

Chapter 2

Eligibility



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OVERVIEW

All Arizona residents can apply for the AHCCCS services or the Arizona Long Term Care System (ALTCS) programs. There are many programs that individuals may qualify for in order to receive AHCCCS or ALTCS coverage.

The programs have a number of different financial and non-financial requirements that applicants must meet, including, but not limited to:

- Proof of Arizona residency at the time of application
- Proof of U.S. citizenship and identity or proof of qualified alien status

- An income test that requires applicants to provide documentation of all family earned and unearned income
- A resource test that requires applicants to identify resources (e.g., homes, other property, liquid assets, vehicles, and any other item of value) and provide documentation of their value
 - ✓ **NOTE:** A resource test is only required for the ALTCS and Medical Expense Deduction (MED) programs.
- Other requirements
 - ✓ Each program has certain non-financial and/or financial requirements, such as age, disability, pregnancy, medical “spenddown” or other household requirements that are unique to the program, and are aimed at serving specific groups of people.

ELIGIBILITY

Eligibility determination is not performed under one roof but by various agencies, depending on the category.

For example, pregnant women, families, children and many individuals usually enter AHCCCS by way of the Department of Economic Security. The blind, aged or disabled who receive Supplemental Security Income enter through the Social Security Administration. Eligibility for categories such as ALTCS, SSI – Medical Assistance Only (aged, blind and disabled who do not qualify for Supplemental Security Income cash payment), KidsCare, , Freedom to Work, Breast and Cervical Cancer, and Medicare Cost Sharing programs is handled by the AHCCCS Administration.

Each eligibility category has its own income and resource criteria.

**AHCCCS provides family coverage under the following eligibility categories:**

- AHCCCS for Families and Children (AFC)
- Medical Expense Deduction (MED)

Coverage for children is provided under the following eligibility categories:

- ALTCS
- KidsCare
 - ✓ KidsCare is Arizona's version of the Title XXI State Children's Health Insurance Program.
 - ✓ It covers low-income children under age 19 if the family income is less than 200 per cent of federal poverty level (FPL).
- SOBRA
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- Family Planning Services (FPS)
 - Provides family planning services only for up to 24 months to SOBRA pregnant women after a 60 day post partum period.
- SSI Cash (Title XVI) or SSI MAO
- Young Adult Transitional Insurance (YATI)
- Foster care children
- Newborns

All babies born to AHCCCS-eligible mothers are also deemed to be AHCCCS eligible and remain eligible for up to one year if the newborn continues to reside in Arizona.

Newborns born to mothers enrolled in KidsCare will be approved for KidsCare beginning with the newborn's date of birth unless the child is Medicaid eligible.

Newborns receive separate AHCCCS ID numbers, and services for them must be billed separately using the newborn's ID. Services for a newborn that are included on the mother's claim will be denied.



Coverage for single individuals and couples is provided under the following eligibility categories:

- ALTCS
- Breast and Cervical Cancer Treatment Program
- Medical Expense Deduction (MED)
- SOBRA Pregnant Women
- SSI Cash (Title XVI) or SSI MAO
- AHCCCS Care
- Freedom to Work

Various Medicare cost sharing programs help recipients pay Medicare premiums, deductibles, coinsurance, and co-payments.

- Qualified Medicare Beneficiary (QMB)
- Qualified Individual 1 (QI-1)
- Specified Low Income Medicare Beneficiary (SLMB)

COVERAGE OUT OF STATE

A recipient who is temporarily out of the state but still a resident of Arizona is entitled to receive AHCCCS benefits under one of the following conditions:

- Medical services are required because of a medical emergency.
 - ✓ Documentation of the emergency must be submitted with the claim to AHCCCS.
- The recipient requires a particular treatment that can only be obtained in another state.
- The recipient has a chronic illness necessitating treatment during a temporary absence from the state or the recipient's condition must be stabilized before returning to the state.

Services furnished to AHCCCS members outside the United States are not covered.



ELIGIBILITY EFFECTIVE DATES

The following general guidelines apply to eligibility effective dates:

- ☑ For most recipients, eligibility is effective from the first day of the month of application or the first day of the month in which the recipient meets the qualifications for the program, whichever is later.
- ☑ For recipients eligible under Medical Expense Deduction - Spenddown, eligibility is effective on the date the individual meets spenddown or the first day of the month of application, whichever is later.
- ☑ For KidsCare recipients, if the eligibility determination is completed by the 25th day of the month, eligibility begins on the first day of the following month. For eligibility determinations completed after the 25th day of the month, eligibility begins on the first day of the second month following the determination of eligibility.

Enrollment

AHCCCS *pre-enrolls* most acute care recipients with contractors of their choice when they apply for eligibility **through DES** and the Social Security Administration. Each recipient who applies at a DES or SSA office receives information about the contractors available to him/her.

ALTCS applicants in Maricopa County and all SSI-MAO applicants also have the opportunity to select a contractor during the application process.

KidsCare applicants may choose a contractor prior to approval of their application.

Because the recipient can select a contractor while the eligibility decision is pending, he or she is enrolled on the same day he or she is determined eligible. A recipient who does not choose a contractor is auto-assigned to a contractor on the same day that his or her eligibility is posted in the AHCCCS system. The person then has 30 days to enroll with a different contractor if they wish.

Contractors are responsible for reimbursing providers for covered services rendered to recipients during the *prior period coverage* (PPC) time frame. The PPC is the period between the recipient's starting date of AHCCCS eligibility and the date of enrollment with a contractor.



VERIFYING AHCCCS ELIGIBILITY AND ENROLLMENT

Even if a recipient presents an AHCCCS ID card or a decision letter from an eligibility agency, you must always verify the recipient's eligibility and enrollment status.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as information is updated in the system. Eligibility categories also may change or be overridden by other eligibility categories.

Providers may use any one of several verification processes to obtain eligibility, enrollment, and TPL information (if available).

- ✓ AHCCCS has developed a Web application that allows providers to verify eligibility and enrollment using the Internet. Providers also can obtain Medicare/TPL information for a recipient. To create an account and begin using this application, providers must go to <https://azweb.statemedicaid.us>.
For technical support when creating an account, providers should call (602) 417-4451.
- ✓ The Medical Electronic Verification System (MEVS) uses “swipe card” technology. Plastic recipient identification cards with a magnetically encoded strip enables providers to “swipe” the card through a card reader, similar to using credit and debit cards in stores. For information on MEVS, contact one of the MEVS vendors:
Web MD 1-800-366-5716
Medifax EDI 1-800-444-4336
- ✓ The *Interactive Voice Response System (IVR)* allows an unlimited number of verifications by entering information on a touch-tone telephone. Providers may call IVR at:
Phoenix: (601) 417-7200
All others: 1-800-331-5090
- ✓ The on-line *Eligibility Verification System (EVS)* allows providers to use a PC or terminal to access eligibility and enrollment information. For information on EVS, contact:
Web MD 1-800-366-5716
Medifax EDI 1-800-444-4336



- ✓ If a provider cannot use MEVS, IVR, website or EVS, the provider should contact the AHCCCS verification unit.

The unit is staffed from 8:00 a.m. to 5:00 p.m., Monday through Friday

To contact the AHCCCS verification Unit, call:

Phoenix: (602) 471-7000

All others: 1-800-962-6690

Providers should be prepared to give the operator the following information:

- NPI/Provider ID number
- Recipients name, date of birth, and AHCCCS ID number
- Dates of Service



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