

The Centers for Medicare and Medicaid Services (CMS) has approved Arizona's 1115 waiver request to limit retroactive coverage for some AHCCCS members to the first day of the month in which the Medicaid application is received. The retroactive coverage policy changes will affect all members who apply for AHCCCS coverage on or after July 1, 2019 except for:

- children under the age of 19; and
- women who are pregnant (including 60 days post-partum).

For example, if an application is submitted to AHCCCS on the 15th day of the month, upon approval, coverage will be effective as of the first day of the month in which the application was submitted, assuming all conditions of eligibility are met.

Q1: When will the retroactive coverage changes go into effect?

Q2: Why is AHCCCS making this change?

Q3: How can providers minimize uncompensated care?

Q4: What happens if a member has unpaid medical bills that are not covered?

Q5: What happens if there is a delay in processing a member's application?

Q6: Does the retroactive coverage policy change affect children?

Q7: Does the retroactive coverage policy change affect pregnant women?

Q8: Is the KidsCare Program changing as a result of this policy?

Q9: Does the retroactive coverage policy change affect American Indian members?

Q1: When will the retroactive coverage changes go into effect?

A1: The retroactive coverage policy changes will go into effect July 1, 2019.

Q2: Why is AHCCCS making this change?

A2: This change to retroactive coverage re-establishes AHCCCS policy that had been in place until 2014. It encourages members to: 1) obtain and maintain health coverage, and 2) apply for Medicaid promptly to promote continuity of eligibility and enrollment for improved health status.

Q3: How can providers minimize uncompensated care?

A3: Providers are encouraged to take measures to ensure patients who might be eligible for AHCCCS coverage apply immediately and that the application is complete when submitted. Near the end of a month, providers are encouraged to check patients' eligibility status and ensure they re-apply immediately in the rare case that a patient has lost eligibility.

Q4: What happens if a member has unpaid medical bills that are not covered?

A4: The goal of this policy change is to encourage individuals to apply for Medicaid coverage promptly and to maintain health coverage continuously, even when healthy. Under the new retroactive coverage policy, individuals applying for Medicaid eligibility will receive retroactive coverage effective as of the first day of the month in which the application is filed, assuming all conditions of eligibility are met. Furthermore, AHCCCS will continue its hospital presumptive eligibility program to allow qualified hospitals to provide immediate, temporary enrollment into Medicaid until a Medicaid application is submitted. Please note the retroactive coverage policy change does not apply to children under the age of 19 or to women who are pregnant (including 60 days post-partum).

Q5: What happens if there is a delay in processing a member's application?

A5: Typically, an eligibility decision is made within 45 days of application. Retroactive coverage is based on the date the application is filed. While the timely determination of eligibility determination is important, retroactive eligibility

coverage will begin the first day of the month in which the application was filed regardless of the length of the eligibility determination process.

Q6: Does the retroactive coverage policy change affect children?

A6: No, the retroactive coverage change does not apply to children under the age of 19. Children will continue to receive prior quarter coverage if an application is submitted and all conditions of eligibility are met.

Q7: Does the retroactive coverage policy change affect pregnant women?

A7: No, the retroactive coverage policy change does not apply to women throughout pregnancy and up to the end of the month in which the 60th day of post-pregnancy occurs. Pregnant and post-partum women who are newly eligible for Medicaid coverage will receive retroactive coverage up to three months prior to the date of application, as long as an application is submitted and all conditions of eligibility are met. Specifically, if an individual would have qualified for AHCCCS as a pregnant woman (including post-partum up to 60 days) during any portion of three months immediately preceding the month in which the individual's application for AHCCCS coverage was received, the individual can apply for and, if eligible, receive retroactive coverage for each of the three prior months.

Q8: Is the KidsCare Program changing as a result of this policy?

A8: No, KidsCare eligibility does not change. As always, coverage for new KidsCare enrollees begins on the first day of the month following eligibility approval.

Q9: Does the retroactive coverage policy change affect American Indian members?

A9: Yes, the retroactive coverage policy change will apply to American Indian members except for children under the age of 19 and women who are pregnant (including 60 days post-partum). This topic has been presented at AHCCCS Tribal Consultation meetings and will continue to be an agenda item as a part of the public stakeholder outreach efforts.