Arizona Administrative Code
Title 9, Ch. 31

TITLED 9. HEALTH SERVICES
CHAPTER 31. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
CHILDREN’S HEALTH INSURANCE PROGRAM

Editor’s Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-3).

Editor’s Note: Articles 1 through 13, and Article 16 were adopted under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session. Although exempt from certain provisions of the rulemaking process, AHCCCS submitted a notice of docket opening with the Secretary of State for publication in the Arizona Administrative Register. Exemption from A.R.S. Title 41, Chapter 6 means AHCCCS was not required to submit these rules to the Governor’s Regulatory Review Council for review; they did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and they were not required to hold public hearings on these rules. Because this Chapter contains rules that are exempt from the regular rulemaking process, it is printed on blue paper.

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ARTICLE 1. DEFINITIONS

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A. Location of definitions. Definitions applicable to 9 A.A.C. 31 are found in the following.

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<td>R9-22-701</td>
</tr>
<tr>
<td>“RFP”</td>
<td>R9-31-106</td>
</tr>
<tr>
<td>“Respiratory therapy”</td>
<td>R9-22-102</td>
</tr>
<tr>
<td>“Scope of services”</td>
<td>R9-22-102</td>
</tr>
<tr>
<td>“Seriously ill”</td>
<td>R9-31-101</td>
</tr>
<tr>
<td>“Service location”</td>
<td>R9-22-101</td>
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<tr>
<td>“Service site”</td>
<td>R9-22-101</td>
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<tr>
<td>“SMI” or “Seriously mentally ill”</td>
<td>A.R.S. § 36-550</td>
</tr>
<tr>
<td>“Specialist”</td>
<td>R9-22-102</td>
</tr>
<tr>
<td>“Speech therapy”</td>
<td>R9-22-102</td>
</tr>
</tbody>
</table>

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B. General definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“ADHS” has the same meaning as in A.A.C. R9-22-102.

“AHCCCS” means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

“Applicant” means a person who submits, or whose representative submits, a written, signed, and dated application for Title XXI medical coverage.

“Application” means an official request for Title XXI medical coverage made under this Chapter.

“Contract year” means the period beginning on October 1 and continuing until September 30 of the following year.

“Inpatient hospital services” means medically necessary services that require an inpatient stay in an acute care hospital and that are provided by or under the direction of a physician or other health care practitioner upon referral from a member’s primary care provider.

“Native American” means Indian as specified in 42 CFR 137.10.

“Seriously ill” means a medical or psychiatric condition manifesting itself by acute symptoms that left untreated may result in:

- Death,
- Disability,
- Disfigurement, or
- Dysfunction.

“Subcontractor” means a person, agency, or organization that enters into an agreement with a contractor or subcontractor to provide services.

Historical Note
Definitions. The words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

1. “Offeror” means a person or other entity that submits a proposal to the Administration in response to an RFP.
2. “Proposal” means all documents including best and final offers submitted by an offeror in response to a Request for Proposals by the Administration.
3. “RFP” means Request for Proposals including all documents according to this Article.

**ARTICLE 2. SCOPE OF SERVICES**

**R9-31-201. General Requirements**

A. The Administration shall administer the Children’s Health Insurance Program under A.R.S. § 36-2982.

B. Scope of services for American Indian fee-for-service members is under Article 16 of this Chapter.

C. A contractor or RBHA shall provide behavioral health services under Articles 12 and 16.

D. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. The Administration or a contractor may waive the covered services referral requirements of this Article.
3. Except as authorized by a contractor, a primary care provider, practitioner, or dentist shall provide or direct the member’s covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
4. A contractor shall offer a female member direct access to preventive and routine services from gynecology provid-
ers within the contractor’s network without a referral from a primary care provider.

5. A member may receive behavioral health services as specified in 9 A.A.C. Articles 2 and 12.

6. A member may receive treatment that is considered the standard of care, or that is approved by the AHCCCS Chief Medical Officer after appropriate input from providers who are considered experts in the field by the professional medical community.

7. An AHCCCS registered provider shall provide covered services within the provider’s scope of practice.

8. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
   a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
   b. Services or items furnished gratuitously; and
   c. Personal care items, except as specified in R9-31-212.

9. Medical or behavioral health services are not covered if provided to:
   a. An inmate of a public institution;
   b. A person who is a resident of an institution for the treatment of tuberculosis; or
   c. A person who is in an IMD at the time of application, unless provided under Article 12 of this Chapter.

E. The Administration or a contractor may deny payment if a provider fails to obtain prior authorization as specified in this Article and Article 7 of this Chapter for non-emergency services. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.

F. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition.

G. Under A.R.S. § 36-2989, a member shall receive covered services outside of the GSA only if one of the following applies:
   1. A member is referred by a primary care provider for medical specialty care out of the contractor’s area. If the member is referred outside of the GSA to receive an authorized medically necessary service, a contractor shall also provide all other medically necessary covered services for the member;
   2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member’s family; or
   3. The contractor authorizes placement in a nursing facility located outside of the GSA;

H. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.

I. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.

J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor if the contractor elects to provide noncovered services.
   1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
   2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.

Historical Note

R9-31-202. Reserved

R9-31-203. Reserved

R9-31-204. Inpatient General Hospital Services
A contractor, fee-for-service provider, or noncontracting provider shall render inpatient general hospital services including:

1. Hospital accommodations and appropriate staffing, supplies, equipment, and services for:
   a. Maternity care, including labor, delivery, recovery room, birthing center, and newborn nursery;
   b. Neonatal intensive care unit (NICU);
   c. Intensive care unit (ICU);
   d. Surgery, including surgery room and recovery room;
   e. Nursery and related services;
   f. Routine care; and
   g. Emergency behavioral health services under 9 A.A.C. 31, Article 12.

2. Ancillary services as specified by the Director and included in contract:
   a. Laboratory services;
   b. Radiological and medical imaging services;
   c. Anesthesiology services;
   d. Rehabilitation services;
   e. Pharmaceutical services and prescription drugs;
   f. Respiratory therapy;
   g. Blood and blood derivatives; and
   h. Central supply items, appliances, and equipment not ordinarily furnished to all patients which are customarily reimbursed as ancillary services.

3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
   a. Dialysis shunt placement,
   b. Arteriovenous graft placement for dialysis,
   c. Angioplasties or thrombectomies of dialysis shunts,
   d. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
   e. Hospitalization for vaginal delivery that does not exceed 48 hours,
   f. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
   g. Other services identified by the Administration through the Provider Participation Agreement.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).
B. As specified in A.R.S. § 36-2989, a second opinion procedure shall be available to a member if the need for notification to a contractor or a RBHA for a member is required by federal law and if other statutory criteria are met; and

C. The following limitations and exclusions apply to physician and practitioner services and primary care provider services:

1. Specialty care and other services provided to a member upon referral from a primary care provider are limited to the services or conditions for which the referral is made, or for which authorization is given by the contractor;

2. A member’s physical examination is not a covered service if the physical examination is to obtain one or more of the following:
   a. Qualification for insurance;
   b. Pre-employment physical evaluation;
   c. Qualification for sports or physical exercise activities;
   d. Pilot’s examination (Federal Aviation Administration);
   e. Disability certification to establish any kind of periodic payments;
   f. Evaluation to establish third-party liabilities, or
   g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).

3. The following services are excluded from AHCCCS coverage:
   a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgery;
   b. Pregnancy termination counseling services;
   c. A pregnancy termination, unless authorized under federal law;
   d. A service or item furnished solely for cosmetic purposes;
   e. A hysterectomy, unless determined to be medically necessary; and
   f. Licensed midwife services for prenatal care and home birth.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-206. Organ and Tissue Transplantation Services
The following organ and tissue transplantation services shall be covered for a member as specified in A.R.S. § 36-2989 if prior authorization is granted by the member’s contractor:

1. Kidney transplantation;
2. Simultaneous Kidney/Pancreas transplant;
3. Cornea transplantation;
4. Heart transplantation;
5. Liver transplantation;
6. Autologous and allogeneic bone marrow transplantation;
7. Lung transplantation;
8. Heart-lung transplantation;
9. Other organ transplantation if the transplantation is required by federal law and if other statutory criteria are met; and
10. Immunosuppressant medications, chemotherapy, and other related services.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-207. Dental Services
Medically necessary dental services are provided for children under age 19 under A.R.S. § 36-2989 and R9-22-213.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-208. Laboratory, Radiology, and Medical Imaging Services
An AHCCCS-registered provider shall provide laboratory, radiology, and medical imaging services for children under age 19, under A.R.S. § 36-2989 and R9-22-208.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-209. Pharmaceutical Services
Pharmaceutical services are provided for children under age 19 under R9-22-209.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2).

R9-31-210. Emergency Medical Services
A. Emergency medical services shall be provided based on the prudent layperson standard to a member by licensed providers registered with AHCCCS to provide services under A.R.S. § 36-2989.

B. The provider of emergency services shall verify eligibility and enrollment status through the Administration to determine the need for notification to a contractor or a RBHA for a member and to determine the party responsible for payment of services rendered.

C. Access to an emergency room and emergency medical services shall be available 24 hours per day, seven days per week in
each contractor’s service area. The use of examining or treatment rooms shall be available when required by a physician or practitioner for the provision of emergency services.

D. Behavioral Health Evaluation provided by a psychiatrist or psychologist shall be covered as an emergency service, so long as it meets the requirements of 9 A.A.C. 31, Article 12.

E. Emergency services do not require prior authorization but providers shall comply with the following notification requirements:
   1. Providers and noncontracting providers furnishing emergency services to a member shall notify the member’s contractor within 12 hours of the time the member presents for services;
   2. If a member’s medical condition is determined not to be an emergency medical condition under Article 1 of this Chapter, the provider shall notify the member’s contractor before initiation of treatment and follow the prior authorization requirements and protocol of the contractor regarding treatment of the member’s nonemergency condition. Failure to provide timely notice or comply with prior authorization requirements of the contractor constitutes cause for denial of payment.

F. A provider and a noncontracting provider shall request authorization from a contractor for post stabilization services. A contractor shall pay for the post stabilization services if:
   1. The service is pre-approved by a contractor, or
   2. A contractor does not respond to an authorization request within the time-frame under 42 CFR 438.114.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4740, effective October 1, 2001 (Supp. 01-3).

R9-31-211. Transportation Services
The Administration shall provide transportation services under A.A.C. R9-22-211.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4).

R9-31-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies
As specified in A.R.S. § 36-2989, DME, orthotic and prosthetic devices, and medical supplies, including incontinence briefs, are covered services if provided in compliance with requirements of this Chapter and A.A.C. R9-22-212. For purposes of this Section, where the term “AHCCCS services” is used in R9-22-212, it is replaced with the term “Title XXI services.”

Historical Note

R9-31-213. Health Risk Assessment and Screening Services
A. As authorized by A.R.S. § 36-2989, the following services shall be covered for a member:
   1. Screening services, including:
      a. Comprehensive health, behavioral health and developmental histories;
      b. Comprehensive unclothed physical examination;
      c. Appropriate immunizations according to age and health history; and
      d. Health education, including anticipatory guidance.
   2. Vision services including:
      a. Diagnosis and treatment for defects in vision,
      b. Eye examinations for the provision of prescriptive lenses, and
      c. Provision of prescriptive lenses.
   3. Hearing services, including:
      a. Diagnosis and treatment for defects in hearing,
      b. Testing to determine hearing impairment, and
      c. Provision of hearing aids.

B. All providers of services shall meet the following standards:
   1. Provide services by or under the direction of, the member’s primary care provider or dentist.
   2. Perform tests and examinations as specified in contract and under 42 CFR 441, Subpart B, January 29, 1985, which is incorporated by reference and on file with the Office of the Secretary of State and the Administration. This incorporation by reference contains no future editions or amendments.
   3. Refer members as necessary for dental diagnosis and treatment, and necessary specialty care.
   4. Refer members as necessary for behavioral health evaluation and treatment services as specified in 9 A.A.C. 31, Article 12.

C. A contractor shall meet the following additional conditions for members:
   1. Provide information to members and their parents or guardians concerning services; and
   2. Notify members and their parents or guardians regarding the initiation of screening and subsequent appointments according to the AHCCCS Administration Periodicity Schedule.

D. A contractor, primary care provider, attending physician, or practitioner shall refer a member with special health care needs under A.A.C. R9-7-301 to CRS.

Historical Note

R9-31-214. Reserved

R9-31-215. Other Medical Professional Services
A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office setting:
   1. Dialysis;
   2. The following family planning services if provided to delay or prevent pregnancy:
      a. Medications,
      b. Supplies,
      c. Devices, and
      d. Surgical procedures.
   3. Family planning services are limited to:
      a. Contraceptive counseling, medication, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package.
of sexually transmitted disease tests provided with a family planning service; and
b. Natural family planning education or referral;
4. Midwifery services provided by a nurse practitioner certified in midwifery;
5. Podiatry services if ordered by a member's primary care provider as specified in A.R.S. § 36-2989;
6. Respiratory therapy;
7. Ambulatory and outpatient surgery facilities services;
8. Home health services in A.R.S. § 36-2989;
9. Private or special duty nursing services;
10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology provided under this Article;
11. Total parenteral nutrition services, (which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract);
12. Inpatient chemotherapy;
13. Outpatient chemotherapy; and

B. Prior authorization from the Administration for a member is required for services listed in subsections (A)(4) through (11) and (14); except for:
1. Dialysis shunt placement,
2. Arteriovenous graft placement for dialysis,
3. Angioplasties or thrombectomies of dialysis shunts,
4. Angioplasties or thrombectomies of arteriovenous grafts for dialysis,
5. Eye surgery for the treatment of diabetic retinopathy,
6. Eye surgery for the treatment of glaucoma,
7. Eye surgery for the treatment of macular degeneration,
8. Home health visits following an acute hospitalization (limited up to five visits),
9. Hysteroscopies, (up to two, one before and one after, when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization),
10. Physical therapy subject to the limitation in subsection A.A.C. R9-22-215(C),
11. Facility services related to wound debridement,
12. Apnea management and training for premature babies up to the age of 1, and
13. Other services identified by the Administration through the Provider Participation Agreement.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-216. NF, Alternative HCBS Setting, or HCBS
Services provided in a NF, including room and board, alternative HCBS setting, or HCBS shall be covered as specified in A.A.C. R9-22-216.

Historical Note

ARTICLE 3. ELIGIBILITY AND ENROLLMENT

R9-31-301. Expenditure Limit and Enrollment
Expenditure limit and enrollment
1. Title XXI will accept enrollees subject to the availability of funds. If the Director determines that monies may be insufficient for the program, the Administration shall stop processing applications for the program as specified in A.R.S. § 36-2985.
2. After the Administration has verified that funding is sufficient, it will resume processing applications as specified in A.R.S. § 36-2985.
3. The Administration shall immediately stop processing all applications and shall provide advance notice to a member that the program will terminate under A.R.S. § 36-2985.
4. A child is not entitled to a hearing under Chapter 34, if the program is suspended or terminated.

Historical Note

R9-31-302. General Requirements
A. Administration. The Administration or its designee shall administer the program as specified in A.R.S. § 36-2982. The requirements described under Chapter 22, Article 3, except for R9-22-303, R9-22-305(1), R9-22-306(A)(4)(a) and (b), R9-22-306(B)(2)(b) and (c), R9-22-306(B)(3)(c)(iv), (vii) and (xi), R9-22-306(B)(4), R9-22-306(B)(5) and R9-22-307, apply to this Chapter.

B. Eligibility determination processing time. When an application is complete, the Administration or its designee shall mail notification to the applicant regarding the eligibility determination no more than 30 days from the date of application except when there is an emergency beyond the Administration’s or its designee’s control.

Historical Note

R9-31-303. Eligibility Criteria
Eligibility. To be eligible for the program, an applicant shall meet all the following eligibility requirements in addition to R9-31-302:
1. Age. Is less than 19 years of age. A child's coverage shall continue through the month in which a child turns age 19 if the child is otherwise eligible;
2. Income. Meets the income requirements in R9-31-304;
3. Cost sharing. Pays the cost sharing premium amount when premiums are required as specified in A.R.S. §§ 36-2982 and 36-2903.01;
4. Other federal program. Is not eligible for Medicaid or other federally operated or financed health care insurance program, except the Indian Health Service as specified in A.R.S. § 36-2983;
5. Patient in an institution for mental disease. Is not a patient in an institution for mental disease at the time of application, or at the time of redetermination, as specified in A.R.S. § 36-2983;

6. Other health coverage. Is not covered under:
   a. An employer's group health insurance plan,
   b. Family or individual health insurance, or
   c. Other health insurance;

7. State health benefits. Is not eligible for health benefits coverage under a state health benefit plan based on a family member's employment with a public agency in the state of Arizona;

8. Prior health insurance coverage. Has not been covered by health insurance during the previous 90 days unless that health insurance was discontinued due to the involuntary loss of employment or other involuntary reason as specified in A.R.S. § 36-2983. The 90 days of ineligibility due to previous insurance coverage shall not apply to a child if:
   a. Following the loss of eligibility for and enrollment in Medicaid or another insurance affordability program;
   b. The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income;
   c. The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Exchange because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);
   d. The cost of family coverage that includes the child exceeds 9.5 percent of the household income;
   e. The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan;
   f. A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored health insurance plan;
   g. The child has special health care needs; or
   h. The child lost coverage due to the death or divorce of a parent.

Historical Note

R9-31-305. Verification
Verification. An applicant or a member shall provide the Administration or its designee with verification or authorize the release of verification to the Administration or its designee of all information necessary to complete the determination of eligibility as described under R9-22-304.

Historical Note

R9-31-306. Enrollment
Enrollment requirements applicable to the KidsCare program are described under Chapter 22, Article 17.

Historical Note

R9-31-307. Guaranteed Enrollment
A. Guaranteed Enrollment. A child who is determined eligible for Title XXI shall be guaranteed a one-time, 12-month period of continuous coverage unless a child:
   1. Attains age 19,
   2. Is no longer a resident of the state,
   3. Is an inmate of a public institution,
   4. Is determined to have been ineligible at the time of approval,
   5. Obtains private or group health coverage,
   6. Is adopted and the new household does not meet the qualifications of this program,
   7. Is a patient in an institution for mental diseases,
   8. Has whereabouts that are unknown, or
   9. Has a head of household who:
      a. Does not pay cost sharing premium amount when premiums are required as specified in A.R.S. §§ 36-
2982 and 36-2903.01 and as specified in this Chapter.

b. Voluntarily withdraws from the program, or
c. Fails to cooperate in meeting the requirements of the program.

B. The 12-month guaranteed period shall begin with the month an applicant is initially enrolled.

**Historical Note**


R9-31-308. Changes and Redeterminations

A. Reporting Changes. A member or a member’s parent or guardian shall report the following changes to the Administration or its designee:

1. Any increase in income that will begin or continue into the following month,
2. Any change of address,
3. The addition or departure of a household member,
4. Any health coverage under private or group health insurance,
5. Employment of a member or a parent with a state agency,
6. Incarceration of a member, and
7. Any other changes that may impact eligibility or premiums.

B. Verification. If required verification is needed and requested as a result of a change specified in subsection (A) of this Section to determine the impact on eligibility or premiums and is not received within 10 days, the Administration or its designee shall send a notice to discontinue eligibility for a member unless a member is within the guaranteed enrollment period as specified in R9-31-307.

C. Redeterminations. The renewal eligibility requirements described under R9-22-306 for a KidsCare program member shall be followed.

D. Termination. The termination notice requirements as described under R9-22-307 for a KidsCare program member shall be followed.

**Historical Note**


R9-31-309. Newborn Eligibility

A. Eligibility. A child born to a Title XXI member, is eligible for 12 months of coverage without filing an application under Title XXI provided:

1. The child continues to live with the child's mother during the 12-month period; and
2. One of the events as specified in R9-31-307(A) does not occur.

B. Deemed Coverage. A newborn's deemed newborn coverage shall begin effective with a newborn's date of birth and end with the last day of the month in which a newborn turns age 1. Deemed newborn status does not preclude a child from being approved for Title XIX.

C. Enrollment choice for a newborn. A newborn shall be enrolled with a mother's enrollment choice as specified in contract.

D. Notification of enrollment. The Administration or its designee shall notify a mother of a newborn’s enrollment and provide a mother an opportunity to select an enrollment choice as specified in Chapter 22, Article 17.

**Historical Note**


R9-31-310. Notice Requirements

Notice Requirements. The notice requirements as described in R9-22-312 apply to this Chapter.

**Historical Note**


R9-31-311. Children’s Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an enrolled KidsCare member who is determined to need active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be enrolled with the CRS contractor as described under Chapter 22, Article 13.

**Historical Note**

New Section R9-31-311 made by final rulemaking at 19 A.A.R. 2965, effective November 10, 2013 (Supp. 13-3).

**ARTICLE 4. KIDSCARE II PROGRAM**

R9-31-401. KidsCare II Program

A. Subject to CMS approval and the availability of funding under the special terms and conditions of the 1115 Waiver, the Administration shall establish the KidsCare II program.

B. Subject to the availability of funding, the following children are potentially eligible under this Section notwithstanding the closure of new enrollment under Article 3 on December 21, 2009, due to a lack of available funding:

1. Children with household income at or below 175% of FPL, who are discontinued for eligibility under 9 A.A.C. 22, Article 14, effective on or after May 1, 2012, due to age.
2. Children with household income at or below 175% of FPL, whose application for assistance was denied or discontinued as ineligible under 9 A.A.C. 22 on or after December 21, 2009, but who where determined potentially eligible for KidsCare as of the date of that denial or discontinuance and whose eligibility for KidsCare was not determined because the Administration stopped processing applications due to insufficient funding pursuant to R9-31-301(C).
3. Children not described in subsection (B)(2) with household income at or below 175% of FPL.

C. Beginning on or before May 1, 2012, the Administration shall send notice of potential eligibility under this Section to as many households with children described in subsection (B)(2) as is estimated by the Administration as likely to result in the
Effective date of initial enrollment.

The Administration shall accept the Department’s determination upon referral of an application from the Department, the Administration shall send out additional notices as described in subsection (C).

Households shall have 30 days to return an application to the Department.

If notices that are initially sent under subsection (C) do not result in sufficient applications to enroll as many children as allowed by available funding, the Administration shall require the household to pay the past due premiums as described in R9-31-1420 and, if so, the Administration shall send out additional notices as described in subsection (C).

The Department shall review all applications for a determination of eligibility under 9 A.A.C. 22. If the Department determines that a child is not eligible under 9 A.A.C. 22 but has income at or below 175% of FPL and meets all other eligibility criteria under R9-31-303, the Department shall refer the application to the Administration.

The Administration shall accept the Department’s determinations regarding eligibility criteria without requiring the household to submit a new application under this Section or to re-verify information verified by the Department.

Upon referral of an application from the Department, the Administration shall:

1. Determine whether the application referred by the Department was from a household with a child described in subsection (B)(1) or from a household that received a notice under subsection (D) that submitted an application to the Department within 30 days of the Administration’s request for a new application;
2. Process applications for children described in subsection (B)(3) beginning June 25, 2012;
3. Determine whether the household has any unpaid premiums as described in R9-31-1420 and, if so, the Administration shall require the household to pay the past due premium within 20 days from notification as a condition of determining a child eligible under this Section;
4. Enroll children under this Section based on the date that the Administration determines the child eligible; and
5. Stop processing applications and determining eligibility under this Section once the Administration has enrolled the maximum number of children consistent with funding made available under this Section.

Effective date of initial enrollment.

1. For an eligibility determination completed by the 25th day of the month, enrollment shall begin on the first day of the month following the determination of eligibility.
2. For an eligibility determination completed after the 25th day of the month, enrollment shall begin on the first day of the second month following the determination of eligibility.

Any child who is not determined eligible under subsection (G) shall remain on the waiting list described in R9-31-302(F).

Eligibility for children under this Section ends on December 31, 2013.

Except as otherwise provided by this Section, eligibility shall be determined in accordance with the provisions of this Chapter.

Historical Note


R9-31-402. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-403. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-404. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-405. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-406. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-407. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS


Definitions. In this Chapter, unless the context explicitly requires another meaning terms are defined in R9-31-101 or cross-referenced to the location of the definition.
R9-31-502. Pre-existing Conditions
A contractor shall comply with the pre-existing condition requirements in A.A.C. R9-22-502.

Historical Note

R9-31-503. Repealed

Historical Note

R9-31-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions
A contractor or any person or entity acting as the contractor’s marketing representative shall follow the requirements in A.A.C. R9-22-504.

Historical Note

R9-31-505. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-506. Reserved

R9-31-507. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-508. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-509. Transition and Coordination of Member Care
The Administration or a contractor shall conduct transition and coordination of member care as described in A.A.C. R9-22-509.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-510. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-511. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-512. Release of Safeguarded Information
The Administration, a contractor, provider, and noncontracting provider shall meet the requirements specified in A.A.C. R9-22-512 regarding release of safeguarded information for an applicant or member.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-513. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 11 A.A.R. 4295, effective December 5, 2005 (Supp. 05-4).

R9-31-514. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section
R9-31-525. Reserved

A. The Director has full operational authority to adopt rules and to use the appropriate rules for contract administration and oversight of contractors under A.R.S. § 36-2986. The Administration shall administer the program under A.R.S. § 36-2986.
B. The Administration shall award contracts under A.R.S. § 36-2986 to provide services under A.R.S. § 36-2986.
C. The Administration shall follow the provisions under 9 A.A.C. 22, Article 6 for members, unless otherwise specified in this Chapter.
D. The Administration is exempt from the procurement code under A.R.S. § 36-2988 and § 41-2501.
E. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2986 and dispose of the records under A.R.S. § 41-2550.

R9-31-602. RFP
The RFP for a contractor serving members who qualify for the program shall be under A.R.S. § 36-2986 and A.A.C. R9-22-602.

R9-31-603. Contract Award
The contract award shall be under A.R.S. § 36-2986 and A.A.C. R9-22-603.

R9-31-604. Contract or Proposal Protests; Appeals
Contract or proposal protests or appeals shall be under A.A.C. R9-22-604.

R9-31-605. Waiver of Contractor’s Subcontract with Hospitals
A waiver of a contractor’s subcontract with a hospital shall be under A.A.C. R9-22-605.

R9-31-606. Contract Compliance Sanction
The Administration shall follow sanction provisions under A.A.C. R9-22-606.
ARTICLE 7. STANDARDS FOR PAYMENTS

R9-31-701. Standards for Payments Related Definitions

Definitions. The words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for Title XXI-covered services that meet medical review criteria of the Administration or contractor.

“Medical review” means a review involving clinical judgment of a claim or a request for a service before or after it is paid or rendered to ensure that the services provided to the member are medically necessary and covered services and that the provider obtains required authorizations. The criteria for medical review are established by the contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Outlier” means a hospital claim or encounter in which the Title XXI inpatient hospital days of care have operating costs per day that meet the criteria in A.A.C. R9-22-712.

“Tiered per diem” means a payment structure in which payment is made on a per-day basis depending upon the tier into which the Title XXI inpatient hospital day of care is assigned.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1).

R9-31-702. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-703. Repealed

Historical Note


R9-31-704. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-705. Repealed

Historical Note


R9-31-706. Reserved

Historical Note


R9-31-707. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-708. Reserved

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 452, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).
ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-31-801 through R9-31-803 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-31-801. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-802. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-803. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed; new Section adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

R9-31-804. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3).

Exhibit A. Repealed

Historical Note
New Exhibit adopted by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Exhibit
repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).

ARTICLE 9. REPEALED

R9-31-901. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 12 A.A.R. 4494, effective January 6, 2007 (Supp. 06-4).

ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES

R9-31-1001. Definitions
The definitions in A.R.S. § 36-2981, A.A.C. R9-22-1001, and A.A.C. R9-31-101 apply to this Article.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 5 A.A.R. 3670, effective September 10, 1999 (Supp. 99-3). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1002. General Provisions
AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1003. Cost Avoidance
The provisions in A.A.C. R9-22-1003 apply to this Section except:
1. Replace the reference to “Article 2,” with 9 A.A.C. 31, Article 2; and
2. This Section applies to Title XXI covered services.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1004. Member Participation
The provisions in A.A.C. R9-22-1004 apply to this Section.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1005. Collections
The provisions in A.A.C. R9-22-1005 apply to this Section except:
1. Replace the reference to “Article 2,” with 9 A.A.C. 31, Article 2;
2. This Section applies to Title XXI fee-for-service and reimbursement payments.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1006. AHCCCS Monitoring Responsibilities
With the exception of long-term care insurance, the provisions in A.A.C. R9-22-1006 apply to this Section.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1007. Notification for Perfection, Recording, and Assignment of Title XXI liens
The provisions in A.A.C. R9-22-1007 apply to this Section.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1008. Notification Information for Liens
The provisions in A.A.C. R9-22-1008 apply to this Section.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

R9-31-1009. Notification of Health Insurance Information
The provisions in A.A.C. R9-22-1009 apply to this Section.

Historical Note
New Section made by final rulemaking at 10 A.A.R. 1152, effective May 1, 2004 (Supp. 04-1).

ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS

R9-31-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims
AHCCCS shall use the provisions in 9 A.A.C. 22, Article 11 for the determination and collection of penalties, assessments, and penalties and assessments.

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1102. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1103. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

R9-31-1104. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 10 A.A.R. 3067, effective September 11, 2004 (Supp. 04-3).

ARTICLE 12. BEHAVIORAL HEALTH SERVICES

R9-31-1201. Requirements
The requirements, services and definitions under Chapter 22, Article 2 and Article 12 apply to behavioral health services provided under this Article.
R9-31-1205. Repealed

Historical Note

R9-31-1206. Repealed

Historical Note

R9-31-1207. Repealed

Historical Note

R9-31-1208. Repealed

Historical Note

R9-31-1301. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 3205, effective August 4, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 822, effective April 3, 2004 (Supp. 04-1).
ARTICLE 14. PREMIUMS FOR A CHILD DETERMINED ELIGIBLE UNDER ARTICLE 3

R9-31-1401. Purpose
This Article contains the requirements for the payment of a premium for a child determined eligible under Article 3 of this Chapter to the Administration by a member and the processing of a premium by the Administration.

R9-31-1402. Premium Amount for a Member who is a Child Determined Eligible Under Article 3 of this Chapter
A. For the purposes of this Article, a premium is a monthly amount that an enrolled member pays to the Administration to remain eligible for Title XXI.
B. When the household income is greater than the income limit described under R9-22-1427(D) and less than or equal to 150 percent of the FPL, the monthly premium is $10 for one eligible child and $15 for two or more eligible children.
C. When household income is greater than 150 percent of the FPL and less than or equal to 175 percent of the FPL, the monthly premium payment is $40 for one eligible child and $60 for two or more eligible children.
D. When household income is greater than 175 percent of the FPL and less than or equal to 200 percent of the FPL, the monthly premium is $50 for one eligible child and $70 for two or more eligible children.
E. A household’s premium payments as specified in this Section shall not exceed five percent of a household’s gross income.
F. A member’s newborn is enrolled immediately upon the Administration receiving notification of the child’s birth. Upon enrollment, the household’s premium is redetermined.
G. To remain eligible, the premium amount shall be paid according to this Article.
H. American Indians are exempt from paying premiums.

R9-31-1403. Repealed

Historical Note

R9-31-1404. Hardship Exemption for a Member who is a Child Determined Eligible Under Article 3 of this Chapter
A. Definitions. The following definitions apply to this Section:
1. “Major expense” means the expense is more than 10 percent of the household’s countable income under R9-31-304.

Historical Note
2. “Medically necessary” has the same meaning as defined in A.A.C. R9-22-101.

B. Hardship exemption. The Administration shall provide information to the head of household regarding the request for a hardship exemption. The Administration shall grant a hardship exemption from the disenrollment requirements under A.R.S. § 36-2982 for a household who:
1. Is no longer able to pay the premium due to one of the hardship criteria in subsection (C), and
2. Submits a written request for a hardship exemption and provides all necessary written information at the time of request.

C. Hardship criteria. To be eligible for a hardship exemption, a household shall have:
1. Medically necessary expenses or health insurance premiums that:
   a. Are not covered under Medicaid or other insurance, and
   b. Exceed 10 percent of the household's countable income under R9-31-304;
2. Unanticipated major expense, related to maintaining a residence for the household or transportation for work;
3. A combination of medically necessary expenses under subsection (C)(1) and unanticipated major expenses under subsection (C)(2) that exceed 10 percent of the household’s countable income under R9-31-304; or
4. Experienced the death of a household member during the month the premium was not paid.

D. Written hardship exemption request. The Administration shall not consider a hardship exemption unless the Administration receives the written request and information under subsection (C) by the due date specified in the Administration’s notice that explains the undue hardship exemption requirements.

E. Notification. The Administration shall notify the head of household of the approval or denial of the request for exemption and discontinuance under R9-31-310, no later than 10 days from the date the Administration received the request.

F. Appeal and Request for hearing. The head of household may appeal and request a hearing concerning the discontinuance and denial of the hardship exemption.

Historical Note

R9-31-1407. Repealed

Historical Note
Renumbered from R9-31-1406 and amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1408. Repealed

Historical Note

R9-31-1409. Payment Due Date for Current Month
The monthly premium payment is due on the 15th day of the month for coverage of that month. This would be considered a current payment.

Historical Note

R9-31-1410. Payment Received Date
A payment is considered received on the date that the Administration receives and credits the payment to the member’s account.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1411. Past Due Payment
A. Past due payment date. A payment is considered past due if the Administration receives the payment after the 15th day of the month.
B. Payment not received. If payment for a month is not received in full by the last working day of the month in which the payment is due, the Administration shall include the past and current due amounts in the next billing statement.

Historical Note

R9-31-1412. Payment Type
A premium shall be paid to the Administration by a:
1. Cashier’s check,
2. Personal check,
3. Money order,
4. Electronic debit, or
5. Other form approved by the Administration.

Historical Note
R9-31-1413. Returned Check
The Administration shall not accept a personal check when the premium has been previously paid with a personal check that was returned to the Administration because of insufficient funds.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1414. Payment In Advance
A premium may be paid in advance.

Historical Note
New Section made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1415. Reimbursement of a Premium
A. A premium paid in advance is nonrefundable, unless the member is disenrolled at least 15 days prior to the month of coverage.
B. A premium paid during an appeal and request for hearing process is applied as specified in R9-31-1419.

Historical Note

R9-31-1416. Allocation of Payment for an Eligible Member
Except for payments specified in R9-31-1419 of this Article, all payments received for eligible members shall first be applied to any past due amounts for prior months owed to the Administration for a child determined eligible under Article 3 of this Chapter. Any remaining amounts shall then be applied to the amount due for the current month for a child eligible under Article 3 of this Chapter.

Historical Note

R9-31-1417. Change in Premium Amount
A. When there is a decrease in the premium amount and the change is processed by the 25th day of the month, then the effective date of the change shall begin on first day following the month in which the amount of the premium change is processed.
B. When there is a decrease in the premium amount and the change is processed after the 25th day of the month, then the effective date of the change shall begin on the first day of the second month in which the amount of the premium change is processed.
C. When there is an increase in the premium amount, the effective date of the change shall begin with the first month following advance notice of at least ten days.

Historical Note

R9-31-1418. Discontinuance for Failure to Pay Premium
A. Discontinuance notice. The Administration shall send an adverse action notice to discontinue eligibility if the Administration does not receive the past and current due premium amounts by the 15th day of the current month. The Administration shall follow the discontinuance notice requirements under R9-31-310(B).
B. Discontinuance rescinded. The Administration shall rescind the discontinuance and continue eligibility if the past due amount for at least one prior month is received by the Administration in full before the effective date of the discontinuance.
C. Discontinuance of eligibility. Except as provided in R9-31-1419, the Administration shall discontinue eligibility on the effective date of the discontinuance if the past due amount for at least one prior month is not received by the Administration in full before the effective date of the discontinuance.
D. Notwithstanding subsection (A), the Administration shall not discontinue eligibility for the enrolled members of the household until the Administration has not received, by the 15th day of the month in which the Administration sends the adverse action notice, premium amounts due for the past two months and the current month for persons who:
   1. Have been continuously eligible since June 2004,
   2. Were required to pay a premium under R9-31-1402(B) for the month of July 2004,
   3. Were required to pay any premium under R9-31-1402 for the month of August 2004, and

Historical Note

R9-31-1419. Premium Payment During the Appeal and Request for Hearing Process
A. Discontinuance of eligibility. To receive coverage from the time an appeal and request for hearing is filed for a discontinuance of eligibility until a Director’s decision is made.
   1. A member shall:
      a. File an appeal and request for hearing prior to the effective date of the discontinuance.
      b. Submit the full monthly premium amount to the Administration prior to the date of the discontinuance, and
      c. Continue to pay the full monthly premium amount each month during the hearing process.
   2. Failure of the member to pay the full premium shall result in the loss of eligibility effective the first of the next month.
   3. If the decision is upheld, the Administration shall not refund any premium amounts that have been paid during the hearing process.
B. Increase in premium amount. To stop the Administration from increasing the premium amount from the time an appeal and request for hearing is filed until a Director’s decision is made.
   1. A member shall file an appeal and request for hearing prior to the effective date of the action. The member shall pay the lower premium amount until the decision is made.
   2. If the decision to increase the premium is upheld, the member shall be responsible for paying the higher premium retroactively from the proposed effective date of the increase in the premium amount that is being appealed.
C. Imposition of a premium. To receive coverage from the time an appeal and request for hearing is filed for an imposition of a premium until a Director’s decision is made.
   1. A member shall file an appeal and request for hearing in accordance with the time-frame as specified in R9-34-107.
   2. A member shall pay the premium as billed by the Administration.
   3. If the decision determines the imposition of the premium is incorrect then the premium will be refunded to the member.

D. Method of payment. To continue coverage a member shall pay the premium by:
   1. Cashier’s check,
   2. Money order, or
   3. Other form approved by the Administration.

   Historical Note

R9-31-1420. Payment of a Premium
When a member was discontinued with an unpaid premium, the parent or other responsible person shall pay the past due premium amounts for a child to the Administration or the child will remain ineligible for 90 days before the person can attain eligibility again.

   Historical Note

ARTICLE 15. RESERVED

ARTICLE 16. SERVICES FOR AMERICAN INDIANS

R9-31-1601. General Requirements
A. An American Indian who is a member may receive:
   1. Covered acute care services specified in this Chapter from:
      a. Indian Health Service (IHS) under A.R.S. § 36-2982 if IHS has a signed agreement with the Administration,
      b. A Tribal Facility under A.R.S. § 36-2982,
      c. A contractor under A.R.S. § 36-2901, or
d. An AHCCCS registered provider.
   2. Covered behavioral health care services as specified in this Chapter from:
      a. IHS under A.R.S. § 36-2982 if IHS has a signed agreement with the Administration,
      b. A Tribal Facility under A.R.S. § 36-2982, or
c. A RBHA or TRBHA.
B. IHS, a Tribal facility, or a referred provider shall meet the requirements in this Chapter and A.A.C. Chapter 22, Articles 2 and 7 to receive reimbursement for AHCCCS-covered services. Title 9 A.A.C. 22, Articles 2 and 7 are applicable to reimbursement for AHCCCS-covered services provided to an American Indian member under the KidsCare program, except that the term “IHS,” “Tribal facility,” or “referred provider” is substituted for “provider.”

   Historical Note
Title 9, Ch. 31  Arizona Administrative Code

Arizona Health Care Cost Containment System – Children’s Health Insurance Program

R9-31-1609. Repealed

Historical Note

R9-31-1610. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1611. Repealed

Historical Note

R9-31-1612. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1613. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1614. Repealed

Historical Note

R9-31-1615. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1616. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 4660, effective January 1, 2005 (04-4). Amended by final rulemaking at 11 A.A.R. 3854, effective November 12, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1617. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 2365, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1618. Repealed

Historical Note

R9-31-1619. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 11 A.A.R. 3171, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1620. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3246, effective October 1, 2005 (Supp. 05-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1621. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Ch. 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3350, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).
R9-31-1622. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Chapter 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 5846, effective December 7, 2001 (Supp. 01-4). Section repealed by final rulemaking at 17 A.A.R. 1681, effective August 2, 2011 (Supp. 11-3).

R9-31-1623. Repealed

Historical Note

R9-31-1624. Repealed

Historical Note
Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1998, Chapter 4, § 11, 4th Special Session, effective October 23, 1998 (Supp. 98-4). Section repealed by final rulemaking at 13 A.A.R. 671, effective April 7, 2007 (Supp. 07-1).

R9-31-1625. Repealed

Historical Note

ARTICLE 17. REPEALED

Article 17, consisting of Sections R9-31-1701 through R9-31-1713 and Sections R9-31-1716 through R9-31-1732, repealed by final rulemaking at 20 A.A.R. 248, effective January 7, 2014 (Supp. 14-1).

Article 17, consisting of Sections R9-31-1701 through R9-31-1724, made by exempt rulemaking at 8 A.A.R. 5007, effective January 1, 2003 (Supp. 02-4).

R9-31-1701. Repealed

Historical Note

R9-31-1702. Repealed

Historical Note

R9-31-1703. Repealed

Historical Note

R9-31-1704. Repealed

Historical Note

R9-31-1705. Repealed

Historical Note

R9-31-1706. Repealed

Historical Note

R9-31-1707. Repealed

Historical Note

R9-31-1708. Repealed

Historical Note

R9-31-1709. Repealed

Historical Note

R9-31-1710. Repealed

Historical Note

R9-31-1711. Repealed

Historical Note
R9-31-1712. Repealed

Historical Note

R9-31-1713. Repealed

Historical Note

R9-31-1714. Repealed

Historical Note

R9-31-1715. Repealed

Historical Note

R9-31-1716. Repealed

Historical Note

R9-31-1717. Repealed

Historical Note

R9-31-1718. Repealed

Historical Note

R9-31-1719. Repealed

Historical Note

R9-31-1720. Repealed

Historical Note

R9-31-1721. Repealed

Historical Note

R9-31-1722. Repealed

Historical Note

R9-31-1723. Repealed

Historical Note

R9-31-1724. Repealed

Historical Note

R9-31-1725. Repealed

Historical Note

R9-31-1726. Repealed

Historical Note

R9-31-1727. Repealed

Historical Note

R9-31-1728. Repealed

Historical Note
Arizona Administrative Code

Arizona Health Care Cost Containment System – Children’s Health Insurance Program

R9-31-1729. Repealed

Historical Note

R9-31-1730. Repealed

Historical Note

R9-31-1731. Repealed

Historical Note

R9-31-1732. Repealed

Historical Note

R9-31-1733. Repealed

Historical Note

R9-31-1734. Repealed

Historical Note

R9-31-1735. Repealed

Historical Note