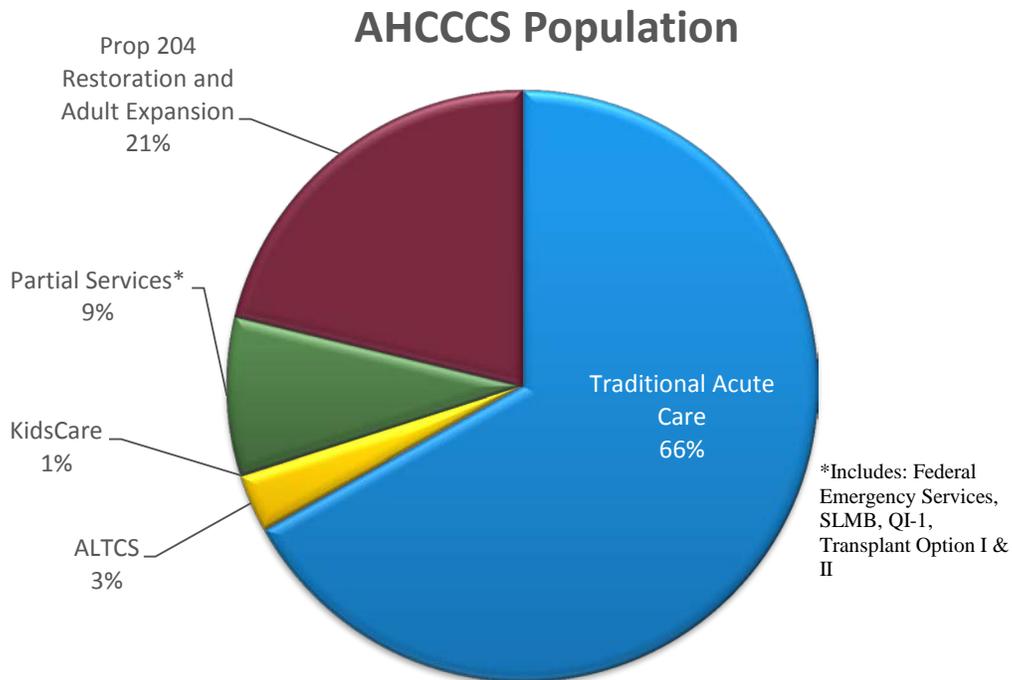


## AHCCCS 101

The Arizona Health Care Cost Containment System (AHCCCS), the State’s Medicaid Agency, uses federal, state, and county funds to provide health care coverage to the State’s Acute and Long-Term Care Medicaid populations. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal 1115 Research and Demonstration Waiver that allows for a public-private partnership in the operation of a mandatory managed care model.

AHCCCS makes prospective capitation payments to 17 contracted health plans, known as Managed Care Organizations (MCOs), responsible for the delivery of care to members. All Medicaid members are enrolled in an MCO, except American Indians/Alaska Natives (AI/AN), who may choose to receive services through either the contracted health plans or the American Indian Health Program (AIHP), and individuals who, as required by federal law, qualify for Federal Emergency Services (FES), which provides only emergency services. The result is a managed care system that mainstreams recipients, allows members to select their providers, and encourages quality care and preventive services. In 2014, an enrollment freeze on the Childless Adult population between 0-100% of the Federal Poverty Level (FPL) was lifted and AHCCCS eligibility for adults 100-133% FPL was implemented. On September 1, 2016, an enrollment freeze on the KidsCare program was lifted that had been in effect since January 2010, which is expected to cover 30,000-40,000 children from 139-200% FPL.

### AHCCCS Population



**Table 1 AHCCCS Programs**

Program	Number Recipients	Percent Recipients
AHCCCS Acute Care*	1,668,646	88%
Arizona Long Term Care System (ALTCS)	58,665	3%
KidsCare	5,911	1%
Partial Services**	167,570	9%
<b>TOTAL</b>	<b>1,900,792</b>	<b>100%</b>

As of October 1, 2016

([https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2016/Oct/AHCCCS\\_Population\\_Highlights.pdf](https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2016/Oct/AHCCCS_Population_Highlights.pdf))

\* Includes members receiving behavioral health services

\*\*Includes: Federal Emergency Services, SLMB, QI-1, Transplant Option I & II

## AHCCCS Acute Care

The Acute Care Program includes services for children and pregnant women who qualify for the federal Medicaid Program (Title XIX), as well as childless adults and families. Although most AHCCCS members are required to enroll in contracted health plans, American Indians and Alaska Natives in the Acute Care Program may choose to receive services through either the contracted health plans or AIHP. The Acute Care Program also includes behavioral health benefits largely administered through Regional Behavioral Health Authorities (RBHAs) that manage the full physical and behavioral health benefit for persons with a serious mental illness (SMI). All AHCCCS acute MCOs also must be Dual Eligible Special Needs Plans (D-SNPs) to serve members who are eligible for both Medicaid and Medicare.

## ALTCS

The Arizona Long Term Care System (ALTCS) provides acute care, behavioral health services, long-term care services and supports, and case management to individuals who are Elderly and Physically Disabled (EPD), as well as persons with Developmental Disabilities (DD), and meet the criteria for being at risk of institutionalization. Whereas ALTCS members account for less than 4% of the AHCCCS population, they account for approximately 26% of the costs. The ALTCS program encourages delivery of care in alternative residential settings with 84% of ALTCS members receiving care at home or in the community. As in the Acute Care Program, all ALTCS members receive care through contracted plans, including individuals dually eligible for Medicare and Medicaid.

## KidsCare

The Children's Health Insurance Program (CHIP), known as KidsCare in Arizona, offers affordable insurance coverage for low income families. Children under age 19 may qualify for the program if their family's income exceeds the limit allowed for Medicaid eligibility, but is below 200% FPL. Due to ongoing budget constraints as a result of the Great Recession, an enrollment freeze was instituted in January, 2010. On May 6, 2016 Governor Ducey signed SB 1457, which lifted the KidsCare enrollment freeze. Coverage was made effective beginning September 1, 2016.