

AHCCCS publishes this eligibility dashboard on the 10th of each month to provide details of the regular renewal process that began in Arizona in February 2023, with the first discontinuances occurring in April.

When the public health emergency (PHE) began in March 2020, AHCCCS continued its renewal process but suspended most disenrollments. Consequently, AHCCCS enrollment grew by approximately 35% during the PHE.

The dashboard reports overall renewal activity for all members, and detailed renewal information about the Covid Override group. During the PHE, if AHCCCS received information that a member was factually ineligible (no longer met eligibility criteria) or procedurally ineligible (failed to respond to requests for information), that member retained medical coverage and was identified as part of the Covid Override group.

Renewals for members in the Covid Override group will be completed in nine months (April - December 2023). A portion of the Covid Override group will be initiated each month, prioritizing factually ineligible, followed by procedurally ineligible, in date order from the oldest application date forward.

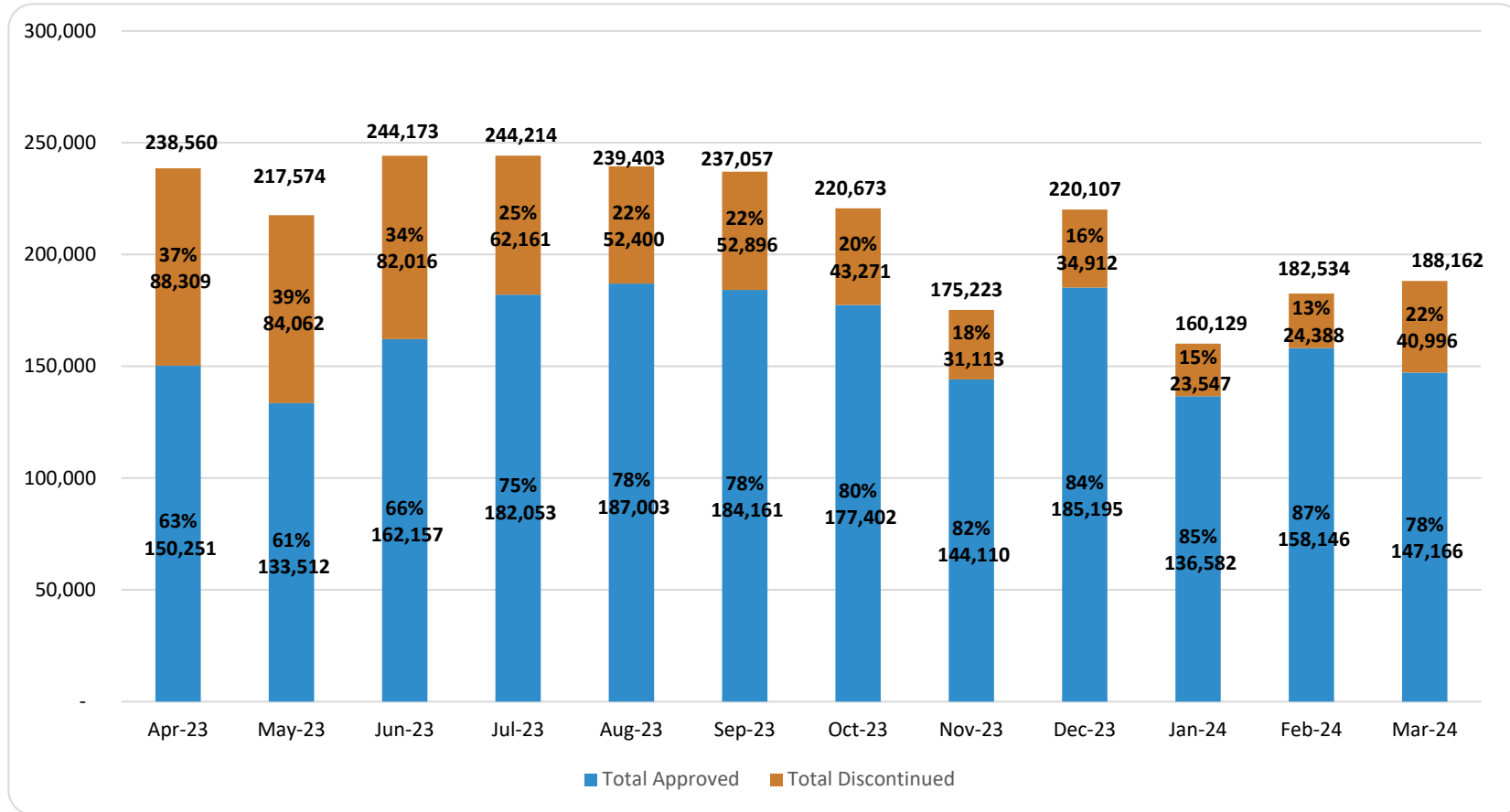
Between April 2023 and March 2024, eligibility for every AHCCCS member will be redetermined. Members who are factually or procedurally ineligible will be disenrolled. AHCCCS will refer factually ineligible individuals to the federal Healthcare Marketplace.

While this renewal work continues, AHCCCS is also processing new applications each month. The Initial Applications Report is posted on the [Population Reports web page](#).

AHCCCS is the single state agency for the administration of Arizona's Medicaid program. AHCCCS partners with the Arizona Department of Economic Security (ADES) for eligibility processes and resources in order to streamline applications for Medicaid, SNAP, and TANF.

Note, due to rounding some values may not add to 100%.

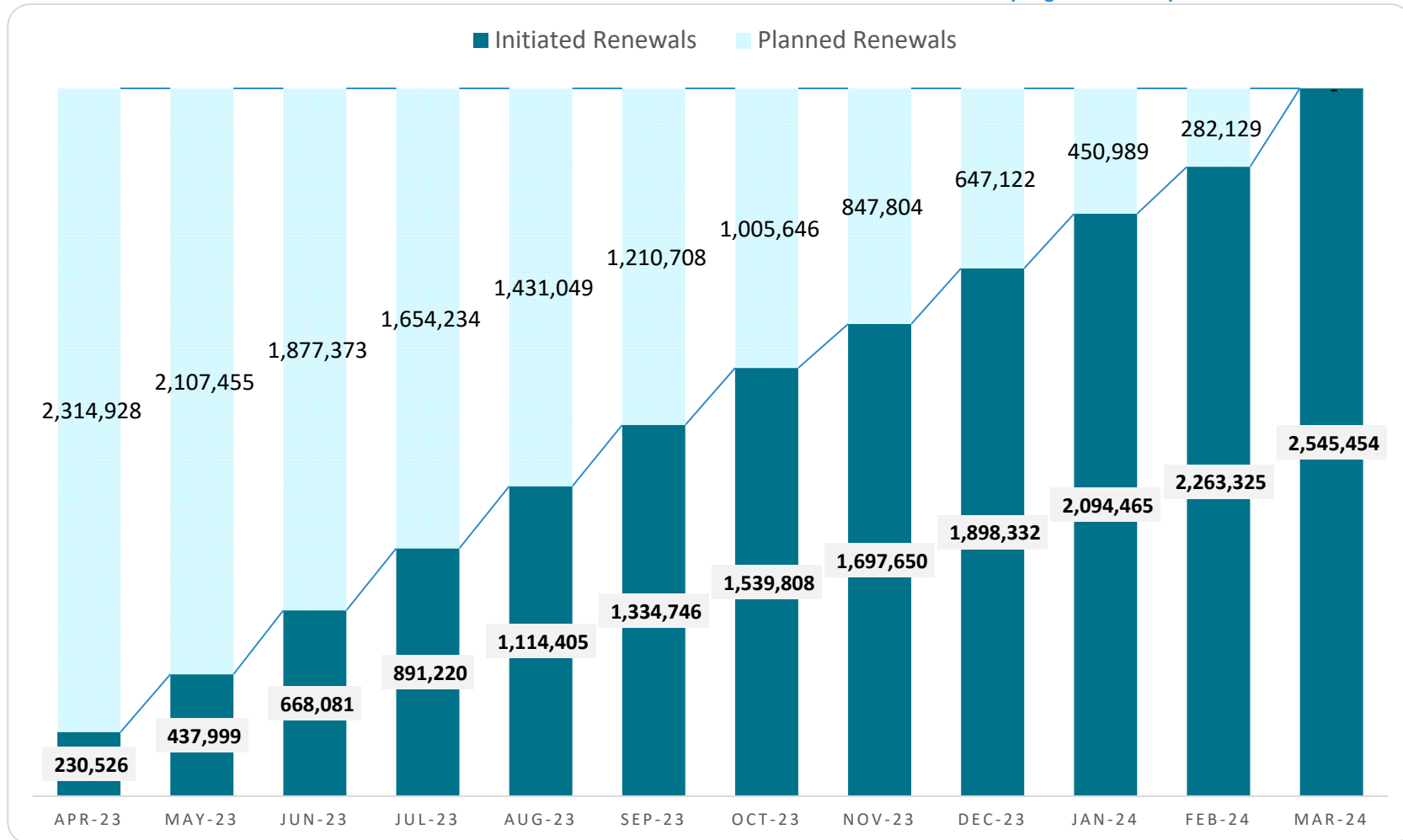
This data reflects renewal progress from April 2023 to current



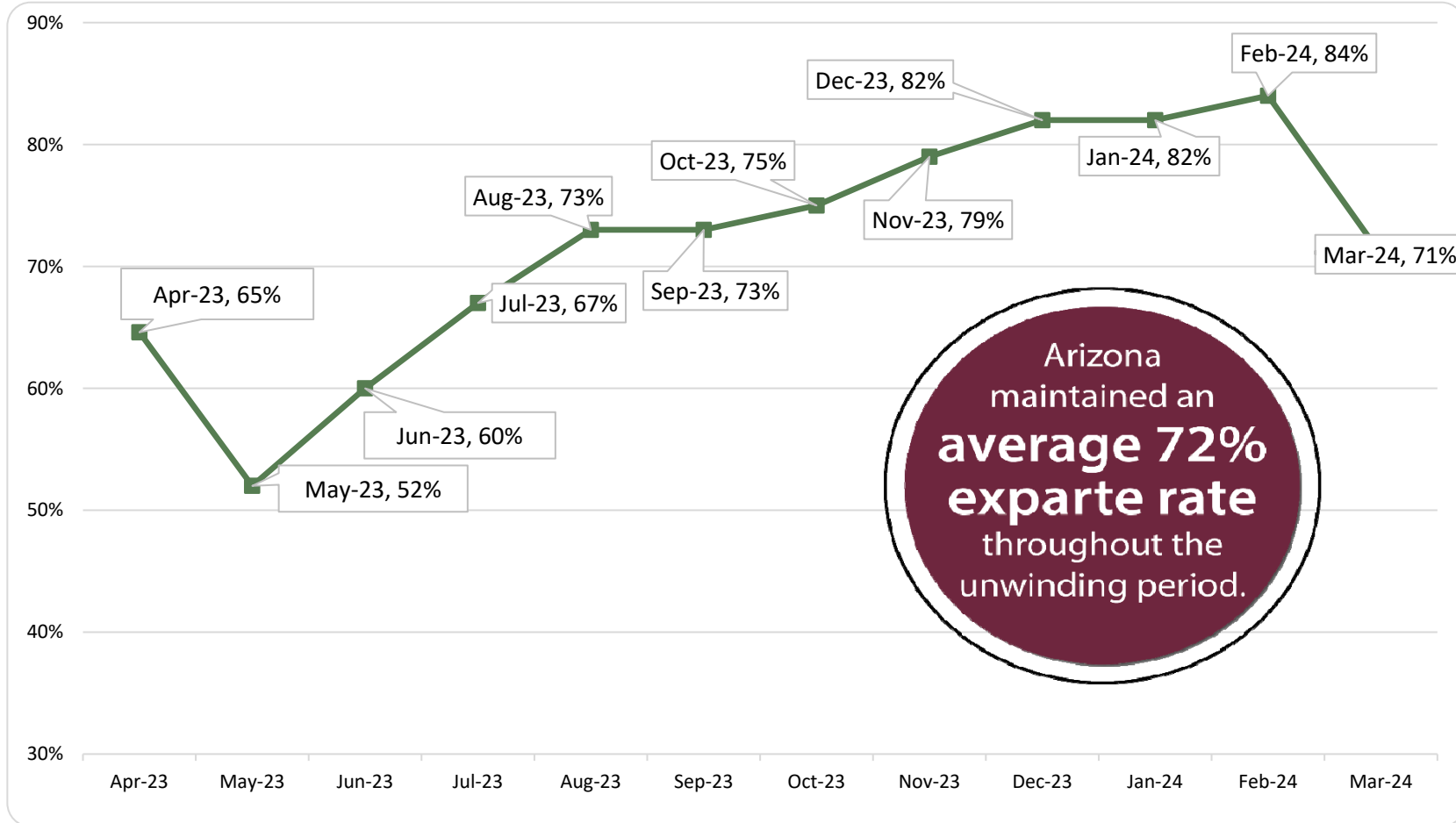
All data published in this report is a snapshot in time and reflects what happened during the reporting period. Population numbers may not match other published report totals due to the timing of each individual report.

Number of Renewals Initiated Each Month from the Total Number Planned

This data reflects renewal progress from April 2023 to current



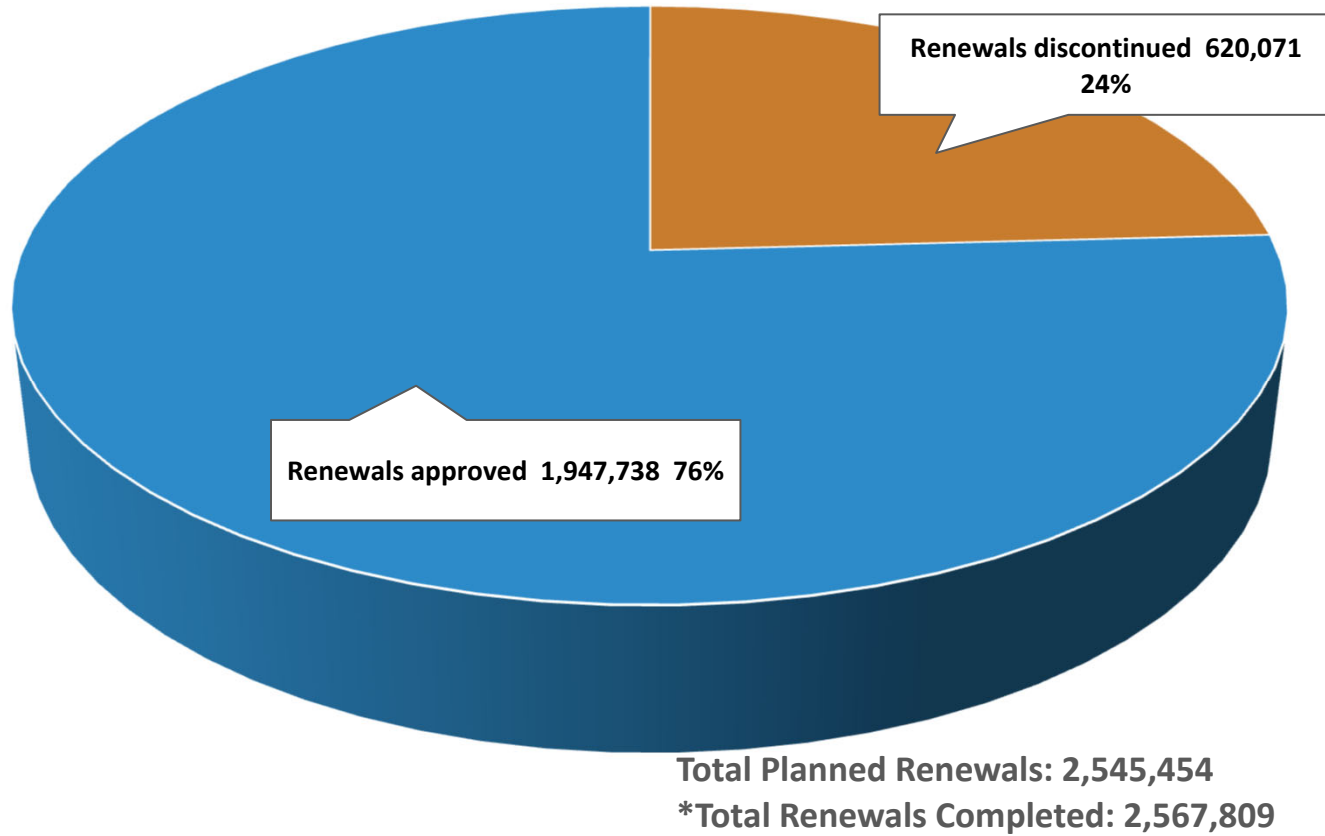
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Exparte approvals occur when AHCCCS has enough information through electronic sources to renew Medicaid eligibility automatically without member or state staff intervention. Our electronic sources include real-time data from State and Federal databases including but not limited to: earned income verification from Equifax, residency verification from DMV, citizenship, Medicare and other income information from SSA, and more.

Data calculations were modified in August 2023 to match CMS reporting criteria.

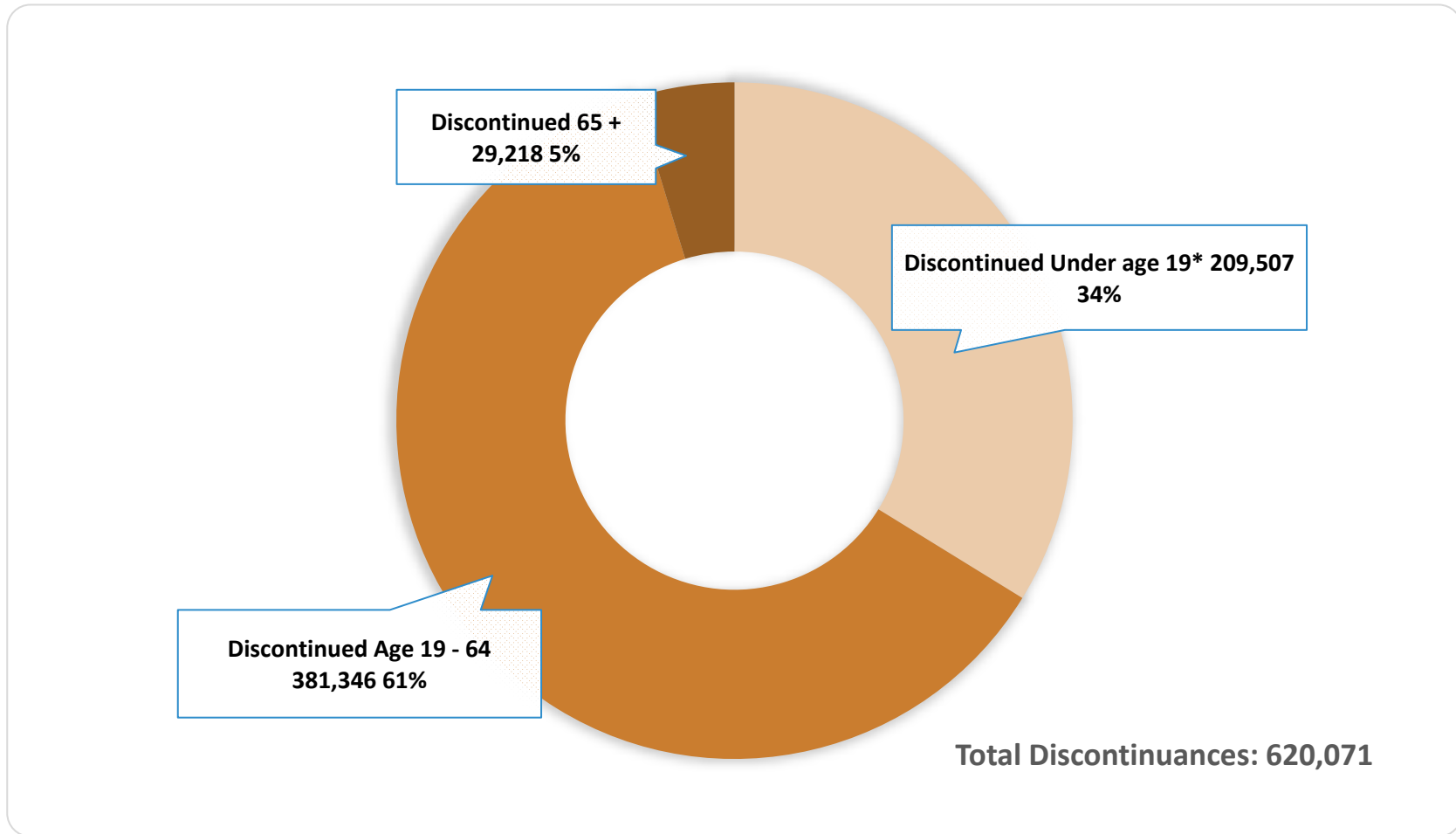
March 2024 renewal populations had a higher number of earned income results found by federal hub sources.



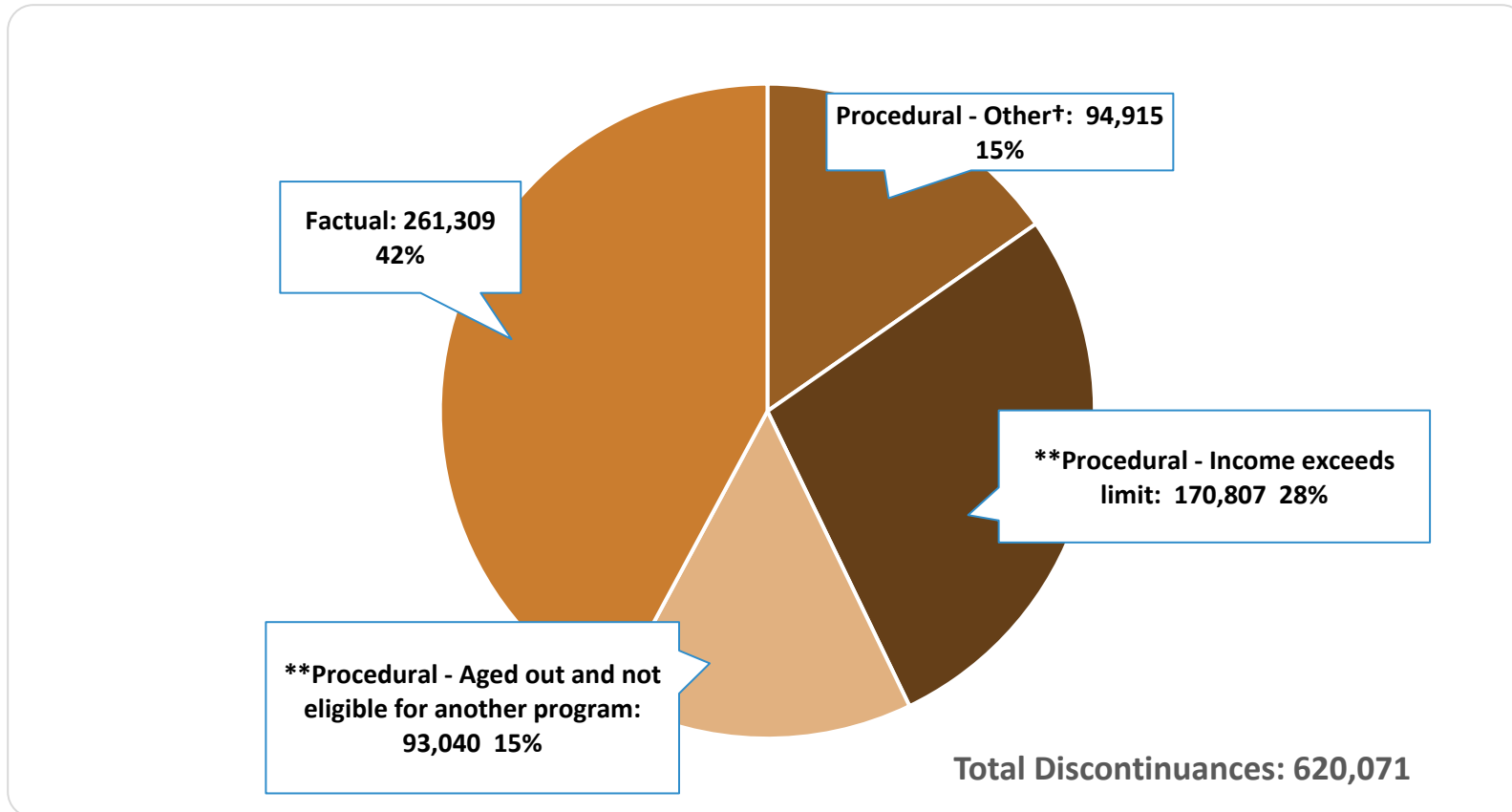
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*The renewal plan was developed in March 2023. Some individuals had pending Medicaid applications during this period and now reflect as an overage to the plan.



*Under age 19 includes KidsCare and other child Medicaid programs.



Factual discontinuance means AHCCCS eligibility ended because the customer no longer meets one or more conditions of eligibility. Examples include: income higher than the program limits, no longer an Arizona resident.

Procedural discontinuance means AHCCCS eligibility ended because the customer did not provide information needed to determine ongoing eligibility or did not respond to a renewal form requesting information.

**Although these individuals were discontinued for a procedural reason, AHCCCS had information that an individual was ineligible during their renewal period but they did not respond to our request for information.

†There are over 60 "other" procedural reasons. Examples include but are not limited to, failure to provide information about citizenship, other potential benefits, and missing signatures.



Eligibility Dashboard

Updated 05/06/2024

Total Discontinuance by County

Total Discontinuances by County									
County	Factual - Over income	Factual - Death	Factual - Voluntary withdrawal	Factual - Residency	Factual - Other	Procedural - Over income	Procedural - Aged out and not eligible for another program	Procedural - Other	Total
Maricopa	110,282	7,188	10,618	9,021	238	103,741	54,280	55,139	350,507
Pima	29,442	2,207	2,609	1,935	43	23,697	12,630	13,885	86,448
Pinal	14,891	745	1,629	1,268	26	12,510	6,427	6,075	43,571
Yuma	9,811	578	604	686	12	5,984	3,375	3,338	24,388
Mohave	6,917	723	658	1,063	6	4,879	2,868	2,968	20,082
Yavapai	5,266	454	633	449	6	4,466	2,610	2,448	16,332
Navajo	4,327	399	289	406	3	3,135	2,203	2,257	13,019
Coconino	3,418	354	347	325	6	3,366	1,847	2,031	11,694
Cochise	3,398	319	348	330	4	2,463	1,553	1,544	9,959
Apache	2,298	343	228	343	-	1,839	1,569	1,663	8,283
Santa Cruz	2,359	121	103	99	3	1,575	1,028	970	6,258
Other county in state	3,137	363	351	295	8	2,742	2,058	1,917	10,871
Other county out of state	814	67	581	15,512	3	410	592	680	18,659
Total	196,360	13,861	18,998	31,732	358	170,807	93,040	94,915	620,071

* Other includes Graham, Gila, La Paz, Greenlee and counties located outside of Arizona

**Although these individuals were discontinued for a procedural reason, AHCCCS had information that an individual was ineligible during their renewal period but they did not respond to our request for information.



Eligibility Dashboard

Updated 05/06/2024

AHCCCS Referrals to the Federal Marketplace

AHCCCS Referrals to the Federal Marketplace (Initials, Changes and Renewals)*		
Referral Month**	Households Referred	Individual Applicants Referred
Apr-23	5,031	10,596
May-23	20,956	48,773
Jun-23	8,199	17,888
Jul-23	7,281	14,316
Aug-23	8,807	17,230
Sep-23	6,442	12,652
Oct-23	6,622	12,569
Nov-23	5,776	11,106
Dec-23	5,165	9,679
Jan-24	4,651	8,490
Feb-24	3,325	5,971
Mar-24	3,359	5,998

* The data reflected on this slide represents applications that were referred to the Federal marketplace by month. This includes those found ineligible at initial, change and renewal application events due to excess income

**The application sent to the marketplace may have been received in the current or a prior month.



Eligibility Dashboard

Updated 05/06/2024

Total Targeted Outreach Efforts

This data reflects total outreach from April 2023 to current

State Targeted Outreach Efforts	
Automated address updates via NCOA*	57,772
Response required renewal reminders mailed**	327,625
AHCCCS Connect proactive conversations‡	10,574,164
Post discontinuance text messages sent†	252,524
Post discontinuance emails sent†	151,492
Post discontinuance phone calls made†	160,862
Post discontinuance letters sent†	209,152
Returned mail QR codes processed+	29,349
Total Outreach Completed to Date	11,762,940

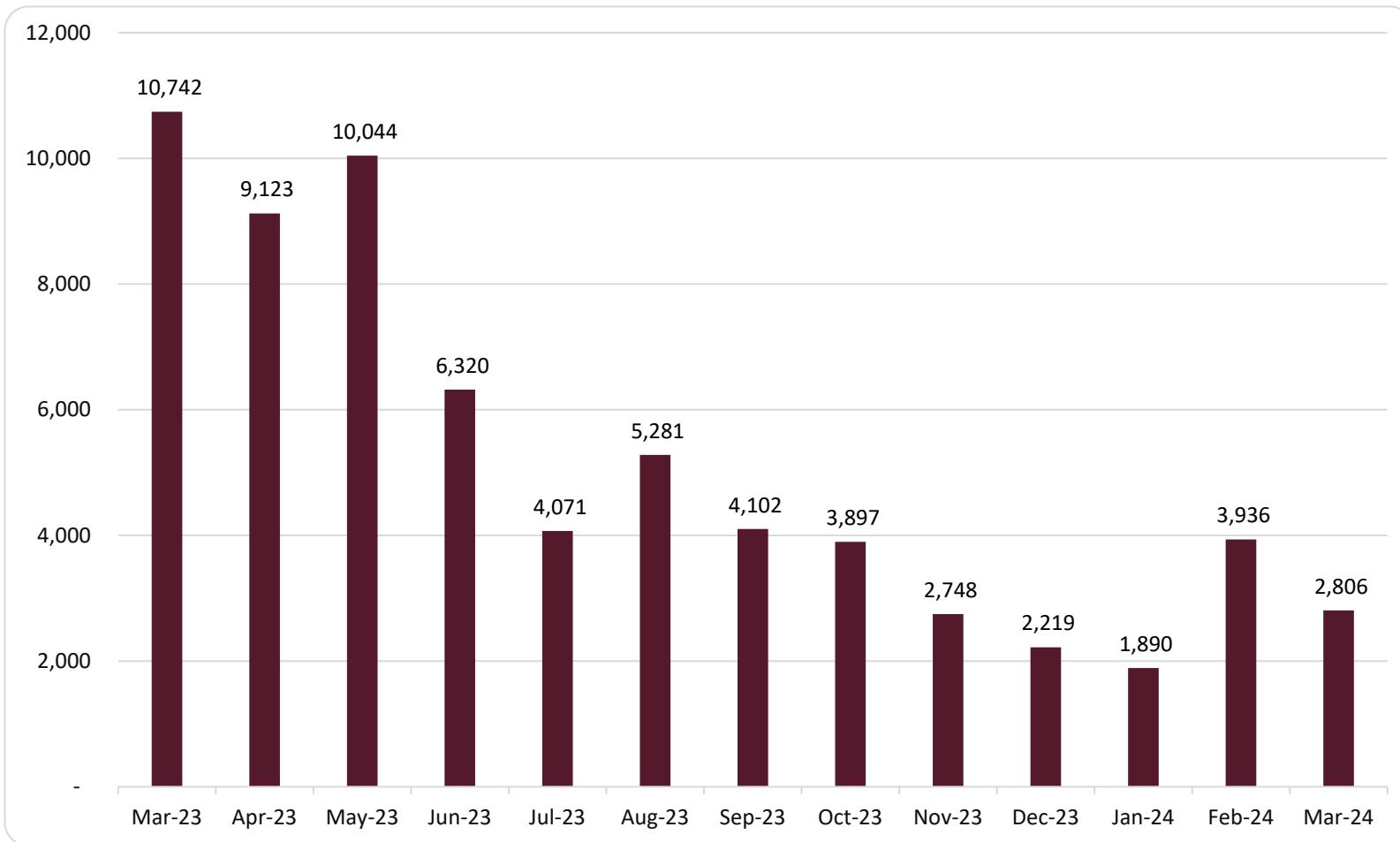
*Prior to generating renewals, AHCCCS performs a check with the National Change of Address (NCOA) service.

**Prior to generating response required renewals, AHCCCS sends out a proactive letter to Medicaid households. The letter is designed to give the member a heads up and what to expect. To learn more about AHCCCS Connect, please visit www.azahcccs.gov/ahcccsconnect.

‡ AHCCCS Connect uses text, email and phone calls to communicate to AHCCCS members about their most critical touchpoints. These include submission reminders, due date reminders and eligibility outcomes for initials, changes and renewals.

†Post discontinuance outreach is done each week. AHCCCS informs Medicaid households of their appeal rights, timeframes for reapplying and how to contact us.

+ Return mail QR codes were implemented 06/29/2023.

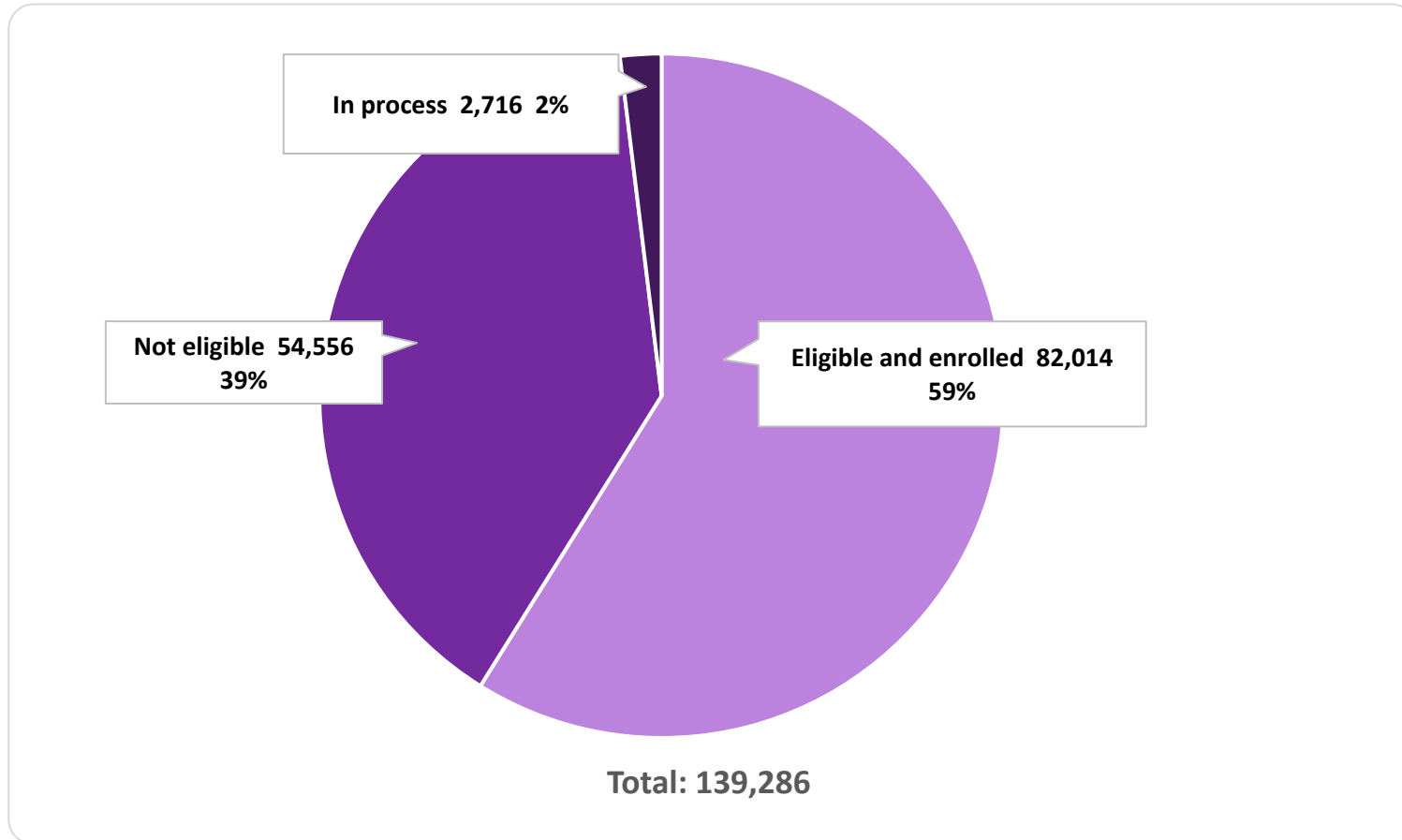


Prior to generating renewals, AHCCCS performs a check with the National Change of Address (NCOA) service. These efforts began in May 2023.

AHCCCS implemented a proactive communication campaign at the end of June which includes bot technology allowing users to update their contact information via text or live chat.

Count of Individuals Who Have Completed Their Renewal Within the 90-day Reconsideration Period After a Procedural Discontinuance.

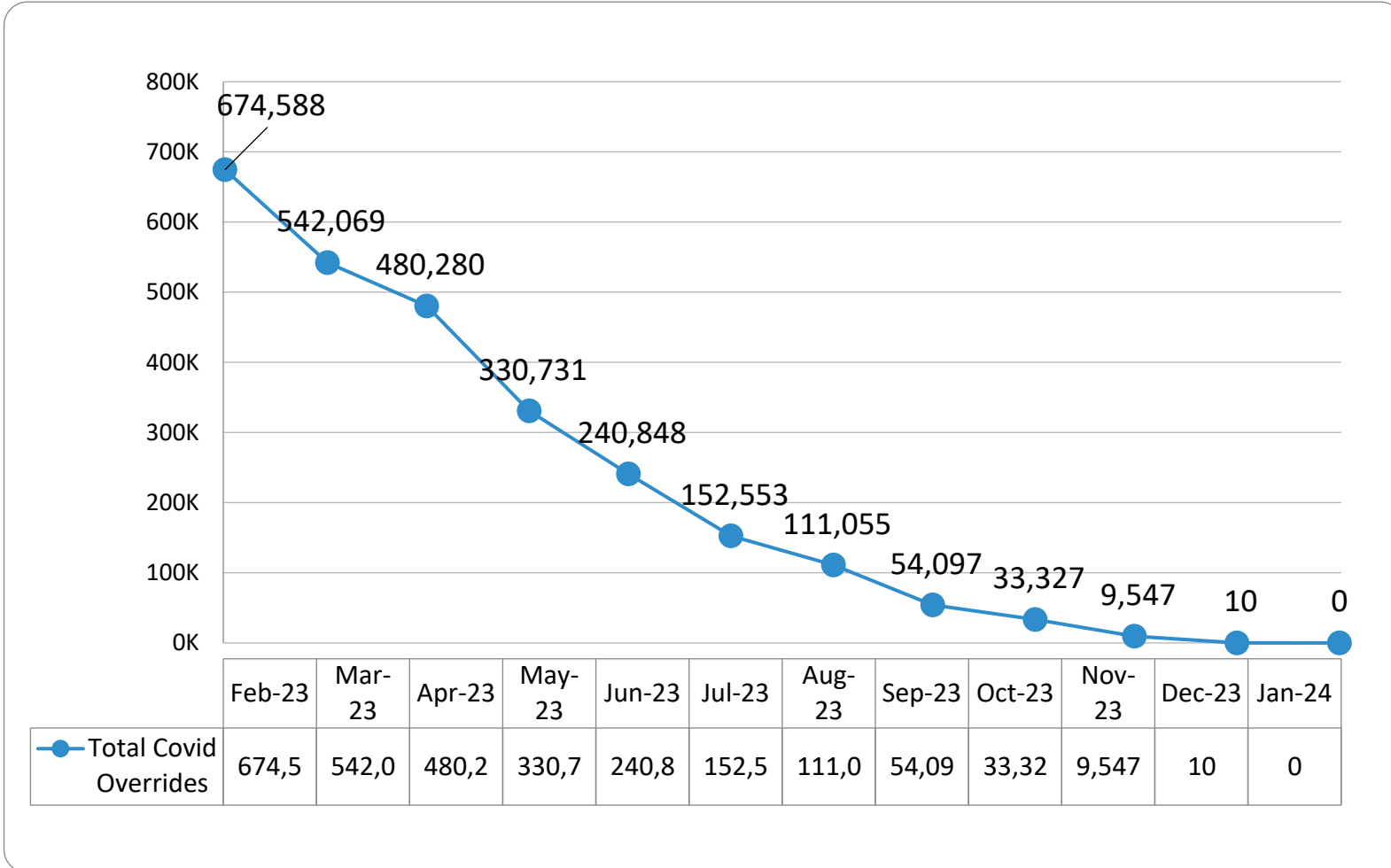
This data reflects totals from April 2023 to current



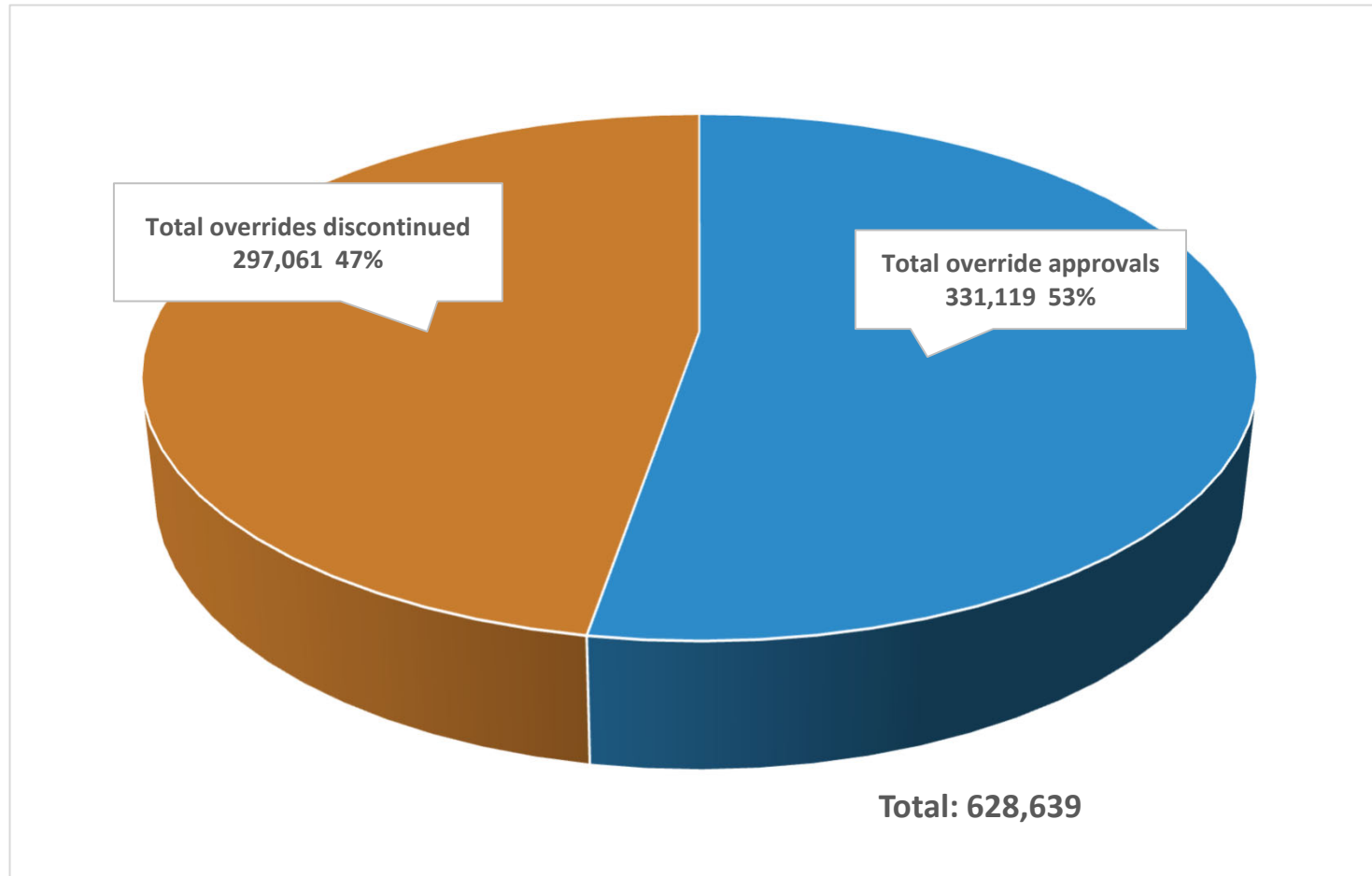
* The data reflected on this slide represents individuals who completed their renewal within the 90-day reconsideration period.

Covid Override Appendix

AHCCCS continued to perform renewals during the public health emergency (March 2020 - February 17, 2023). If AHCCCS received information that a member was factually ineligible (*or if they failed to respond to a request for information*), that member retained medical coverage and is counted as a "Covid Override."



This data reflects individuals who were once in an override status and have since completed a renewal or user generated change. Factual Covid override populations must be processed by Dec. 31, 2023 per legislation A.R.S. § 36-2905.05.



This data reflects individuals who were once in an override status and had determination during a renewal period. Note- some individuals moved out of override status prior to their renewal period, including people who moved out of state, passed away, voluntarily withdrew from Medicaid, reported a change and had a determination outside of a renewal period.