

AHCCCS Benefit Changes Fact Sheet

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 adoption.

The plan includes changes to the AHCCCS member benefits and are effective October 1, 2011, unless otherwise indicated. More information is provided below. Continue to check this page for updates as they become available.

Benefit Change

Effective October 1, 2011, and impact **all** adults¹ (21 years and older) in the Acute and ALTCS programs regardless of whether they receive services through managed care or fee for service². The respite change also impacts children in addition to adults who receive ALTCS and/or behavioral health services.

- A 25-day inpatient hospital limit³ within a one-year time period⁴. Some exclusions will apply such as days in a governmentally operated burn unit, days that are part of a transplant stay, or days in the hospital for behavioral health reasons. Refer to the [final rule](#) for more detail.
- A decrease in the number of respite hours from 720 to 600 hours within a one-year time period for adults and children receiving ALTCS Services and or Behavioral Health Services. Refer to the [final rule](#) for more detail.

Proposed Benefit Changes Not Implemented

Proposed benefit changes that were not implemented are as follows:

- **Elimination of Non-emergency medical transportation (NEMT).** CMS **did not** approve Arizona's request to eliminate NEMT; AHCCCS will NOT eliminate NEMT.
- **Exclusion of coverage of certain non-emergency services provided in the emergency department.** AHCCCS is not actively pursuing this limitation at this time. It may reconsider instituting a limitation at some point in the future depending on further analysis by the agency and on further discussion with the federal government.
- **Imposition of a 12-day emergency department limit within a one-year time period⁴ for all adults (21 years and older) in the Acute and Arizona Long Term Care System (ALTCS) Programs.** AHCCCS is not actively pursuing this limitation at this time. It may reconsider instituting a limitation at some point in the future depending on further analysis by the agency and on further discussion with the federal government.

¹ AHCCCS will continue to pay Medicare co-pays and deductibles for Qualified Medicare Beneficiaries (QMB) who are duals also enrolled in AHCCCS, with income at or under 100% FPL, even after the benefit limit is reached. For people with Medicare who don't have QMB, members will be responsible for co-pays after the benefit limit is reached.

² At this time, these limits also apply to American Indians regardless of where they receive services. AHCCCS will provide notice if there are any changes.

³ AHCCCS is awaiting final approval from CMS.

⁴ The one year time period runs from October 1 through September 30 each year.