

AHCCCS Member Co-Payment Changes Effective October 1, 2010

September 16, 2010

Dear Phoenix Health Plan (PHP) Provider:

This is a reminder regarding the recent letter posted on the AHCCCS website regarding their implementation of several changes to AHCCCS Members Co-payments that will be effective October 1, 2010.

You can view the AHCCCS notification which includes detailed information on these changes at:

<http://www.azahcccs.gov/commercial/ProviderBilling/copayments.aspx>

Additional information on AHCCCS Member co-payments can be found at:

<http://www.azahcccs.gov/members/copayments.aspx>

In addition, please find a summary document attached that provides an overview of these copay requirements.

As an AHCCCS Health Plan, Phoenix Health Plan will be implementing these changes effective October 1, 2010.

If you have any questions and/or do not have internet access please don't hesitate to contact your Provider Relations Representative directly or the department number shown below.

THANK YOU

Network Management
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Fax 602.674-6670
7878 N. 16th St. #105
Phoenix, AZ 85020
Visit our website at www.phoenixhealthplan.com

AHCCCS Copayment Summary

AHCCCS Rule R9-22-702 C. 1. authorizes registered providers to "charge, submit a claim to, or demand or collect payment" from members "to collect an authorized Copayment." Providers may bill members for Mandatory co-payments.

Co-Pay Levels as of 10/1/2010

Member Eligibility Code	Type of Co-Pay	Member Eligibility Category	Service	Co-Pay Amount	Service Limitations for Non Payment of Co-Pays
00	Exempt	Exempt			No Copay to be charged
20	Nominal	Traditional	Pharmacy	\$2.30	Copay may be charged but services can't be refused for nonpayment of Copay
			Office Visit	\$3.40	
			Therapy	\$2.30	
21	Nominal	HIFA	Pharmacy	\$2.30	Copay may be charged but services can't be refused for nonpayment of Copay
			Office Visit	\$3.40	
			OP Therapy	\$2.30	
40	Mandatory	TWG	Generic Rx	\$4	Copay to be charged and services can be refused for nonpayment of Copay
			Brand Name Rx	\$10	
			Non Emergency use of ER	\$30	
			Office Visit	\$5	
50	Mandatory	TMA	Pharmacy	\$2.30	Copay to be charged and services can be refused for nonpayment of Copay
			Surgery	\$3	
			OP Therapy	\$3	
			Office Visit	\$4	

No co-payments are permitted for the following members-irrespective of the service provided:

- 1) Individuals under age 19, including KidsCare members.
- 2) Individuals determined to be Seriously Mentally Ill (SMI) by the Az Department of Health
- 3) ALTCS members
- 4) Individuals eligible for Children's Rehabilitative Services (CRS)
- 5) Individuals who are institutionalized including individuals who qualify for ALTCS (including HCBS members.)
- 6) Individuals who are receiving hospice care

Copayments are never charged for the following services for anyone:

- 1) Hospitalizations and services received while in a hospital.
- 2) Emergency use of an emergency room
- 3) Family Planning services and supplies
- 4) Pregnancy related health care including tobacco cessation treatment for pregnant women

As a provider you can verify an AHCCCS Member's eligibility and co-pay requirements by logging onto the secured provider portal at <https://azweb.statemedicaid.us/Home.asp>. If you do not have a log on you can go to the New Account section of this page to register for one.