Revision:

HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

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OMB: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

A. The following charges are imposed under section 1916 of the Social Security Act and 42 CFR 447.50-.60 with the exceptions specified at Section 1916(a)(2) and (j) of the Act and 42 CFR 447.53(b):

Type of Charge								
Group of Individuals	Item/Service	Ded.	Coins.	Copay	Method of Determining Family Income			
All other individuals	Prescription drugs	N/A	N/A	\$2.30/ drug	Same			
covered under the State Plan with the exception of those covered under the	Outpatient visit, excluding emergency room visit if coded as non-emergent surgical procedures or evaluation and management services	N/A	N/A	\$3.40/visit	Same			
TMA group under Att. 4.18-F	If not imposed above, any services rendered during a visit coded as physical, occupational, or speech therapy services	N/A	N/A	\$2.30/visit	Same			

TN No. <u>10-001</u>	Approval Date MAY 0 6 2011
Supersedes	
TN No. <u>93-10</u>	Effective Date October 1, 2010

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

В.	The method used to collect cost snaring charges for categorically needy
	individuals:

- X Providers are responsible for collecting the cost sharing charges from individuals.
- The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

By state administrative rule, all providers are required to accept the individual's self-declaration of the inability to pay the charge.

TN No. 10-001 Supersedes TN No. N/A Approval Date MAY 0 6 2011

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are able to access and track copayment information from the verification systems used by AHCCCS providers (excluding IVR) such as EVS, the web, and HIPAA transactions 270 and 271. The verification system will identify the member's eligibility category where a specific copay level is assigned by population. It will also identify whether the member is subject to a mandatory or nominal copayment and specify the copayment amount by service level. This system also identifies services which are exempt from copayments. Prior to implementation, AHCCCS provided information all providers and contractors which described the copayment requirements by eligibility category, including descriptions of exempt services and populations. This communication is posted on the website along with the rule, which sets forth the copayment requirements and prohibitions. Contracted health plans receive daily and monthly rosters from AHCCCS that identify each member's cost sharing designation (nominal, mandatory or exempt). In addition, AHCCCS sends the health plans a reference extract table which is used to identify the copay amounts for specific services by the member's cost sharing category.

Interim Plan: October 1, 2010-April 30, 2011: To ensure that American Indians are exempted from cost sharing, fee for service users, who represent the vast majority of American Indian (AI) AHCCCS recipients, will be exempted from cost sharing. Because some AI's choose to receive services through MCO's, the AHCCCS Client Advocate Office will work with managed care enrollees to exempt AI's served under managed care.

Final Plan: Effective no later than May 1, 2011:, As a result of an analysis of FFS claims and encounters, AHCCCS will identify all active and previous users of Indian Health Service Facilities, Tribally-Operated 638 Health Programs and Urban Indian Health Programs (I/T/Us) for which AHCCCS has provided reimbursement. All users identified though this analysis will be flagged and exempted from all cost sharing, and this information will be communicated to MCOs' and providers. The AHCCCS Client Advocate office will also work closely with the identified population to ensure that cost sharing is not applied to any American Indian who has ever utilized an I/T/U or received a service through referral by Contract Health Services.

Cum	Cumulative maximums on charges:					
<u>X</u>	s not provide for cumulative maximums.	ms.				
	Cumulative maximums have been established as described below:					
o. <u>10-0</u>	<u>)01</u>	Approval Date MAY 0 6 2011				
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	X	X State policy doe Cumulative max	X State policy does not provide for cumulative maximums. Cumulative maximums have been established as described below: o10-001			