **TBD - No current timeline set.** | | | | |