NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION

PREAMBLE

1. **Sections Affected:**  
   Rulemaking Action:  
   R9-22.712.75  
   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. § 36-2903.01(A)  
   Implementing statute:  
   A.R.S. § 36-2903.01(G)(12)

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: Nicole Fries  
   Address: AHCCCS  
   Office of Administrative Legal Services  
   701 E. Jefferson, Mail Drop 6200  
   Phoenix, AZ 85034  
   Telephone: (602) 417-4232  
   Fax: (602) 253-9115  
   E-mail: AHCCCSRules@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 **An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**  
   This rulemaking will amend an AHCCCS DRG payment regulation to align with programmatic functions following AHCCCS Complete Care (ACC) integration October 1, 2018. This rulemaking will amend the definition of “administrative day” to authorize MCO payment to acute care hospitals at a level similar to reimbursement of these providers before the delivery system change to ACC integration. For claims with a primary diagnosis of behavioral health, acute care hospitals will receive reimbursement under the DRG methodology where, under the proposed rulemaking, this provider type will be able to qualify for payment under the revised definition of administrative day. This change will promote consistency of inpatient hospital reimbursement following ACC integration for providers serving members when claims with a primary diagnosis of behavioral health are filed.
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:
The agency did not use a study

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 as the rulemaking will not diminish a previous grant to authority of a political subdivision of the state.

8. The preliminary summary of the economic, small business, and consumer impact:
The proposed rulemaking will support economic development in Arizona by preserving payment rates in place prior to ACC integration for acute care hospitals providing inpatient services to members with a primary diagnosis of behavioral health. The proposed amendment to the definition of “administrative day” is warranted in order to continue to support providers following ACC integration providing the same level of services. In order to mitigate hospital reimbursement impacts, AHCCCS is amending the fee-for-service reimbursement methodology for acute care hospital inpatient claims with a primary diagnosis of behavioral health.

9. The agency’s contact person who can answer questions about the economic, small business and consumer impact statement:
Name: Nicole Fries
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4232
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov

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 October 13, 2018. Please send written or email comments to the above address by the close of the comment period, 5:00 p.m., December 3, 2018.

Date: December 3, 2018
Time: 2:00 p.m.
Location: AHCCCS
701 East Jefferson
Phoenix, AZ 85034
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:

Not applicable.

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

Not applicable.

13. The full text of the rules follows:
Title 9. Health Services

Chapter 22. Arizona Health Care Cost Containment System – Administration

Article 7. Standards for Payment

R9-22-712.75  DRG Reimbursement: Payment for Administrative Days

A. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.

1. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.

2. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.

3. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.

4. Administrative days that meet the criteria for an acute inpatient stay and have a primary diagnosis of behavioral health will receive reimbursement under the DRG methodology.

B. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital’s administrative or operational delays.

C. Prior authorization is required for administrative days.

D. A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

E. Administrative days are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care (e.g., as nursing facility days).