

ALTCS MEMBER BENEFIT CHANGE NOTICE
AMENDED SEPTEMBER 2, 2010

In response to significant fiscal challenges facing the State and continuing growth in the Medicaid population, AHCCCS will implement several changes to the adult benefit package. After 10/1/2010, SCAN Long Term Care will no longer be allowed to pay for certain medical care for anyone who is 21 years old or older.

The medical services that we will no longer cover are:

- Most emergent dental care
- Bone anchored hearing aids and cochlear implants
- Insulin pumps
- Percussive vests
- Orthotics (list of exceptions is on the AHCCCS website)
- Visits to a podiatrist
- Pancreas transplants (except when pancreas transplant and a kidney transplant are done at the same time)
- Lung transplants
- Allogeneic unrelated hematopoietic cell transplants
- Heart transplants for non-ischemic cardiomyopathy
- Liver transplants for persons with hepatitis C
- Well physician visits (see below)
- Microprocessor-controlled prosthetic lower limbs and joints for lower limbs

The medical service that we will now limit is:

- Outpatient Physical Therapy Limit of 15 visits per contract year (10/1 through 9/30)

For more information, visit the AHCCCS website at:

<http://www.azahcccs.gov/reporting/legislation/2010/BenefitChanges.aspx>

If you have a Qualified Medicare Beneficiary (QMB) as a patient, we will continue to pay the Medicare deductible and coinsurance for these services. If they are a dual (Medicare and Medicaid) member but not a QMB, we will not pay the co-pays or coinsurance. These members will be identified by rate code and necessary copays on the AHCCCS eligibility website.

If you have questions, please contact us at SCAN Long Term Care Network Management Services @ 602-778-3350 or you can email us at AZNetMgmt@scanhealthplan.com

**Well visits are no longer covered. Well exams means physical examinations in the absence of any known disease or symptom or any specific medical complaint by the patient precipitating the examination [CPT codes: 99385-99387, 99395-99397 and S5190 OR professional claim (regardless of procedure code) with primary dx of V72.31, V70.0, V70.9]. However, pap smears, mammograms, and colonoscopies will still continue to be covered.*