AHCCCS Health Insurance

KidsCare
Affordable Healthcare For Arizona's Children

2013
Division of Member Services

AHCCCS

Table of Contents

This booklet provides a brief overview of the Arizona Health Care Cost Containment System (AHCCCS); Arizona's Medicaid Agency and State Children's Health Insurance Program (KidsCare). AHCCCS is responsible for providing federal and state funded health insurance to qualifying Arizonans. Click on any of the topics listed below for more information.

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You can find a list of AHCCCS acronyms at:

http://www.azahcccs.gov/shared/acronyms.aspx?ID=community

This information is intended to give an overview of AHCCCS programs and provide sufficient information to facilitate referrals to the appropriate eligibility agencies to apply for one or more of the AHCCCS health insurance programs. The information in this booklet is designed to be viewed on-line and can also be printed.

[1] You must be considered disabled by the Disability Determination Services Administration (this is the same determination made to get disability benefits).

Who Determines Eligibility for AHCCCS

Arizona Department of Economic Security (DES)

DES determines eligibility for families with children, pregnant women and some adults that do not have children.

AHCCCS Administration

AHCCCS determines eligibility for children and parents, the aged, blind and disabled and adults and children in need of long term care.

Social Security Administration (SSA)

The Social Security Administration determines eligibility for people in need of SSI Cash (XVI). In Arizona, SSI Cash recipients are automatically eligible for AHCCCS Health Insurance.

You can find AHCCCS Population Data at:
http://www.azahcccs.gov/reporting/enrollment/population.aspx

Coverage for Children

The charts on the next pages provide information about the following programs:

- KidsCare
- S.O.B.R.A
- Long Term Care (ALTCS)
- Young Adult Transitional Insurance (YATI)

KidsCare*

602-417-5437 (KIDS)
from area codes 480, 602, and 623
From the rest of Arizona: 1-877-764-5437 (KIDS)

Income[1] (Monthly) Family Size	200% FPL[2]
1	$1,915
2	$2,585
3	$3,255
4	$3,925
Additional Person	$670
Resources	No Limit
Special Requirements	• Under Age 19 • Must choose a health plan before being approved.
Other Insurance	• Currently without health insurance. • Not covered by health insurance within the last 3 months. • Not eligible for the State employees health benefits plan.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	If approved by the 25th of the month, eligibility begins the first day of the following month.
Apply at	• On-line using Health-e-Arizona [3] • DES*
Costs	Pay a monthly premium of $10-$70 to cover all eligible children in the household (no premium for Native Americans).
Benefits (covered services)	AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

*The KidsCare Office is unable to approve any new applications. Enrollment in the KidsCare Program has been frozen since January 1, 2010 due to lack of funding for the program, however, customers can still apply. DES will review the application first, to determine if the family may be eligible for AHCCCS Health Insurance. If the children are not eligible for AHCCCS Health Insurance, but it appears they may be eligible for KidsCare, and the family is willing to pay a premium, DES will send their information to the KidsCare Office to add them to the KidsCare waiting list. The waiting list will be prioritized based on the date of the application. The oldest application date will be on the top of the list. If funding becomes available, the KidsCare Office will contact the customer.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

S.O.B.R.A
for Children

602-542-9935
from area codes 480, 602, and 623
From the rest of Arizona 1-800-352-8401

Income[1] (Monthly)	Family Size	140% FPL[2] Age Under 1	133% FPL[2] Age 1-5	100% FPL[2] Age 6-18
	Child living alone	$1,341	$1,274	$958
	Child living with 1 parent	½ of $1,810	½ of $1,720	½ of $1,293
	Child living with 2 parents	1/3 of $2,279	1/3 of $2,165	1/3 of $1,628
Resources		No Limit		
Special Requirements		• Under Age 19. • Must apply for other potential benefits.		
Other Insurance		You may have other insurance and still qualify.		
Citizenship & Immigrant Status		U.S. Citizen or Qualified Immigrant.		
Arizona Residency		Required		
Social Security Number		Required		
Effective Date of Eligibility		First day of the month of application.		
Apply at		• On-line using Health-e-Arizona* • DES		
Costs		No costs		
Benefits (covered services)		• AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet. • Federal Emergency Services for children that do not meet citizenship & immigrant status requirements; You can find a list of covered services on page 28 of this packet.		
Enrollment		Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.		

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level. Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person.

* You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

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Arizona
Long Term Care System
(ALTCS for children)

602-417-7000
from area codes 480, 602, 623
From the rest of Arizona: 1-800-654-8713

Income[1]	300% of the Federal Benefit Rate (FBR)= $2,130.00 (Parents income is not counted)
Resources	• $2,000 • If resources exceed $2,000, the child may be eligible under the SOBRA program and resources are not counted.
Special Requirements	• Blind or Disabled. • Medically eligible - Must need the level of care provided in a Nursing Facility or Intermediate Care Facility for the Mentally Retarded.[2] • Must apply for other potential benefits.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	AHCCCS
Costs	May be required to pay a Share of Cost (Share of Cost is the amount an ALTCS recipient is required to pay toward the cost of long term care services. Only the child's income is counted when calculating the share of cost).
Benefits (covered services)	ALTCS Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	• Customers approved for coverage are enrolled with an ALTCS Program Contractor; You can find more information about enrollment on page 31 of this brochure. • A customer who has been determined by the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) to be eligible for DES/DDD services will have LTC DD DES as the AHCCCS Program Contractor.

[1] This income information is accurate through December 31, 2013.

[2] ALTCS Members do not have to live in a nursing home; many members live at home or in assisted living facilities.

Young Adult Transitional Program (YATI)

602-542-9935
from area codes 480, 602, 623
From the rest of Arizona 1-800-352-8401

Income	No Limit
Resources	No Limit
Special Requirements	• Under Age 21. • In DES foster care on 18th birthday.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	DES
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

Family Coverage

The charts on the next pages provide information about the following programs:

- **AHCCCS For Families and Children**

AHCCCS for Families and Children
(AFC or Section 1931)

602-542-9935
from area codes 480, 602, and 623
From the rest of Arizona 1-800-352-8401

Income[1] (Monthly)	Family Size 1 2 3 4 Additional Person	100% FPL[2] $958 $1,293 $1,628 $1,963 $335
Resources		No Limit
Special Requirements		• Must include a child under age 18, or age 18 if in high school and expects to graduate before their 19th birthday. • Child must be deprived of care and support of at least one parent due to the parent's death, absence, disability, or unemployment/underemployment. • Must apply for other potential benefits.
Other Insurance		You may have other insurance and still qualify.
Citizenship & Immigrant Status		U.S Citizen or Qualified Immigrant.
Arizona Residency		Required
Social Security Number		Required
Effective Date of Eligibility		First day of the month of application.
Apply at		• On-line using Health-e-Arizona [3] • DES
Costs		$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)		• AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet. • Federal Emergency Services for family members who do not meet citizenship & immigrant status requirements; You can find a list of covered services on page 28 of this packet.
Enrollment		Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Coverage for Women Only

The charts on the next pages provide information about the following programs:

- S.O.B.R.A for Pregnant Women
- S.O.B.R.A Family Planning Services
- Breast and Cervical Cancer Treatment Program (BCCTP)

S.O.B.R.A
for Pregnant Women

602-542-9935
for area codes 480, 602, 623
From the rest of Arizona 1-800-352-8401

Income[1] (Monthly)	Pregnant with…	And lives with…[2]	150% FPL[3]
	Single	No parents, no spouse	$1,939
		Spouse or 1 parent	$1,628
		2 parents	$1,472
	Twins	No parents, no spouse	$2,442
		Spouse or 1 parent	$2,208
		2 parents	$2,068
	Triplets	No parents, no spouse	$2,944
		Spouse or 1 parent	$2,757
		2 parents	$2,633
Resources		No Limit	
Special Requirements		• Pregnant • Must apply for other potential benefits.	
Other Insurance		You may have other insurance and still qualify.	
Citizenship & Immigrant Status		U.S. Citizenship or Qualified Immigrant.	
Arizona Residency		Required	
Social Security Number		Required	
Effective Date of Eligibility		First day of the month of application.	
Apply at		• On-line using Health-e-Arizona[4] • DES	
Costs		No costs	
Benefits (covered services)		• AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet. • Federal Emergency Services for women who do not meet citizenship & immigrant status requirements; You can find a list of covered services on page 28 of this packet.	
Enrollment		Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.	

[1] This income information is accurate through March 31, 2014

[2] The family includes only the pregnant woman and her spouse, or if the pregnant woman is under 18, her parent or parents.

[3] Federal Poverty Level Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person

[4] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

SOBRA
Family Planning Services

602-542-9935
from area codes 480, 602, 623
From the rest of Arizona: 1-800-352-8401

Income[1]	No Limit for the first 12 months.
Resources	No Limit
Special Requirements	• Automatic[2] eligibility after 6 week post-partum period with eligibility as a SOBRA Pregnant Woman post-partum coverage. • Can not apply for this category; only deemed eligible if not receiving other health insurance coverage.
Other Insurance	Currently without health insurance.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	Automatic eligibility after 6 week post-partum period with eligibility as a SOBRA Pregnant Woman post-partum coverage.
Apply at	DES
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	Covers family planning services only; A description of family planning services can be found on page 28 of this packet.
Enrollment	You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through March 31, 2014

[2] Some exceptions:

- Whereabouts are unknown;
- Fails to provide information;
- Becomes an inmate of a public institution;
- Moves out-of-state;
- Has creditable coverage;
- Fails to meet the documentation requirements for U.S. citizenship or legal alien status;
- Becomes eligible for Medicaid or KidsCare; or
- Becomes sterile;

Breast and Cervical Cancer Treatment Program (BCCTP)

602-417-5010
from area codes 480, 602, and 623
From the rest of Arizona: 1-800-528-0142

Income (Monthly)	There is no Medicaid eligibility income limit established for BCCTP. The requirement is to be screened under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection program, which has an income limit of 250% FPL.
Resources	No Limit
Special Requirements	• Under age 65 • Screened through ADHS Well Women Health check or Native American Programs of the National Breast and Cervical Cancer Early Detection Program. • Diagnosed as needing treatment for breast or cervical cancer or pre-cancerous cervical lesions.
Other Insurance	No other health insurance coverage or Medicare.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	BCCTP eligibility begins on the latter of: • The first day of the application month; or • The first day of the first month in which the woman meets all the BCCTP eligibility requirements.
Apply at	AHCCCS
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

Coverage for Individual Adults Under Age 65, Not Blind or Disabled

The charts on the next pages provide information about following program:

- AHCCCS Care

AHCCCS Care

602-542-9935
from area codes 480, 602, 623
From the rest of Arizona: 1-800-352-8401

Income[1] (Monthly) Family Size	100% FPL[2]
1 (Applicant; no spouse)	$958
2 (Applicant living with spouse)	$1,293
Resources	No Limit
Special Requirements	Must apply for other potential benefits.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	• On-line using Health-e-Arizona[3] • DES
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Coverage for Age 65 or older, Blind or Disabled Adults

The charts on the next pages provide information about the following programs:

- SSI Cash
- SSI Medical Assistance Only (SSI MAO)
- Arizona Long Term Care System (ALTCS)
- Freedom to Work (FTW)

Title XVI
SSI Cash

The Social Security Administration determines eligibility for people in need of SSI Cash (XVI). In Arizona, SSI Cash recipients are automatically eligible for AHCCCS Health Insurance.

1-800-772-1213

Income[1] (monthly) Family Size	100% FBR[2]
1 2	$710 +$20 disregard $1,066 +$20 disregard
Resources	$2,000 single $3,000 married
Special Requirements	• Age 65 or older or Disabled[3] or Blind. • Must apply for potential benefits.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	Social Security Administration.
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through December 31, 2013

[2] Federal Benefit Rate

[3] You must be considered disabled by the Disability Determination Services Administration (this is the same determination made to get disability benefits).

SSI Medical Assistance Only
(SSI MAO)

602-417-5010
from area codes 480, 602, and 623
From the rest of Arizona: 1-800-528-0142

Income[1] (monthly) Family Size	100% FPL[2]
1 2	$958 $1,293
Resources	No Limit
Special Requirements	• Age 65 or older or Disabled[3] or Blind. • Must apply for potential benefits.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizenship or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	• On-line using Health-e-Arizona [4] • AHCCCS
Costs	$1 co-pay for a physician's office visit or non-emergency use of the emergency room.
Benefits (covered services)	• AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet. • Federal Emergency Services for customers who do not meet citizenship and immigrant status requirements; You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan; You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You must be considered disabled by the Disability Determination Services Administration (this is the same determination made to get disability benefits).

[4] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Arizona Long Term Care System (ALTCS)

602-417-7000
from area codes 480, 602, 623
From the rest of Arizona: 1-800-654-8713

Income[1] (Monthly)	300% of the Federal Benefit Rate = $2,130.00
Resources	$2,000 Single Higher resource limits apply to legally married ALTCS applicants who have a spouse living in the community.
Special Requirements	• Age 65 or older or Disabled or Blind. • Medically eligible - Must need the level of care provided in a Nursing Facility or Intermediate Care Facility for the Mentally Retarded.[2] • Must apply for potential benefits.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	AHCCCS
Costs	May be required to pay a Share of Cost (Share of Cost is the amount an ALTCS recipient is required to pay toward the cost of long term care services).
Benefits (covered services)	ALTCS Service Package; You can find a list of covered services on page 28 of this packet.
Enrollment	• Customers approved for coverage are enrolled with an ALTCS Program Contractor; You can find more information about enrollment on page 31 of this brochure. • A customer who has been determined by the Department of Economic Security, Division of Developmental Disabilities (DES/DDD) to be eligible for DES/DDD services will have LTC DD DES as the AHCCCS Program Contractor.

[1] This income information is accurate through December 31, 2013

[2] ALTCS members do not have to live in a nursing home; many members live at home or in assisted living facilities.

AHCCCS
Freedom to Work

602-417-6677
from area codes 480, 602, and 623
From the rest of Arizona: 1-800-654-8713-option 6

Income[1]	250% FPL[2] $2,394
Resources	No Limit
Special Requirements	• Ineligible for services under other AHCCCS programs • Working • Age 16-65 • Disabled[3] • Willing to pay a premium
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month in which found eligible not to start before the first day of the month of application.
Apply at	• On-line using Health-e-Arizona[4] • AHCCCS
Costs	• Monthly premium from $0 to $35. • $1 co-pay for a physician's office visit or non-emergency use of the emergency room. • May be required to pay a Share of Cost (Share of Cost is the amount an ALTCS recipient is required to pay toward the cost of long term care services).
Benefits (covered services)	• AHCCCS Medical Service Package; You can find a list of covered services on page 28 of this packet. • ALTCS Service Package (if medically eligible); You can find a list of covered services on page 28 of this packet.
Enrollment	Customers approved for coverage are enrolled in an AHCCCS health plan or with a program contractor (if approved for ALTCS); You can find more information about enrollment on page 31 of this brochure.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level; only the applicant's earned income is counted.

[3] You must be considered disabled by the Disability Determination Services Administration.

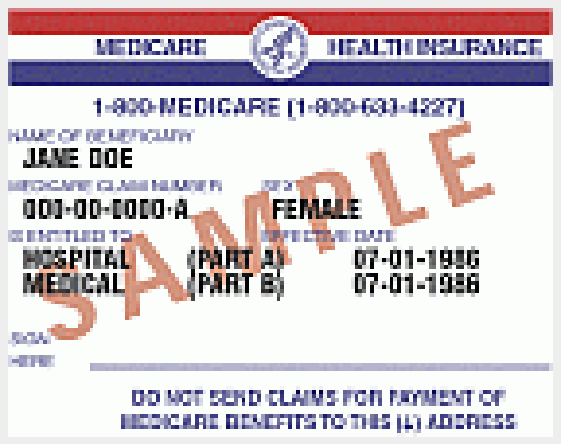
[4] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Help with Medicare Costs

The charts on the next pages provide information about the following programs:

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Beneficiary (SLMB)
- Qualified Individual (QI)



Medicare Savings Program
Qualified Medicare Beneficiary (QMB)

602-417-5010
from area codes 480, 602, 623
From the rest of Arizona: 1-800-528-0142

Income[1] Individual Couple	100% FPL[2] $958 $1,293
Resources	No Limit
Special Requirements	Covered by or conditionally eligible for Medicare Part A.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	The month following the month eligibility is determined.
Apply at	• On-line using Health-e-Arizona [3] • AHCCCS
Costs	No costs
Benefits (covered services)	• AHCCCS pays Medicare Premiums, co-payments and deductibles. • Could be eligible for SSI MAO Full Services[4].
Enrollment	No enrollment

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

[4] You can find more information about SSI MAO on page 20 of this brochure.

Medicare Savings Program
Specified Low-Income Beneficiary (SLMB)

602-417-5010
from area codes 480, 602, 623
From the rest of Arizona: 1-800-528-0142

Income[1] Individual Couple	100% - 120% FPL[2] $958.01 - $1,149 $1,293.01 - $1,551
Resources	No Limit
Special Requirements	Covered by Medicare Part A.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Eligibility Effective Date	First day of the month of application.
Apply at	• On-line using Health-e-Arizona[3] • AHCCCS
Costs	No costs
Benefits (covered services)	AHCCCS pays the Medicare Part B Premium (generally $99.90 per month).
Enrollment	No enrollment

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Medicare Savings Program
Qualified Individual
(QI)

602-417-5010
from area codes 480, 602, 623
From the rest of Arizona: 1-800-528-0142

Income[1] (monthly) Individual Couple	120% - 135% FPL[2] $1,149.01 – $1,293 $1,551.01 - $1,745
Resources	No Limit
Special Requirements	Covered by Medicare Part A.
Other Insurance	You may have other insurance and still qualify.
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant.
Arizona Residency	Required
Social Security Number	Required
Effective Date of Eligibility	First day of the month of application.
Apply at	• On-line using Health-e-Arizona [3] • AHCCCS
Costs	No costs
Benefits (covered services)	AHCCCS pays the Medicare Part B Premium.
Enrollment	No enrollment.

[1] This income information is accurate through March 31, 2014

[2] Federal Poverty Level

[3] You can apply online for AHCCCS Health Insurance, KidsCare, Nutrition Assistance and Cash Assistance using Health-e-Arizona. You can apply for yourself, your family, or someone close to you. Health-e-Arizona will screen your application based on the information you entered and send your application to an office for a decision.

You may be able to reduce office visits and postage delays by using Health-e-Arizona.

Application Process

Applying

An applicant may submit an application:

- On-line at: www.Healthearizona.org
- In person
- By mail
- By phone (for ALTCS only)
- A representative may submit an application on behalf of the applicant.

Interviews

Some programs require an in-person or telephone interview with an Eligibility Specialist. An Eligibility Specialist will review your application. They will contact you if they need more information.

The Customer Contact process is communication with a customer without the necessity of a face-to-face interview. The means of communication includes, but is not limited to, any of the following:

- In person
- In writing
- Via email
- Via fax
- Via telephone

The purpose of the Customer Contact is to complete all of the following, when needed:

- Obtain verification
- Resolve discrepancies
- Obtain any information necessary to complete a quality eligibility determination

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Health Plan Selection

Applicants select a health plan or a long term care program contractor and specify the choice on the application or to the Eligibility Specialist during the application process. The applicant can also call the AHCCCS Communication Center to select the health plan or program contractor at **602-417-7100** (Outside Maricopa County **1-800-962-6690**).

- An AHCCCS health plan is like a Health Maintenance Organization (HMO).
- The health plan works with health care providers (doctors, hospitals, pharmacies, etc) to provide all AHCCCS covered services.
- The health plan will send a Member Handbook when a member is enrolled.
- The phone number for member or customer services can be found in the Member Handbook and on the AHCCCS ID Card.
- A member can call the health plan with questions about benefits or services or to request interpreter services or an accommodation for a disability.

We can help you if you have any questions about enrolling with an AHCCCS health plan, need an interpreter, or if you are visually or hearing impaired and need special accommodations to choose a health plan or to understand the information. If you are calling from area codes 480, 602 or 623 call **(602) 417-7100** or **TDD (602) 417-4191** or from area codes 520 or 928 call toll free at **1-800-962-6690** or **TDD 1-800-826-5140**.

You can find a list of AHCCCS Health Plans at:
https://azweb.statemedicaid.us/healthplanlinks/searchresults.asp?type=2

AHCCCS Medical Services members have a choice of health plans:

- Exception: Individuals with a break of less than 90 days since last enrolled will be re-enrolled in their previous health plan if it is available.
- Exception: Children in Foster Care are enrolled with the DES Comprehensive Medical and Dental Program (CMDP).
- Native Americans may choose American Indian Health Program or an AHCCCS Health Plan.

ALTCS members are enrolled with a program contractor based on the county of fiscal responsibility. ALTCS members in Maricopa County have a choice of program contractors.

- Exception: Individuals with developmental disabilities are enrolled with DES Division of Developmental Disabilities.
- Exception: Native Americans on-reservation are enrolled with a Tribe or other contractor.

You can find a list of AHCCCS Program Contractors at:
https://azweb.statemedicaid.us/healthplanlinks/searchresults.asp?type=2

A member who does not choose a health plan or program contractor will be assigned one.

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Covered Services

*The **AHCCCS Medical Service Package** includes the following services:*

- Wellness visits for individuals under age 21;
- Specialist care;
- Hospital services;
- Emergency care;
- Pregnancy care;
- Surgery;
- Immunizations;
- Family planning;
- Lab and x-rays;
- Prescriptions;
- Dialysis;
- Annual Well Woman exams;
- Transportation to doctor;
- Glasses;
- Vision exams;
- Dental services;
- Hearing exams;
- Hearing aids; and
- Behavioral health.

Note: This is a partial list of covered medical services. Some exceptions apply. A complete description of services is explained when the customer is enrolled with a health plan.

*The **full ALTCS service package** includes the following services:*

- Case Management;
- Medical Services;
- Behavioral Health Services;
- Family Planning Services;
- Long Term Care Services;
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services for Medicaid eligible children under age 21; and
- Payment of the Part B Medicare premium (for individuals receiving Medicare Part B, except those eligible under AHCCCS Freedom to Work)

Note: This is a partial list of covered ALTCS services. Some exceptions apply. A complete description of services is explained when the customer is enrolled with a program contractor.

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Covered Services (continued)

Family Planning Services *includes the following:*

- Contraceptive counseling, medication and supplies;
- Associated medical and laboratory examinations;
- Treatment of complications resulting from contraceptive use;
- Natural family planning education;
- Postcoital emergency oral contraception within 72 hours after unprotected sexual intercourse;
- Pregnancy screening;
- Screening and treatment for sexually transmitted diseases; and
- Sterilization for both men and women.

Emergency Services *are limited to services that are required to treat an emergency medical condition.*

Emergency services are services that:

- Are medically necessary, and
- Result from a medical condition (including labor and delivery) or behavioral health condition manifesting itself by acute symptoms of sufficient severity, including severe pain, and
- Which in the absence of immediate medical attention, is reasonably likely to result in at least one of the following:
  -Placing the individual's health in serious jeopardy, or
  -Serious impairment to bodily functions, or
  -Serious dysfunction of any bodily organ or part, or
  -Serious physical harm to another person.

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Documentation

- The Eligibility Specialist obtains verification of eligibility requirements from the applicant or the applicant's representative or through collateral contacts (written or by phone). Verification requirements differ by program.

- ALTCS applicants must meet medical eligibility requirements.

- US citizens applying for AHCCCS must document citizenship and identity during the application process. Applicants will not be approved until all documentation is provided to AHCCCS or DES. AHCCCS/DES can help verify citizenship for applicants born in Arizona.

For more information about citizenship documentation requirements, visit:
http://www.azahcccs.gov/community/Downloads/resources/CitizenshipFactSheet.pdf

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Eligibility Determination

The Eligibility Specialist:

- Determines the applicant's eligibility;
- Determines the Share of Cost an ALTCS member must pay toward long term care services;
- Determines the monthly premiums for KidsCare or Freedom to Work;
- Issues a written notice informing the applicant of the decision.

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Enrollment

After approval, members who are enrolled with a health plan or program contractor can expect the following:

Enrollment with a Health Plan:

- An AHCCCS ID Card is issued to a member who has not been eligible within the last 12 months. The health plan's name and telephone number are on the ID card. The appropriate Regional Behavioral Health Authority telephone number is also listed.
- An AHCCCS member may choose a primary care physician (PCP) or the health plan will assign one.
- The health plan sends the member a Member Handbook explaining how to obtain health plan services.

Enrollment with a Program Contractor:

- The program contractor gives the customer written information about their organization.
- The customer chooses the doctor he or she prefers as a primary care physician (PCP) from the program contractor's list of participating physicians. If the customer does not choose a PCP, one is assigned. The primary care physician coordinated care and acts as a gatekeeper. If the customer's current doctor is a member of the program contractor's network, the customer does not need to change doctors.
- A case manager assigned by the program contractor contacts the customer and the customer's representative soon after enrollment to establish a service plan that best meets the customer's needs. Input from the customer and the customer's family is encouraged.
- The customer receives an ID card in the mail that includes the name and phone number of the program contractor. The customer presents this ID card whenever medical services are requested or provided (e.g., doctors offices, hospitals, labs and pharmacies).
- All developmentally disabled ALTCS customers are enrolled with the Division of Developmental Disabilities.

Not all customers are enrolled with an AHCCCS health plan or program contractor. AHCCCS Medical Services are provided on a **Fee For Service** basis when the customer:

- Is eligible for Federal Emergency Services,
- Is QMB Only; AHCCCSA pays all QMB benefits for a customer who receives QMB, and is not approved for either the AHCCCS Medical Services Package or the Long Term Care Service Package,
- Enrolls with American Indian Health Program; or
- Has less than 30 days of prospective eligibility.

Click on the link below for the AHCCCS Eligibility Requirements Chart
http://www.azahcccs.gov/community/Downloads/resources/EligibilityRequirements.pdf