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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: August 22, 2011
TO: Interested Stakeholders
FROM: Marc Leib, M.D., Chief Medical Officer
SUBJECT: AHCCCS Respite Benefit Change Effective October 1, 2011

BACKGROUND

On March 15, 2011, Governor Brewer presented her plan to preserve Arizona's Medicaid program with reforms that will drive down costs by an estimated \$500 million in the State's General Fund for the partial first year. The plan was approved by the Legislature as part of the FY 2012 budget. The Medicaid Reform Package includes changes to the AHCCCS member benefit package and can be found on the AHCCCS website at the following Address:

<http://www.azahcccs.gov/shared/news.aspx#GovernorBrewersMedicaidReformPackage>

BENEFIT CHANGE

Beginning October 1, 2011, the annual limit of covered respite hours will be 600 hours during each October 1 through September 30 time period. (Prior to October 1, 2011, the annual limit is 720 hours per benefit year.) The respite benefit change will impact adults and children who are:

- Enrolled in the Arizona Long Term Care System (ALTCS). ALTCS members include individuals who are elderly and/or physically disabled as well as individuals with developmental disabilities, or
- Receiving respite services through the behavioral health system.

If 1) respite services were prior authorized before October 1, 2011, and 2) the authorized respite services will be provided on or after October 1, 2011, the authorization and the amount of services may need to be adjusted to ensure that the annual limit is not exceeded. For additional information providers are encouraged to contact the appropriate Contractor or, for questions concerning FFS members, the AHCCCS Administration.

The proposed AHCCCS Rule may be found at:

<http://www.azahcccs.gov/reporting/state/proposedrules.aspx#Respite> .

NON-COVERED SERVICES & MEMBER BILLING

Providers may charge AHCCCS members for services which are excluded or provided in excess of AHCCCS limits if the provider obtains the member's written agreement to pay for the services in advance of providing the service. However, providers are still prohibited from charging members for non-excluded services provided within the limit when a claim is denied or payment is reduced due to the provider's failure to comply with billing requirements such as timely claim filing, lack of authorization, or lack of clean claim status. AHCCCS rule R9-22-702 has been revised to clarify the circumstances when registered providers may bill AHCCCS members. The Final AHCCCS Rule may be found at:

<http://www.azahcccs.gov/reporting/state/unpublishedrules.aspx> .

Additional information about the benefit changes can be found at <http://www.azahcccs.gov/shared/news.aspx#Benefits>. Questions regarding the benefit changes can be e-mailed to LegislativeBenefitChange@azahcccs.gov.