

A Outside Agencies - Arizona Health Care Cost Containment System (AHCCCS)

REVISION 11
(01/01/10 –03/31/10)

Arizona Health Care Cost Containment System (AHCCCS) is the state agency identified by the federal government as the administrator of the Medicaid program in Arizona.

AHCCCS supervises the planning, implementation and continued operation of Arizona's version of Medicaid. AHCCCS contracts with the Department of Economic Security (DES) Family Assistance Administration (FAA) to determine eligibility for certain Medicaid categories.

AHCCCS is funded by both federal and state governments. Title XIX of the Social Security Act of 1965 establishes the laws that govern MA.

Traditional Medicaid models pay a fee-for-service, while AHCCCS pays a monthly per person amount to contracted health plans. AHCCCS uses the [fee-for-service](#) model in certain circumstances.

AHCCCS is also responsible for the following:

- Developing and maintaining rules for the MA program.
- Contracting with health plans and providers to meet medical needs of participants.
- Enrolling participants in capitated health plans and providing [six-month guaranteed enrollment](#).
- Promoting AHCCCS contracted services.

NOTE AHCCCS provides FAA with [program information](#) regarding services.

- Determining eligibility for Long Term Care (LTC).
- Determining eligibility for KidsCare.
- Determining and maintaining eligibility for Title XIX when AHCCCS completes the eligibility process for a KidsCare case with Title XIX eligible participants.

- Determining medical assistance eligibility for Supplemental Security Income (SSI) related participants, including emergency services for nonqualified noncitizens who are aged, blind, or disabled.

AHCCCS health plans work like private health insurance and promote preventative health care. The participant does not make premium payments to receive services.

EXCEPTION

Participants approved for [KidsCare](#) or [Freedom to Work\(g\)](#) programs have [premium](#) payments.

NOTE AHCCCS determines and notifies the participant of the premium.

Participants may be required to pay a [co-payment](#) when medical services are received. ALL co-payments are collected by the medical provider when medical services are provided. Non-payment of ANY co-payment DOES NOT affect MA eligibility.

EXCEPTION

The following participants DO NOT have co-payments:

- Age 19 and over when enrolled with [Children's Rehabilitative Services](#)
- Approved for Family Planning Extension Services coverage
- Approved for KidsCare
- [Fee-for-Service](#)
- Native American
- Pregnant
- Under age 19

AHCCCS health plans include, but are not limited to, the following services for eligible participants:

- Behavioral health services including substance and drug abuse
- Complete physical examinations
- Doctor's office visits

- Emergency dental care
- Emergency medical care (24-hour)
- Eye testing and eyeglasses
- [Family Planning Extension Services](#)
- Hearing tests and hearing aids
- Hospital care
- Immunizations
- Lab work and X-rays
- Labor and delivery
- Nutritional educational information
- Prenatal care
- Prescriptions and medical supplies
- Speech testing
- Transportation for medical emergencies
- Transportation for non-emergencies, when medically necessary and no public, private or free transportation is available
- Well-baby care, including free check-ups and immunizations