AHCCCS Arizona Health Care Cost Containment System

Eligibility Dashboard

Updated 04/05/2024

Narrative

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 disensellments. 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 <u>Population Reports web page</u>.

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.

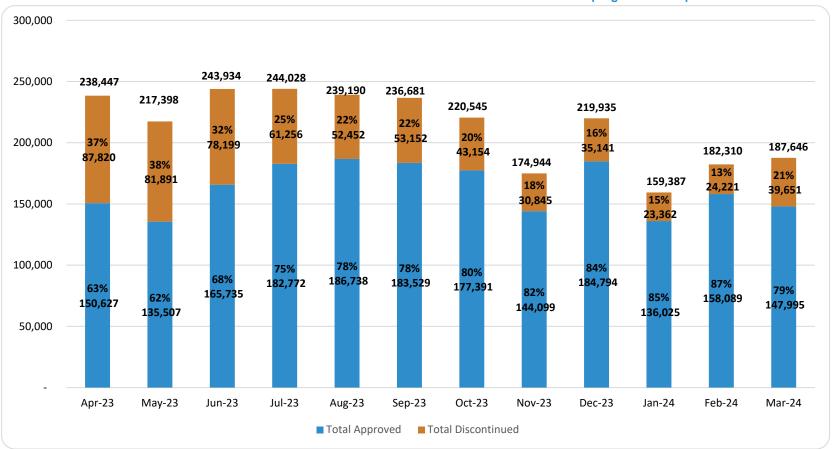
Note, due to rounding some values may not add to 100%.



Updated 04/05/2024

Total Individual Renewals Approved and Discontinued of Monthly Renewals Initiated

This data reflects renewal progress from April 2023 to current



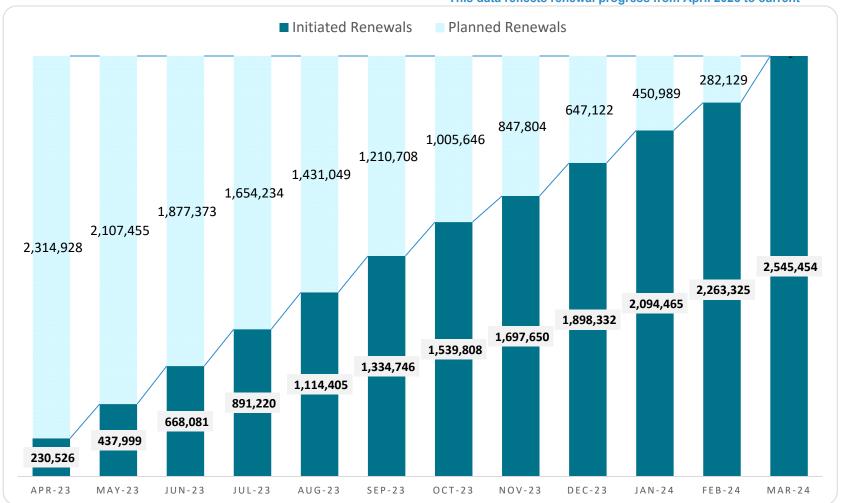
All data published in this report is a snapshot in time and reflects what happened during the reporting period. Population numbers may not match other published report totals due to the timing of each individual report.



Updated 04/05/2024

Number of Renewals Initiated Each Month from the Total Number Planned

This data reflects renewal progress from April 2023 to current

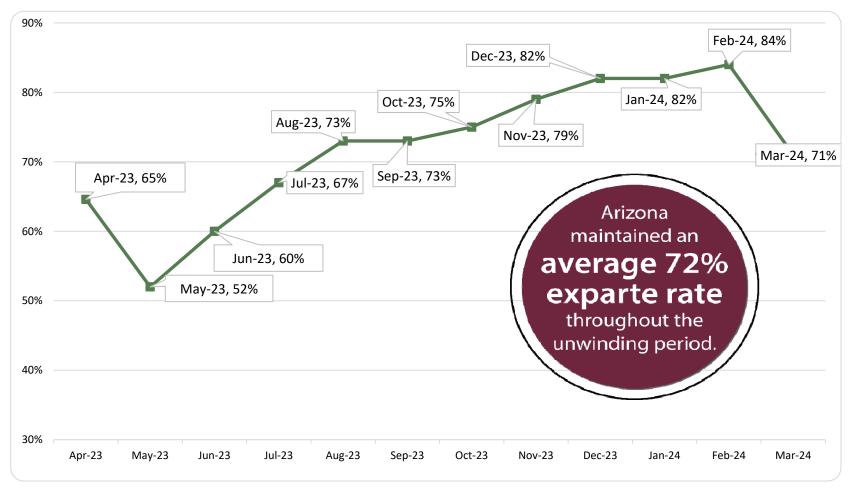


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Updated 04/05/2024

Exparte Auto Renewal Approval Rate



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.

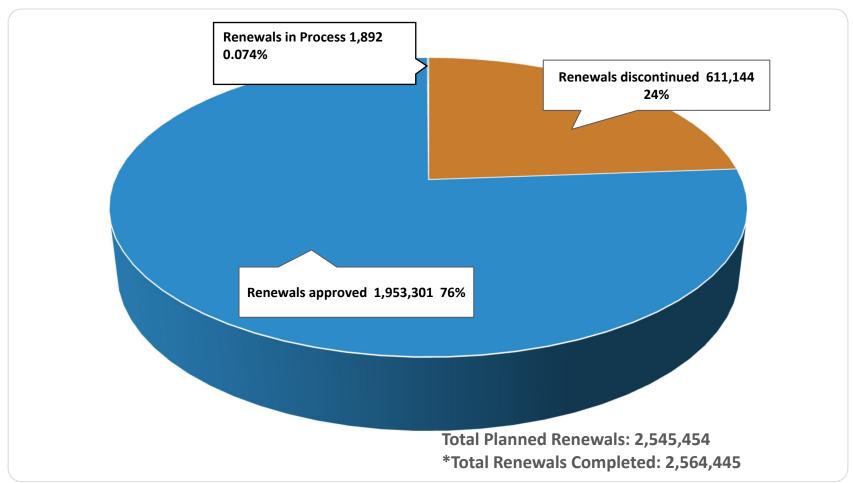
March 2024 renewal populations had a higher number of earned income resulta found by federal hub sources.



Updated 04/05/2024

Total Medicaid Renewal Progress

This data reflects renewal progress from April 2023 to current



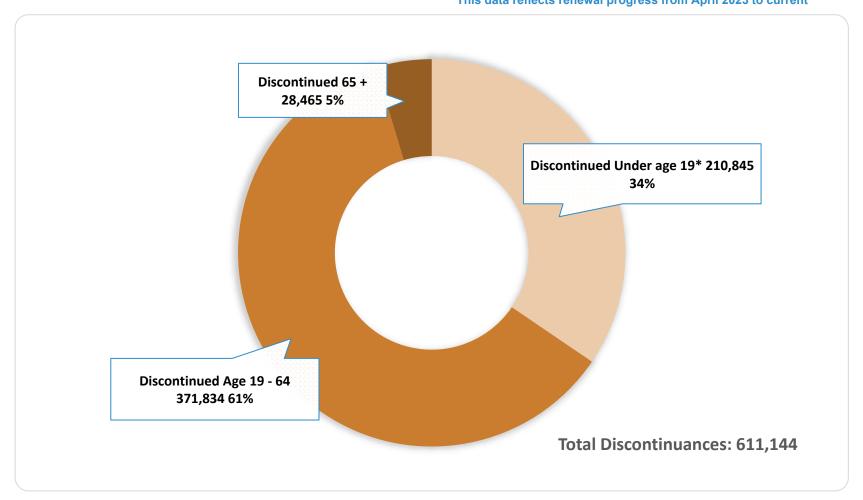
All data published in this report is a snapshot in time and reflects what happened during the reporting period. Population numbers may not match other published report totals due to the timing of each individual report.

*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.



Updated 04/05/2024

Total Renewal Discontinuances by Age
This data reflects renewal progress from April 2023 to current

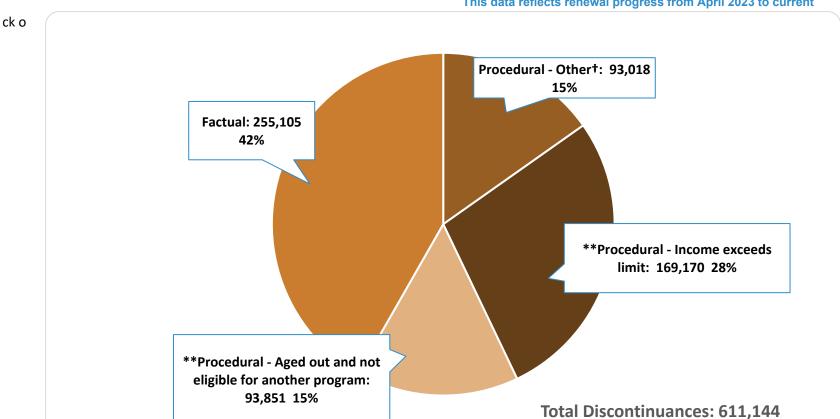


^{*}Under age 19 includes KidsCare and other child Medicaid programs.



Updated 04/05/2024

Total Renewal Discontinuances Factual vs. Procedural This data reflects renewal progress from April 2023 to current



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.

†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.

^{**}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.



Updated 04/05/2024

Total Discontinuance by County

Total Discontinuances by County									
County	Factual - Over income	Factual - Death		Factual - Residency	Factual - Other	Procedural - Over income	Procedural - Aged out and not eligible for another program	Procedural - Other	Total
Maricopa	108,249	6,542	9,741	9,024	611	102,705	54,857	53,868	345,597
Pima	29,163	2,037	2,388	1,918	91	23,445	12,699	13,683	85,424
Pinal	14,818	668	1,524	1,271	59	12,471	6,420	5,916	43,147
Yuma	9,969	540	565	673	24	5,952	3,491	3,319	24,533
Mohave	6,701	659	620	1,063	25	4,807	2,863	2,911	19,649
Yavapai	5,165	415	578	446	14	4,420	2,613	2,399	16,050
Navajo	4,233	357	272	406	12	3,127	2,148	2,255	12,810
Coconino	3,382	317	329	330	14	3,332	1,894	1,926	11,524
Cochise	3,362	285	306	316	10	2,444	1,604	1,516	9,843
Apache	2,317	314	213	339	9	1,805	1,624	1,620	8,241
Santa Cruz	2,317	111	88	98	8	1,565	1,011	1,004	6,202
Other county in									
state	3,100	329	308	288	16	2,715	2,028	1,932	10,716
Other county out of state	792	59	543	14,361	3	382	599	669	17,408
Total	193,568	12,633	17,475	30,533	896	169,170	93,851	93,018	611,144

^{*} 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.



Updated 04/05/2024

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.



Updated 04/05/2024

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.

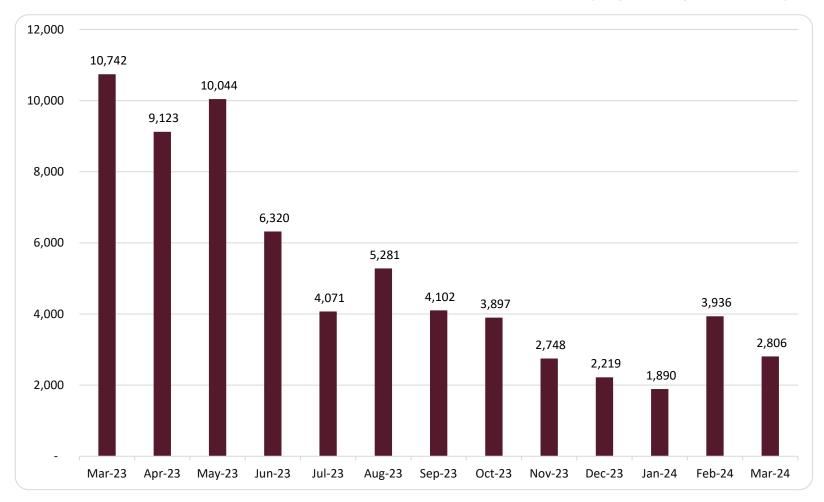
[†]Post discontinuance outreach is done each week. AHCCCS informs Medicaid households of their appeal rights, timeframes for reapplying and how to contact us.

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



Updated 04/05/2024

Returned Mail Received (Response Required Renewals)



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

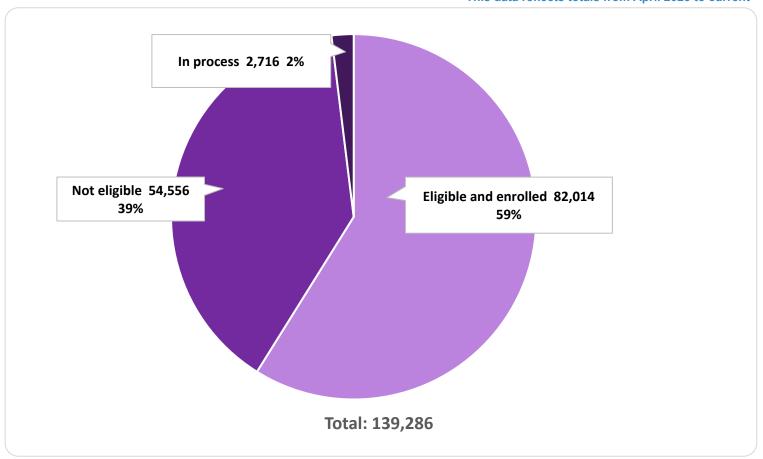
AHCCCS implemented a proactive communication campaign at the end of June which includes bot technology allowing users to update their contact information via text or live chat.



Updated 04/05/2024

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.



Updated 04/05/2024 Covid Override Appendix

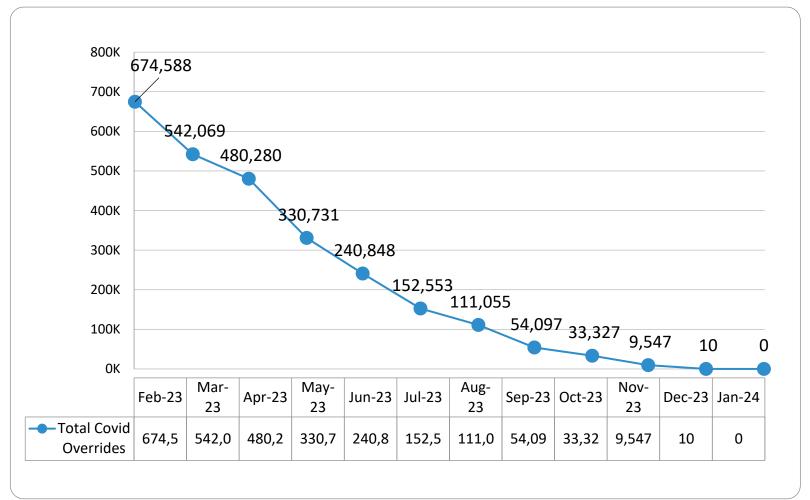
Covid Override Appendix

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."



Updated 04/05/2024

Total COVID Override Members Remaining by Month

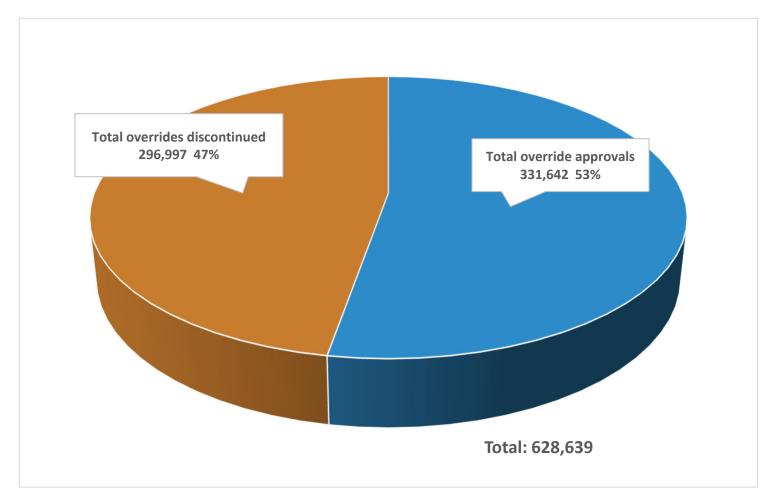


This data reflects individuals who were once in an override status and have since completed a renewal or user generated change. Factual Covid override populations must be processed by Dec. 31, 2023 per legislation A.R.S. § 36-2905.05.



Updated 04/05/2024

Total Renewal Overrides Approved and Discontinued



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 form Medicaid, reported a change and had a determination outside of a renewal period.