STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

2. For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

3. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."

4. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".

5. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item __ of this attachment (see 3. above).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMB Onlys:	Part A MR Deductibles	MR Coinsurance
	Part B MR Deductibles	MR Coinsurance
Other Medicaid Recipients (Non-QMBs)	**Fee-for-Service**	
	Part A MR Deductibles	MR Coinsurance
	Part B MR Deductibles	MR Coinsurance
	Health Plans/Program Contractors	
	Part A SPDeductibles	SP Coinsurance
	Part B SP Deductibles	SP Coinsurance
QMB Duals: (Medicare (and Medicaid)	**Fee-for-Service**	
	Part A MR Deductibles	MR Coinsurance
	Part B MR Deductibles	MR Coinsurance
	Health Plans/Program Contractors	
	Part A SP Deductibles	SP Coinsurance
	Part B SP Deductibles	SP Coinsurance

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Exceptions to Payment Method Shown on Chart on Page 2*

For non-QMBs: AHCCCS does not pay the Medicare deductible and coinsurance unless the services are:

(1) provided on a fee-for-service basis by a Medicare provider in the beneficiary's health plan or program contractor network;
(2) covered by AHCCCS under the State Plan.

For QMB Duals: Restrictions are the same as for non-QMBs, except with respect to services covered by Medicare but not by AHCCCS under the State Plan (e.g., chiropractic services). For such services, AHCCCS pays the Medicare coinsurance and deductible regardless of whether the provider is in the beneficiary's health plan or program contractor network.

4/30/03
CMS Website
has additional
pages - 4, 5, & 6
BZ

* Pursuant to an August 29, 1996 agreement with HCFA.

RC
6/20/97

State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

OTHER TYPES OF CARE

The following is a description of the methods and standards for determining the payment rate for case management services to the target group identified in Supplement 1 to Attachment 3.1-A.

Beginning October 1, 1996, DES/DDD will be reimbursed on a per member, per month basis to provide case management services to persons with developmental disabilities enrolled in the acute care program. The reimbursement rate is the same rate paid for case management services for the developmentally disabled population enrolled in the Arizona Long Term Care System (ALTCS). The ALTCS case management rate was developed using DES/DDD's audited financial data for the ALTCS program for the period July 1, 1995 through June 30, 1996. The case management line item of the audited report captures the following costs for case managers and supervisors: 1) salary; 2) travel; and 3) education. The total is then divided by enrollment for the same period to determine a per member, per month cost.

Check w/ HCFA deleted?

STATE OF ARIZONA

ADDENDUM

METHODS AND STANDARDS USED TO DETERMINE PAYMENT FOR EMERGENCY MEDICAL SERVICES FOR ALIENS

CITATION: Attachment 4.19-B
Page 66 of the State Plan

County eligibility offices and Department of Economic Security offices have been informed about the availability of emergency medical services and application procedures for aliens who have not been lawfully admitted for permanent residence or who are otherwise not permanently residing in the United States under color of law.

When a person receiving emergency services is indigent and an undocumented alien, the alien will be referred to the Department of Economic Security for application.

If the applicant meets all eligibility criteria other than citizenship, the Department of Economic Security eligibility worker will post the approval for the month of service, during the month of receipt of emergency services.

The AHCCCS Administration will be notified of approval and length of time for emergency coverage. The applicant, if approved, will request the provider to submit any bill for emergency services received during this period to AHCCCS.

A Medicaid card will not be issued; the applicant will not be enrolled in a health plan. [Subsequent bills for services related to the emergency must be submitted to the AHCCCS Claims Unit for authorization.]

The AHCCCS Administration will authorize payment only for care and services which are necessary for the treatment of an emergency medical condition of the alien. As defined in Section 1903(v), an "emergency medical condition means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in --

"(A) placing the patient's health in serious jeopardy,

"(B) serious impairment to bodily functions, or

"(C) serious dysfunction of any bodily organ or part."

Page location verified w/ the online CMS website 4/30/03 BJ

6579G

EFFECTIVE DATE: 7/1/88