

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ADMINISTRATION

PREAMBLE

1. Article, Part, or Section Affected (as applicable) Rulemaking Action:

R9-22-301	Reserved
R9-22-302	Reserved
R9-22-303	New Section
R9-22-703	Amend
R9-22-1407	Amend
R9-22-1501	Amend
R9-22-1910	New Section
R9-22-2007	Amend

2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 36-2903

Implementing statute: A.R.S. § 36-2903(A)

3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: [to be filled in by SOS editor]

4. The agency’s contact person who can answer questions about the rulemaking:

Name: Mariaelena Ugarte

Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034

Telephone: (602) 417-4693

Fax: (602) 253-9115

E-mail: AHCCCSRules@azahcccs.gov

Web site: www.azahcccs.gov

5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

42 CFR 435.914 requires the Administration to provide Prior Quarter (PQ) eligibility. A.R.S. § 36-2903 (A) provides reimbursement responsibility for care provided during an eligibility period. Currently, the Administration is waived from providing PQ eligibility. The waiver expires December 31, 2013. The Administration will need to implement prior quarter eligibility requirements effective January 1, 2014.

6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when implementing PQ eligibility.

7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

8. The preliminary summary of the economic, small business, and consumer impact:

The Administration anticipates a moderate economic impact on the implementing agency, small businesses and consumers. The increased eligibility period is estimated to cost \$13.8

million, with approximately 500,000 members affected if the Governors Medicaid proposal is approved. For SFY2014 we estimate the cost to be \$7 million since one of the goals for Health Care Reform mandatory coverage for everyone should eliminate gaps in coverage minimizing PQ eligibility.

9. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:

Name: Mariaelena Ugarte
Address: AHCCCS
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701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
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10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Proposed rule language will be available on the AHCCCS website www.azahcccs.gov the week of May 6, 2013. Please send written or email comments to the above address by the close of the comment period, 5:00 p.m., July 1, 2013.

Date: July 1, 2013

Time: 10:00 a.m.

Location: AHCCCS
701 East Jefferson
Phoenix, AZ 85034

Nature: Public Hearing

Date: July 1, 2013

Time: 10:00 a.m.

Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr, Suite 201
Tucson, AZ 85710

Nature: Public Hearing

Date: July 1, 2013

Time: 10:00 a.m.

Location: 2717 N. 4th St. STE 130
Flagstaff, AZ 86004

Nature: Public Hearing

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters have been prescribed.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Not applicable

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rules follows:

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TITLE 9. HEALTH SERVICES
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ARTICLE 3. ~~REPEALED~~ GENERAL ELIGIBILITY REQUIREMENTS

Section

R9-22-301. Reserved

R9-22-302. Reserved

R9-22-303. ~~Repealed~~ Prior Quarter Eligibility

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS

Section

R9-22-502. Pre-existing Conditions

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

R9-22-703. Payments by the Administration

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

Section

R9-22-1407. Deceased Applicants

**ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED,
BLIND, OR DISABLED**

Section

R9-22-1501. General Information

ARTICLE 19. FREEDOM TO WORK

Section

R9-22-1910. ~~Repealed~~ Prior Quarter Eligibility

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM

Section

R9-22-2007. Effective and End Date of Eligibility

ARTICLE 3. REPEALED GENERAL ELIGIBILITY REQUIREMENTS

R9-22-301. Reserved

R9-22-302. Reserved

R9-22-303. Prior Quarter Eligibility

A. Prior Quarter eligibility shall be effective no earlier than January 1, 2014. An applicant may be eligible during any of the three months prior to application if the applicant:

1. Received one or more covered services described in 9 AAC 22, Article 2 and Article 12, and 9 AAC 28, Article 2 during the month ; and
2. Would have qualified for Medicaid at the time services were received if the person had applied regardless whether the person was alive when the application was made.

B. The Prior Quarter requirements do not apply to:

1. QMB
2. Kids Care

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS

R9-22-502. Pre-existing Conditions

~~A. Except as otherwise provided in Article 2 of this Chapter, a contractor shall be responsible for providing the full scope of covered services to each member from the effective date of eligibility until the termination of enrollment or transfer of the member to another contractor.~~

A contractor shall not impose a pre-existing condition exclusion with respect to covered services.

B. No change.

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-703. Payments by the Administration

- A. No change.
- B. No change.
- C. No change.
- D. No change.
- E. No change.
- F. No change.
- G. No change.

H. Prior quarter reimbursement. A provider shall:

1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from member of AHCCCS eligibility.
2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
3. Accept payment received by the Administration as payment in full.

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

R9-22-1407. Deceased Applicants

- A. No change.
- B. The Administration or Administration's designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant, ~~if the application is filed in the same month as the applicant's death.~~

**ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED,
BLIND, OR DISABLED**

R9-22-1501. General Information

A. No change.

B. No change.

C. No change.

D. No change.

E. No change.

F. Eligibility effective date. Eligibility is effective on the first day of the month that all eligibility requirements are met, ~~but no earlier than the month of application.~~ including the period described under R9-22-303.

G. No change.

H. No change.

I. No change.

J. No change.

K. No change.

L. No change.

M. No change.

ARTICLE 19. FREEDOM TO WORK

R9-22-1910. Repealed Prior Quarter Eligibility

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Chapter 22, Article 3.

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM

R9-22-2007. Effective and End Date of Eligibility

- A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.

~~The effective date of eligibility is the later of:~~

- ~~1. The first day of the month in which a application is made; or~~
- ~~2. The first day of the first month the woman meets all the eligibility requirements in this Article.~~

- B. No change.