

**IN-PATIENT LIMIT: MEMBER & CONTRACTOR RESPONSIBILITY
ACUTE & ALTCS MEMBERS 21 YEARS OF AGE AND OLDER
(MEDICAID ONLY, QMB DUAL AND NON-QMB DUAL STATUS)**

CONDITION	CONTRACTOR IMPLEMENTATION (Fiscal Implications)
Member is Medicaid only and is not Medicare eligible. (Also known as non-dual)	Contractor is responsible for payment limited to the first 25 inpatient days per contract year. Contractor is not responsible for payment of inpatient days beginning with the 26 th inpatient day in a contract year. The first 25 inpatient days are the first 25 inpatient days (with dates of service during the contract year) that are paid by the Administration or the member's Contractor-irrespective of whether the date of payment was during or after the contract year. For more information about counting the 25 day inpatient limit and exclusions, refer to the "Adult Inpatient limits and member billing rule: http://www.azahcccs.gov/reporting/state/unpublishedrules.aspx
Member is Dual Eligible (Also known as Medicare Primary, non-QMB dual)	Contractor is responsible for Medicare cost sharing (co-pay, coinsurance, and deductible) associated with all admissions through the admission in which the 25 th inpatient day of the contract year occurs. (Example: a non-QMB dual with 23 prior inpatient days during the contract year is admitted and remains in the hospital for 10 days. Since the admission occurs before the 25-day limit is reached, Contractor is responsible for Medicare cost sharing associated with the 10 days even though the member exceeds the 25-day annual limit during that admission.) Contractor is not responsible for Medicare cost sharing (co-pay, coinsurance and deductible) related to admissions occurring after the first 25 inpatient days per contract year.
Member is QMB Dual	Contractor is responsible for all Medicare cost sharing (co-pay, coinsurance, and deductible) regardless of the number of inpatient days in contract year.
Member is QMB Only	AHCCCS FFS program is responsible for all Medicare cost sharing (co-pay, coinsurance, and deductible) regardless of the number of inpatient days in contract year.

DEFINITIONS:

- **Inpatient Setting** – Acute Care hospital including Specialty Care Hospital and Rehabilitation Hospital (in-state and out of state)
- **Dual Eligible (Non-QMB Dual)** - An individual who is Medicare and Medicaid eligible with income above 100% FPL. The individual does not qualify for QMB.
- **QMB Dual** - An individual who is Medicare and Medicaid eligible with income not exceeding 100% FPL.
- **QMB Only** – An individual who is Medicare only who qualifies to have Medicare premiums, co-payments, and deductibles paid by the AHCCCS program.

EXCLUSION

The following inpatient days are not included in the inpatient hospital limitation:

- a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract¹;
- b. Days related to Behavioral Health:
 - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
 - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
 - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
- c. Days related to treatment of conditions with diagnoses of burns or burn late effect at a governmentally-operated hospital located in an Arizona county with a population of more than 500,000 persons with a specialized burn unit in existence prior to 10/1/2011;
- d. Same Day Admit Discharge services are excluded from the 25 day limit; and
- e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

¹ Examples include the following:

- **Evaluation** (Limited to inpatient days directly associated with the evaluation)
- **Harvest** (Tissue harvesting for autologous bone marrow transplants; The related costs/in-pt days for live donors; Note: if the donor is a Medicaid member this will not be included as part of their 25 day limit)
- **Total Body Irradiation** (Limited to the inpatient days associated with the series of conditioning regimens prior to bone marrow or peripheral blood stem cell transplantation)
- **Preparation and transplant** (10 days post transplant care for kidney transplants)
- **Post transplant care** (Up to 60 days for other covered transplants)
- **Placement of Circulatory Assist Devices (CADs)** also known as Ventricular Assistive Devices (VADs) and Total Artificial hearts (TAHs) (Limited to day of surgery; Inpatient days before and after the placement of the CADs are to be counted towards the 25 day limit)

Note: Inpatient days while “wait listed” are to be counted towards the 25 day limit. This is the period of time after a member has been determined to be a candidate for transplant, by the transplant facility, and is waiting for an available organ.