General Questions:

Q1. What benefits are being changed?
A1. AHCCCS will no longer pay for the following benefits: most dental services, services by a podiatrist\(^1\), insulin pumps, percussive vests, bone anchored hearing aids, cochlear implants, orthotics, certain transplants, well exams, microprocessor-controlled lower limbs or microprocessor-controlled joints of the lower limbs, and non-emergency medical transportation for limited populations (upon CMS approval). Outpatient physical therapy will also be limited to 15 visits per contract year (October 1-September 30).

Q2. Who will be affected by these benefit changes?
A2. ALL adults (age 21 and older) including American Indians and members receiving services through the Arizona Long Term Care System. The changes do not affect children’s benefits.

Q3. Why will AHCCCS no longer pay for these benefits?
A3. These changes are being made because of the State’s budget crisis.

Q4. Will AHCCCS eligibility be affected?
A4. No. AHCCCS eligibility will not be affected by changes to the benefits.

Q5. When will members stop getting these benefits?
A5. Benefit changes will be effective October 1, 2010.

Q6. Will benefit changes affect adult AHCCCS members who are also on Medicare?
A6. AHCCCS will continue to pay Medicare co-pays and deductibles for these services for Qualified Medicare Beneficiaries (QMB) who are also enrolled in AHCCCS. Contact your Health Plan for more information.

Q7. How will the provider know that the member is QMB dual?
A7. Medicare Type of C; and /or a Rate code with a “2” in the 3rd digit.

Q8. What if a member currently has one of these benefits?
A8. The benefit will no longer be available. AHCCCS will continue to cover supplies and maintenance for certain purchased items such as insulin pumps, bone anchored hearing aids, and cochlear implants, for members who already have these items. The member should contact their health plan at the time the supply or maintenance is needed, for more information about requesting prior authorization.

Q9. What if a member currently has one of these benefits and then turns 21?
A9. The benefit will no longer be available. AHCCCS will continue to cover supplies and maintenance for certain purchased items such as insulin pumps, bone anchored hearing aids, and cochlear implants, for members who already have these items. The member should contact their health plan at the time the supply or maintenance is needed, for more information about requesting prior authorization.

Q10. What if services were prior authorized before the benefit has been eliminated?
A10. Members will receive a separate notice from their Health Plan before October 1, 2010, telling them that authorization for the service is ending. Services will not be covered after October 1, 2010, and claims for services provided after October 1, 2010, will be denied.

Q11. Will physicals still be covered?
A11. Not for adults. Visits to the doctor when there are no specific complaints or symptoms (well exams) will no longer be covered. However, pap smears, mammograms, and colonoscopies will still continue to be covered. All physicals for children will continue to be covered.

\(^1\) For more information, see the Podiatric memo
Q12. Can members still receive foot and ankle care (podiatry services) by other medical providers?
A12. Yes. AHCCCS will pay for medically necessary foot and ankle procedures, including reconstructive surgeries, commonly performed by a podiatrist, if provided by other practitioners. AHCCCS will not pay for services provided by a podiatrist or podiatric surgeon for adults after the changes are implemented. Health plans can direct members to other contracted providers who can perform medically necessary foot and ankle procedures, including reconstructive surgeries.

Q13. Will AHCCCS pay for a prescription if it is written by a podiatrist?
A13. A prescription written by a podiatrist would not automatically disqualify the prescribed medication (device or service) from payment. However, the prescribed medication (device or service) may be subject to prior authorization to determine whether it is covered.

Q14. Will the benefit changes affect behavioral health services?
A14. Behavioral health services will not be changed. However, non-emergency medical transportation to and from behavioral health services may no longer be covered for certain populations as described in HB 2010, subject to prior CMS approval.

Q15. When would the restriction on non-emergency transportation begin and who would be impacted?
A15. If approved by CMS, changes to non-emergency medical transportation will be implemented sometime after October 1, 2010. If implemented, the restriction would be imposed on childless adults and spend down populations within Maricopa and Pima counties. There will be no impact to children, members in the Arizona Long Term Care System, or members who live outside of Maricopa and Pima Counties. Information will be posted to the Benefits webpage under the Regulatory Updates section as it becomes available.

Q16. Can members be billed for benefits that are not covered by AHCCCS?
A16. AHCCCS rule R9-22-702D permits an AHCCCS registered provider to charge, submit a claim to, or demand or collect payment for services from a member if:
   1. The member requests a benefit that is not covered or not authorized by the health plan or AHCCCS; and
   2. The provider prepares and provides the member with a document describing the overall benefits and the approximate cost of the benefits; and
   3. The member signs the document prior to benefits being provided, indicating that the member understands and accepts responsibility for payment.

Q17. Will my doctor and health plan know about the benefit changes?
A17. Yes. AHCCCS will send information about the benefit changes to all AHCCCS registered providers (e.g. doctors) and contracted health plans. Health plans can answer any questions about the benefit changes.

Q18. Where can I get more information about the benefit changes?