

medicaid
and the uninsured

MEDICAID PROGRAMS TO ASSIST LOW-
INCOME MEDICARE BENEFICIARIES:
WORKING PAPER ON MEDICARE SAVINGS
PROGRAMS IN ARIZONA

Prepared by
Kim Glaun*
The National Senior Citizens Law Center
Washington, DC
for
The Kaiser Commission on
Medicaid and the Uninsured

December 2002

* Kim Glaun is currently the Washington, DC Counsel for the
Medicare Rights Center

kaiser
commission on

medicaid

and the uninsured

The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of The Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, D.C. office.

James R. Tallon
Chairman

Diane Rowland, Sc.D.
Executive Director

kaiser
commission on
medicaid
and the **uninsured**

MEDICAID PROGRAMS TO ASSIST LOW-
INCOME MEDICARE BENEFICIARIES:
WORKING PAPER ON MEDICARE SAVINGS
PROGRAMS IN ARIZONA

Prepared by

Kim Glaun*

The National Senior Citizens Law Center
Washington, DC

for

The Kaiser Commission on
Medicaid and the Uninsured

December 2002



* Kim Glaun is currently the Washington, DC Counsel for the Medicare Rights Center

Introduction

In Arizona, less than half of all persons eligible for the Medicare Savings Programs are enrolled in the programs. But, in recent years, the state has undertaken a number of activities to extend the Medicare Savings Programs and Medicaid to more low-income Arizonans. Arizona has expanded financial eligibility for the Medicare Savings Programs and Medicaid programs, streamlined its Medicare Savings Programs enrollment procedures, and strengthened its partnership with the state aging network and community groups to provide one-on-one advice and assistance to beneficiaries as well as targeted outreach to American Indians. Arizona’s work has resulted in impressive increases in participation in the Medicare Savings Programs. Enrollment increased 14.3 percent from September 2000 to 2001.

Overview of Medicare Savings Programs Initiatives in Arizona

Ease Financial Eligibility	<ul style="list-style-type: none"> • No asset test for Medicare Savings Programs and Medicaid • Full Medicaid benefits for individuals up to 100% FPL • No estate recovery for Medicare Savings Programs benefits
Streamline & Facilitate Enrollment	<ul style="list-style-type: none"> • Mail-in simplified application available on Medicaid website (in English and Spanish) • Universal Medicaid application • No in-person interview • Medicare Savings Programs application assistance from SHIPs
Streamline & Facilitate Renewal	<ul style="list-style-type: none"> • No in-person interview or asset documentation at yearly renewal
Enhance Outreach & Partnering	<ul style="list-style-type: none"> • CMS grant to SHIP to collaborate with SSA (Jan.–Dec 2001) • Extensive SHIP outreach • Strengthened Medicaid & SHIP partnership • \$1 million Medicaid outreach grant to community groups & providers • Outreach on Tribal lands
Obstacles identified	<ul style="list-style-type: none"> • Misapprehensions about estate recovery • Renewal process

This case study involved a site visit in Phoenix and Tucson in February 2001 and telephone follow-up to interview officials from the state Medicaid agency, the Arizona State Health Insurance Counseling Program (SHIP), AARP, the Arizona Disability Law Center, the Area Agency on Aging in Tucson (the Pima Council on Aging), and the Arizona Association of Community Health Centers.

The case study begins with an explanation of the Medicaid program and administrative structure of the Medicare Savings Programs program in Arizona. It then describes the state’s recent expansion of Medicare Savings Programs and Medicaid financial eligibility as well as efforts to streamline enrollment procedures and conduct outreach to eligible but un-enrolled American Indians. The case study concludes with lessons learned from Arizona’s experiences.

Background

Characteristics of Arizona and the United States

	Arizona	United States
Total Population (2000-2001)¹	5,235,348	279,972,786
Percent of Total Population Enrolled in Medicare (2000-2001)²	12.6%	13.5%
Percent of Medicare Population Below Poverty Level (2000-2001)³	13.4%	16.5%
Aged & Disabled Medicaid Income Eligibility Level for Full Benefits (2001)⁴	100% FPL	74% FPL (federal minimum)
Number Enrolled in Medicare Part B Buy-In Programs (2001)⁵	59,000	5,517,000
Growth Rate for Enrollment in Buy-In Programs (9/98 – 9/01)⁶	29.4% (15,213)	10.1%
Percent of Eligible Persons Enrolled in Buy-In Programs (2001)⁷	45.4%	59.5%

Medicaid in Arizona

Arizona's state Medicaid program is known as the Arizona Health Care Cost Containment System (AHCCCS). Since 1982, the program has operated under a Medicaid §1115 Research and Demonstration Waiver. AHCCCS delivers Medicaid acute care services through managed care plans that receive prepaid, capitated payments to provide acute care Medicaid services. Medicaid long-term care services are delivered through an agency within AHCCCS, the Arizona Long Term Care System (ALTCS). All Medicaid beneficiaries must elect to receive services through one of the twelve AHCCCS plans. Eligible American Indians enrolled in AHCCCS can choose to receive acute care services either through the Indian Health Service (IHS) or an AHCCCS health plan that is located off of the reservation.

Medicare Savings Programs in Arizona

There are two agencies involved with Medicare Savings Programs and Medicaid for disabled

¹ Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of March 2001 and 2002 Current Population Survey, 2002. Excludes institutionalized population.

² Ibid. Includes only non-institutionalized beneficiaries.

³ Ibid. Includes only non-institutionalized beneficiaries.

⁴ Includes maximum SSI/Social Security Benefit.

⁵ Actuarial Research Corporation, *Dual Eligible Buy-In Status*, prepared for the Centers for Medicare and Medicaid Services, May 2001[Hereafter *ARC 2001*].

⁶ CMS. *Three Year Dual Eligible Enrollment Rate*, September 2001.

⁷ *ARC 2001*.

and older Arizonans in Arizona. First, AHCCCS administers policy and eligibility for the Medicare Savings Programs and acute care Medicaid for Medicare beneficiaries. Until recently, the Arizona Long Term Care System conducted Medicaid eligibility determinations for Medicare beneficiaries, but AHCCCS staff are now transitioning to assume this responsibility. Second, the Arizona State Health Insurance Assistance Program (SHIP), housed within the Arizona State Unit on Aging, the Department of Economic Services Aging and Adult Administration, provides information, counseling, application assistance, and educational workshops about Medicare, Medicaid, Medicare Savings Programs and other health insurance options. In partnership with the state’s Area Agencies on Aging, the SHIP delivers assistance through a statewide toll-free help-line and TTY, SHIP staff and volunteer counselors.

State Outreach and Enrollment Practices

Financial Eligibility Criterion for the Medicare Savings Programs

Until recently, income and asset thresholds for Medicare Savings Programs and Medicaid for the blind, disabled, and aged in Arizona generally mirrored federal minimums. During 2000 and 2001, Arizona substantially liberalized financial eligibility criterion for these programs. As a result, eligibility is now set at the following levels:

Arizona Medicaid & Medicare Savings Programs Financial Eligibility Rules

Full Medicaid Benefits (Aged, Blind, & Disabled)	<ul style="list-style-type: none"> • Income: 100% FPL • Assets: no limit
Full Medicaid Benefits (Medically Needy Spend Down for Aged, Blind, & Disabled, or “Medical Expense Deduction”)	<ul style="list-style-type: none"> • Income: 40% FPL • Assets: May not exceed total of \$100,000, and no more than \$5,000 can be liquid
Medicare Savings Programs	<ul style="list-style-type: none"> • Income: Federal standards + \$20 disregard • Assets: no limit • Estate Recovery: Included in state Medicaid plan, but not implemented

Increase in Medicaid Income Threshold

In November 2000, Arizona voters approved Proposition 204, a measure that increased the income threshold for full acute care Medicaid to 100 percent of the federal poverty level (FPL), or about \$736 per month in 2002, for individuals whose Medicaid eligibility is categorically linked to Medicaid, such as aged, blind, and disabled persons, as well as children and families. The measure also extended Medicaid up to 100 FPL for persons whose eligibility is not categorically linked to Medicaid, such as single adults and families without children. To cover costs associated with the expansion, Proposition 204 allocated revenues from the state’s share of settlement funds from a national class action against five large tobacco companies in 1998.

The approval of Proposition 204 represented a triumph for grass roots advocacy groups in

Arizona as well as the will of Arizona voters. In 1996, Arizonans had voted for a similar measure that would have used tobacco tax revenues to expand the Medicaid program. Yet, the state Legislature failed to pass a law to implement the initiative. The Legislature later enacted legislation to ensure that propositions approved by the Arizona voters become law. In 2000, a coalition of diverse advocacy groups, led by AARP, worked to put Proposition 204 on the ballot and to garner the support of the majority of Arizona supporters through the extensive use of the media and advertisements. Their efforts led to voters approving Proposition 204 in the 2000 general election. Legislation implementing Proposition 204 was enacted in 2001.

During winter 2001, the Centers for Medicare and Medicaid Services (CMS) approved a state Medicaid Plan Amendment and granted a Medicaid Waiver for Arizona to implement Proposition 204.⁸ The Medicaid expansion became effective on October 1, 2001, but the state began enrolling individuals under the new standards as of March 2001.

Removal of Asset Test for Medicare Savings Programs and Medicaid

In addition, Arizona amended its state Medicaid plan to drop the asset test for the Medicare Savings Programs and full acute care Medicaid for the aged, blind and disabled Medicaid category. In 2000, before Proposition 204's approval, a team of AHCCCS policy personnel studying eligibility simplification issues had recommended to state officials that the asset test be eliminated for the Medicare Savings Programs. The recommendation was based on a study that involved analysis of Medicare Savings Programs application denials because of excess resources. AHCCCS personnel made the following observations:

- Annually, less than 100 applicants were denied based on resources alone, and, in most of these cases, the amount of the extra resources was relatively modest and could be quickly spent to allow persons to meet asset level requirements. Accordingly, eliminating the asset test would allow needy low-income seniors who resisted spending their small savings to obtain the Medicare Savings Programs benefit.
- Removing the asset test would streamline the application and enrollment process for the Medicaid agency and enhance administrative efficiency by reducing the staff time needed to process applications. The cost of providing benefits to additional persons found eligible for the program would be comparable to the administrative expenditures related to verifying resources.
- Eliminating the asset test would encourage more persons to apply for the Medicare Savings Programs, especially the SLMB and QI benefits, which are limited to Part B premium payments. Given that Medicare Savings Programs provides less than full Medicaid coverage, eligible persons may feel the benefit is not worth the effort entailed to gather multiple resource verifications needed to apply.

⁸ CMS approved both a waiver and State Medicaid plan amendment for the proposition 204 changes. The state plan amendment was used to expand eligibility for the categorically eligibility groups, and a waiver was needed to expand the eligibility for non-categorically linked individuals.

- Dropping the asset test would make the application process more user-friendly for seniors and persons with disabilities who face barriers in gathering the information.

Once Proposition 204 was put forth, AHCCCS policy makers conducted a similar study on removing the asset test for other categorically linked eligibility groups, including the aged, blind, and disabled categories. When the study yielded similar findings, state officials eliminated the asset test for these programs as well. Thus, in Arizona, financial eligibility for both the Medicare Savings Programs and full acute care Medicaid benefits is premised on income, but not resources.

Effect of Medicare Savings Programs and Medicaid Eligibility Expansion

Arizona began phasing in the Medicaid financial eligibility expansion for the Medicare Savings Programs and Medicaid in March 2001, in conjunction with simplified enrollment procedures and intensive outreach efforts to promote increased enrollment. The simplification and outreach efforts are covered later in this report.

The Medicare Savings Programs and Medicaid eligibility expansions helped to extend the Medicare Savings Programs benefits to many more Arizonans. According to CMS figures, from September 2000 to September 2001, Medicare Savings Programs enrollment in Arizona increased from 58,646 to 67,040, a gain of 8,394 or 14.3 percent. State officials believe that much of this increase resulted from the full Medicaid eligibility expansion, which generated many new Medicaid applications and a concomitant increase in Medicare Savings Programs enrollment. Persons found ineligible for full Medicaid may qualify for one of the Medicare Savings Programs benefits. Additionally, the cumulative outcome of the eligibility liberalizations helped to make most QMB-eligible persons also qualify for full Medicaid benefits, which include prescription drugs and other non-Medicare-covered services.⁹ These benefits likely encouraged more persons to apply for assistance. Most QMB-eligibles have opted to receive full Medicaid benefits in addition to the QMB benefit. In January 2000, there were 7,203 persons receiving QMB alone; as of September 2001, all but 885 persons had opted to also receive full Medicaid benefits.

Estate Recovery

Arizona currently only conducts estate recovery for nursing facility and long-term care Medicaid benefits provided to persons age 55 and older.¹⁰ The state does not recover medical payments from the estates of deceased Medicaid enrollees who did not receive long-term care. One

⁹ Some QMBs, generally those who are working, may not qualify for Medicaid. While a portion of earned income must be disregarded in counting income for the MSP, the disregard for earned income does not apply when calculating income for Arizona's Medicaid benefit.

¹⁰ Arizona's state Medicaid plan actually permits estate recovery for Medicaid funds expended for MSP benefits and acute care Medicaid for persons 55 and over, but the state has never affirmatively adopted or implemented a policy to effectuate this. Because Arizona has never performed estate recovery for MSP and acute care Medicaid, and state officials did not foresee revising this position in the future, SHIP and Medicaid representatives generally advise beneficiaries that estate recovery does not apply to MSP and acute care Medicaid.

official said the policy made sense because, particularly for the Medicare Savings Programs, the amounts involved would not make it “cost-effective” for the state to recover its expenditures.

Although Arizona does not, in fact, conduct estate recovery for payments for the Medicare Savings Programs and acute care Medicaid for beneficiaries who do not use Medicaid long-term care services, aging advocates reported that widespread misconceptions about estate recovery represent a significant barrier to increasing enrollment in the Medicare Savings Programs and Medicaid. Many individuals know that estate recovery applies to long-term care benefits and thus assume that other forms of Medicaid, namely the Medicare Savings Programs and acute care services in Medicaid, will work the same way. In the past, confusion about estate recovery was exacerbated because the state used a single application form for both acute care and long-term care Medicaid benefits, and this application referred to Arizona’s estate recovery program.

SHIP and Area Agency on Aging officials indicated that education could be helpful in dispelling estate recovery fears and encouraging persons to apply for Medicare Savings Programs and Medicaid acute care benefits. Because misunderstanding of Arizona’s estate recovery practice seems extremely prevalent, some advocates reported that an extensive re-education campaign would be required.

Simplification and Facilitation of the Application Process

In the past few years, Arizona has simplified the application process by revising the application form for the Medicare Savings Programs, first shortening the application and subsequently revising it twice. The state has also sought to facilitate enrollment by addressing computer systems problems and training eligibility workers.

Application Forms

Traditionally, individuals needed to apply for Medicare Savings Programs using the long-term care Medicaid application, which was over 12 pages long, required substantial documentation, and entailed a face-to-face interview at the Arizona Long Term Care System (ALTCS) office. In 1998, Arizona began a process of streamlining Medicare Savings Programs application procedures and devised a separate, shortened application form for the Medicare Savings Programs. This section discusses the initial short form application and its revision over time.

Initial Short Medicare Savings Programs Application

Arizona instituted a shortened Medicare Savings Programs application form in 1998 to help promote enrollment in the Medicare Savings Programs, which ranked low nationally. The Medicaid agency developed the form in close consultation with the state SHIP, which had sought the change.

The entire form was four pages (two double-sided pages), including one instruction page, one Rights and Responsibilities page, and a two-page (double-sided) application form. The form required the following verifications:

- Resource verifications, such as the most recent statements regarding life insurance and burial policies, financial accounts, and tax assessments;
- Income verifications, such as check stubs, award letters, and the most recent income tax forms;
- Proof of immigration status; and
- Copies of any health insurance cards.

The form could be submitted by mail or in-person at a local long-term care system office. After individuals submitted their completed short form to the local office, eligibility workers generally required applicants to participate in an in-person interview before approving an award of benefits. Over time, many local long-term care offices began phasing out personal interviews and began contacting the client by telephone when the worker had questions.

Advocates viewed the short Medicare Savings Programs application as a substantial improvement over the traditional Medicaid application. The form was less intimidating and not as difficult to complete for most individuals. Additionally, the instruction page included clear directions about completing the application and helpful charts comparing the monthly income limits, specific eligibility requirements, and benefits for each of the Medicare Savings Programs. Advocates were also pleased when the in-person interview requirement was waived because many individuals, especially those in rural areas, found it inconvenient to travel to the Medicaid office to apply for benefits. .

The form elicited the following criticisms, however:

- The Medicare Savings Programs comparison chart on the instruction page included the monthly income limits before the \$20 income disregard was added;
- The application needed larger print and more “white space” to enhance readability;
- The form was only available in English, and the form did not include the Medicaid ADA Coordinator’s toll-free number to call for an alternate format or translation service;
- Documentation requirements, especially those related to resources, were formidable for many persons and deterred eligible persons from applying for benefits.

Revised Medicare Savings Programs Application Form

In April 2001, to reflect the new Medicaid and Medicare Savings Programs financial eligibility criterion, AHCCCS revised the short form to include both Medicare Savings Programs and full acute care AHCCCS benefits. Advocates commended new aspects of the application form, including that it:

- Collects information regarding ethnicity and race to enable the state to measure participation rates of minority populations;
- Eliminates the need for verification of assets and only requires documentation of income;
- Removes the requirement for an in person interview at the ALTCS office;
- Mentions that income limits do not include the \$20 income disregard or other allowed deductions;
- Includes more “white space” and a larger font type face;
- Is available in Spanish and English versions, which can both be downloaded from the

- Medicare Savings Programs page on the AHCCCS website; and
- Contains contact information and locations for AHCCCS health plans and long term care system offices.

Universal Medicaid Application Form

In 2001, the state also began phasing in a Medicaid application form that could be used for all forms of acute care Medicaid, including the Medicare Savings Programs and Medicaid for children and families. The universal form facilitated enrollment for all household members on one form, eliminating the need for family members to submit separate applications. Ultimately, the state planned to eliminate all separate Medicaid forms and to rely solely on the universal form. Additionally, the state was in the process of coordinating efforts with a community-based organization to allow for applications to be submitted via the Internet.

In 2001, the universal application form was disseminated for piloting to various community-based organizations throughout the state. In general, the community-based organizations viewed the universal application form favorably, believing it made the enrollment process easier and less time-consuming for clients and outreach workers. Although the form was somewhat longer and contained smaller print than the separate Medicare Savings Programs form, organizations remarked that obviating the need for separate Medicaid application forms makes their job easier and made it more likely that all family members would apply for benefits. In any event, many older persons needed personal assistance to complete the application form, which outreach workers were trained to provide. Although the SHIP has not used the universal form yet, it is also supportive of the universal application form because the agency serves many multi-generational families and grandparents raising grandchildren.

At the time of the case study, the universal form was being submitted to a centralized Medicaid screening unit that performed “triage,” reviewing all Medicaid applications and routing copies of them to different processing units for eligibility determinations depending on what programs were involved. Medicaid officials explained that all applications received for Medicare-eligible persons were sent to a special processing unit within AHCCCS. In addition, AHCCCS had set up a help-line for persons to call to obtain feedback about the status of their applications.

Training and Knowledge of Eligibility Workers

AHCCCS reported that all new Arizona long-term care system eligibility workers receive a preliminary two-month training course, including classroom instruction and “on-the-job training,” with follow-up training later in the year. Additionally, all workers receive training at least one time per year.

Advocates interviewed were generally complimentary of the local offices’ processing of Medicare Savings Programs and AHCCCS applications. Although some advocates noted incidences where ALTCS receptionists in rural areas turned away eligible clients, advocates stated that eligibility workers were mostly knowledgeable about Medicare Savings Programs and that, in contrast to the Department of Economic Services (Arizona’s public assistance agency), the long-term care offices were attuned to the needs of older clients and did not carry the

connotations about welfare.

At the time of the case study, application processing for Medicare Savings Programs and Medicaid full benefits for Medicare beneficiaries was being transferred to AHCCCS personnel. Due to its new partnership and recent interactions with AHCCCS staff, as described below, the SHIP expected the AHCCCS eligibility workers to be knowledgeable about the programs and responsive to clients.

Computer Issues

Although Arizona's Medicaid computer database has experienced problems in the past, parties interviewed believed that most system problems have been resolved with upgrades to the database. In addition, when electronic information from the Social Security Administration reflected that a person has been terminated from SSI, Medicaid workers received an alert to consider the individual's eligibility for other Medicaid categories before terminating them from AHCCCS.

Redeterminations/Renewals

Yearly renewals for Medicare Savings Programs are made using the Medicare Savings Programs and AHCCCS short-form. Beneficiaries are required to submit income verifications, but they are not required to participate in an in-person interview at the ALTCS office. On American Indian reservations, SHIP counselors at the senior centers often helped elders with the process. Advocates believed that in most cases, persons completed the process and maintained their coverage. The SHIP reported that terminations from the Medicare Savings Programs occurred from time to time, particularly when persons did not receive the notice because they had moved and had not yet provided a change of address to AHCCCS.

Outreach and Partnerships

This section discusses Arizona's collaborative efforts to conduct outreach and provide application assistance to persons who may qualify for Medicare Savings Programs and full Medicaid benefits.

Collaboration Between the SHIP and Medicaid Agencies

SHIP officials indicated that, over the years, collaboration between the SHIP and AHCCCS on Medicare Savings Programs enrollment has been minimal. Until the eligibility changes in 2001, the Medicaid agency's outreach to Medicare beneficiaries was quite limited, and the SHIP shouldered most of the responsibility for Medicare Savings Programs outreach in Arizona. However, when Medicaid eligibility was expanded, AHCCCS took a more active role in outreach for the Medicare Savings Programs and partnered with the SHIP to enroll eligible individuals.

Since 1995, the Arizona SHIP has provided Medicare Savings Programs information and application assistance. SHIP counselors screen all callers for Medicare Savings Programs

eligibility, and the SHIP director and staff conduct numerous Medicare presentations that include information on Medicare Savings Programs. Volunteer counselors attend the presentations to assist audience members with completing application forms. In addition, about 10 percent of SHIP counselors speak Spanish and provide assistance to applicants with limited English proficiency. Most bilingual counselors provide assistance in areas such as Santa Cruz County, which is located near the Mexico border and has an extremely high percentage of citizens who are native Spanish speakers.

With the passage of Proposition 204, the Medicaid agency initiated a one million dollar campaign to publicize the eligibility expansions and enroll individuals. As part of its efforts, it increased its outreach efforts to Medicare beneficiaries and substantially strengthened its partnership with the SHIPs. AHCCCS provided training to SHIP counselors about the new, combined Medicare Savings Programs and AHCCCS application forms and appointed a SHIP liaison to trouble shoot issues, provide information on the status of applications and expedite application processing.

The Medicaid agency also sought input from the SHIP Coordinator on how to inform QMBs about the new eligibility limits for full Medicaid benefits and enroll those who wished to receive these benefits. In February, AHCCCS mailed two notices, which the SHIP Coordinator helped to draft, to all of the QMBs in the state (about 8,000 individuals). The first notified the recipients: (1) of their ability to enroll in an AHCCCS plan and receive additional benefits, such as prescription drugs and transportation; (2) that they would automatically be enrolled in a Medicaid plan effective April 1, 2001, unless they called the Medicaid agency to decline such coverage; and (3) that they would be receiving a packet shortly containing information for them to chose a plan in their region. The follow-up mailing contained information about the available health plans, including contact numbers for information on participating providers. The letters stated that the Medicaid agency would assign them to health plan unless they selected a plan by March 27, 2001.

Following the mailings, SHIP and Medicaid officials handled several calls for assistance to explain the new options and assist beneficiaries in navigating their health plan choices. SHIP officials report that AHCCCS worked well with SHIP counselors to accommodate the special needs of beneficiaries and to resolve problems quickly, erring in favor of beneficiaries. For example, a number of persons, especially those who were ill or in the hospital during February and March, failed to select a health plan by the deadline and were assigned to Medicaid plans that were unsuitable for their health care needs (i.e., the local dialysis facility or hospital was not part of the plan network). In these cases, the Medicaid agency allowed plan changes after the deadline.

SHIP staff also reported that many Medicare beneficiaries required one-on-one assistance to complete the application process. According to SHIP officials, the task of selecting a health plan has proven to be a daunting and complex task for many beneficiaries, many of whom may not be accustomed to using managed care. Most beneficiaries have required personalized assistance to review and compare health plan options and to select a plan that includes a provider network appropriate for their individual health care needs. Counseling is especially important for QMBs enrolled in Medicare HMOs, as such individuals need to ensure that their primary care physician

participates in both their Medicare and AHCCCS health plans to in order to coordinate their health care.

As mentioned earlier, most QMBs in Arizona chose to receive full Medicaid benefits in addition to their assistance with Medicare cost sharing. As of September 2001, only 885 people remained in QMB without full acute care AHCCCS. SHIP officials believed that most of these individuals did not enroll in an AHCCCS plan because they did not want to change providers, did not want to receive Medicaid or managed care, or did not qualify for full Medicaid benefits because they were working.

State Grants for Community-Based Outreach

In April 2001, after the voter's approval of Proposition 204, Arizona awarded one million dollars in outreach funds to seven community-based organizations, including the Arizona Association of Community Health Centers, which provides advocacy and supportive services for the state's non-profit, tribal and public primary care health centers.¹¹ In the last decade, Arizona has become an increasingly diverse state. In 2000, 1,295,617 residents, about 25 percent of the state's population, indicated Hispanic origins. Additionally, in the United States, Arizona has the third largest concentration of American Indians, with American Indians comprising 5 percent of the state's total population.¹² Arizona's Medicaid outreach grants reflected the state's view that partnering with community based organizations and providers could help enroll underserved populations into Medicaid. The staff of community based organizations and health clinics often are racially and ethnically diverse, attuned to the cultural norms of target populations, and fluent in Spanish and tribal languages. The state believed that community based organizations and providers were best equipped to know where and how to reach un-enrolled persons and to develop culture- and language-appropriate strategies to enroll them in Medicaid programs.

The community groups and providers were charged with conducting outreach and initial application processing to promote enrollment in AHCCCS, the Medicare Savings Programs, and KidsCare (the Arizona SCHIP program). Although the grantees' traditional patient base tended to be families and children, the state funding enabled the community groups and providers to build their capacity to serve the needs of older Arizonans. For example, Arizona health centers have traditionally provided care to family and children. About six percent of the patient mix is 65 and over, and Medicare represents about five percent of payments for medical services. Funding from the state enabled health centers to hire new outreach workers and build their capacity to provide Medicare Savings Programs information and assistance to many elderly and disabled community members and existing patients. Health centers telephoned their existing Medicare-eligible patients to advise them about the Medicaid eligibility changes and providing personalized application assistance to older Arizonans at community events. Like the SHIPs, the health centers indicated that the older residents generally required intensive assistance and one-on-one contact to complete the Medicare Savings Programs and AHCCCS application process.

¹¹ Proposition 204 also directed the Arizona Department of Economic Services to place sufficient eligibility workers at health centers and hospitals. At the time of the case study, the Department's plans for implementing this requirement were unfolding.

¹² U.S. Census Bureau, Census 2000.

According to the Arizona Association of Community Health Centers, health centers welcomed the opportunity to conduct Medicaid outreach to their patients. Health centers charge persons based on sliding scale fee and benefit financially when patients have Medicare and/or Medicaid coverage. In particular, health centers were glad to build their capacity to reach out to older persons because they wish to cultivate an older clientele given the growing numbers of older Arizonans. Although they treat few older patients, many health centers have regular contact with older persons, who often live with extended families and accompany their younger family members to appointments. Health centers believed that helping the older generation with Medicaid enrollment would strengthen their relationship with extended families and help to establish their reputation as multi-generational providers.

Other State Promotional Efforts Related to Proposition 204

As part of its efforts to enroll more persons in Medicaid, the state planned a massive education and media initiative to publicize the Medicaid expansions, including those related to the Medicare Savings Programs and Medicaid for the older persons and individuals with disabilities. At the time of the case study, many of these initiatives were still in initial stages. Notable activities included:

- AHCCCS planned to air bilingual 60-second paid public service announcements targeting seniors on four radio stations throughout the state;
- Medicare Savings Programs advertisements were to appear in Spanish and English language newspapers;
- Posters geared to the Medicare eligible population were displayed in shopping malls commonly frequented by seniors;
- AHCCCS planned to develop Medicare Savings Programs posters for distribution by community-based organizations and two large grocery chains state-wide;
- AHCCCS was developing Medicare Savings Programs brochures geared to eligible persons as well as a brochure for advocates;
- The state was updating its Medicaid website to make information about the Medicare Savings Programs more prominent; and
- Medicaid officials were participating in health fairs and making community presentations to provide Medicare Savings Programs information and personalized application assistance.

SHIP Collaboration with the Social Security Administration

In January 2001, the federal Centers for Medicare and Medicaid Services (CMS) awarded the Arizona SHIP a one-year, \$40,000 grant to place volunteer SHIP counselors in local Social Security Administration (SSA) offices to provide information and application assistance for the Medicare Savings Programs.

Though the project was ongoing at the time of the case study, interviewees shared preliminary insights about the initiative. The SHIP director observed that project worked best when SHIP counselors were placed in SSA offices that had already established ties with SHIP staff in order

to streamline and facilitate agreements and logistics. In addition, she explained that the SHIP had initially planned to outstation regular employees in the SSA office part-time, but did not because the parties had difficulty determining the means for supervising the employees. Instead, SHIP volunteers were placed in the offices. However, since the volunteers' hours were irregular, some SSA workers never acquired the habit of referring clients to them for Medicare Savings Programs application assistance. Additionally, many volunteers said that even when SSA workers were attuned to their presence, there seemed to be a low volume of persons requiring Medicare Savings Programs assistance. Based on the preliminary results from the project, the SHIP director was skeptical about the benefit of placing a SHIP representative at Social Security offices to provide Medicare Savings Programs information and application assistance. Instead, the official believed that the means of collaboration would be best if the local offices could routinely disseminate SHIP brochures to clients so the SHIPs could guide them through the process.

Outreach to the American Indian Population

Four Corners Public Benefit Outreach

In 2000, AARP funded the Four Corners Public Benefit Outreach initiative on the Navajo and Hopi reservations in Arizona. The aim of the initiative was to help tribal elders learn about and enroll in public benefits programs, including Medicare Savings Programs, SSI, Food stamps, and utility assistance. The outreach was modeled after a similar AARP initiative with the Navajo Nation and the Pueblo and Apache tribes in New Mexico.

AARP's outreach project involved partnerships with agencies such as the SHIP, the Medicaid agency, and the Social Security Administration, as well as entities already serving tribal elders, such as the Indian Health Service (IHS), the Navajo Area Agency on Aging, and the Intertribal Council of Arizona Area on Aging, which represents 20 Arizona tribal governments, including that of the Hopi tribe.¹³

Tribal Area on Aging and SHIP staff helped AARP to: (1) secure proper authorizations from tribal leaders to conduct outreach; (2) design culturally-appropriate outreach techniques; and (3) recruit and train a core of 22 tribal employees and elders to conduct outreach. At special training events, officials from the SHIP, Medicaid agency, the Social Security Administration and the Indian Health Service instructed tribal outreach workers about the various public benefit programs and completing applications for assistance. The training encouraged an unusual collaboration between the Navajo and Hopi tribes that contrasted historic discord and competition between the groups.

The trained outreach core conducted door-to-door outreach to tribal elders on the reservations in spring 2000. Generally, a team of three or four outreach workers would travel to an elder's home and converse with the elder in their tribal tongue about the public benefit programs. The

¹³ Through tribal senior centers, the Navajo and Intertribal Council AAAs administer Older Americans Act and SHIP services to tribal elders and represent trusted entities in the tribal communities.

teams included at least one member who knew the elder and led the discussions and introductions. The counselors screened the elders for Medicare Savings Programs, and if they seemed eligible, helped them to complete an application and collect any necessary documentation. The interview generally lasted between one to two hours. During fall 2000, the counselors conducted follow-up interviews with the tribal elders to help resolve difficulties or barriers experienced. Parties participating in the initiative judged it an overall success, as it led to approximately 600 benefit awards for tribal elders over a five-month period.

Continued Outreach by the Intertribal Council of Arizona Area Agency on Aging

Although AARP's public benefits outreach to American Indian tribes ended in 2000, the Intertribal Council of Arizona Area Agency on Aging began a Tribal Public Benefits outreach program similar to the Four Corners model, using SHIP and Older Americans Act funds. In 2001, the public benefits outreach project provided outreach and enrollment assistance to tribal elders from the: Fort McDowell Reservation, Gila River Indian Community, Pascua Yaqui Tribe, White Mountain Apache Tribe, Tonton O'dhom, Yavapi Apache, and Hopi tribes. The SHIP, an American Indian coordinator from the Medicaid agency, and other government officials have continued to provide instruction and updates to tribal outreach counselors at special training events. Additionally, SHIP counselors who are located at senior centers on reservations help conduct any necessary follow-up with the elders regarding their application, including the yearly redeterminations to help elders maintain their enrollment.

Results of Medicare Savings Programs outreach to American Indian Elders

Partners in the Four Corners and Public Benefits Outreach initiatives made important observations about conducting outreach to American Indian elders, commenting that they learned that:

- It is essential for government agencies to observe tribal protocols and obtain advance permission from tribal leaders before conducting outreach.
- Effective outreach to American Indian elders enlists the support of respected tribal members and elders and utilizes existing tribal social service network employees, including tribal senior center staff, SHIP counselors, and Indian Health Service community health representatives. Trusted providers and persons can help dispel misgivings about applying for government programs and reluctance to reveal personal financial information to others.
- Illiteracy and lack of English proficiency is prevalent among American Indian elders. Successful outreach involves face-to-face counseling using simple terms and the elder's native language. Outreach workers who lack fluency in the native tongue can bring a tribal member along to translate, which will also help gain the trust of the elder.
- Traditional modes of communication with urban elders are challenging because many lack phones, do not have direct mail delivery, and live in remote rural areas several miles from paved roads. Tribal staff and SHIP counselors at senior centers can be used to help direct important communications to elders and to facilitate redeterminations to ensure that elders are retained in public benefit programs.
- Outreach messages should emphasize how receipt of Medicare and Medicaid will facilitate greater access to more comprehensive health care for the elder and for the tribe as a whole. Because Indian Health Services monies are fixed, tribes are forced to ration care. Medicare

and Medicaid funds help to augment existing health care resources for the tribe and permit elders to obtain access to benefits that the Indian Health Service may or may not cover, such as prescription drugs or long-term care.

Lessons Learned from Arizona

- **Raising the Medicaid income limit can help produce a concomitant increase in Medicare Savings Programs enrollment.** Arizona increased the Medicaid income level to the federal poverty level effective April 2001, making most QMBs eligible for full Medicaid benefits. The full Medicaid benefit, which includes prescription drugs and other non-Medicare-covered services, likely encouraged more persons to apply for assistance. Additionally, many applicants found ineligible for Medicaid and QMB qualified for the SLMB, QI-1 or QI-2 benefits.
- **Eliminating the asset test helps the Medicare Savings Programs reach those in need, can be relatively cost-neutral, and promotes administrative simplicity for states.** Arizona eliminated the asset test after conducting a fiscal impact study finding that the change would (1) allow a small number of needy low-income seniors who resisted spending their small savings to obtain the Medicare Savings Programs benefit; (2) yield savings on administrative expenditures related to documenting assets that were roughly equivalent to the costs of additional persons qualifying for benefits; and (3) enable and encourage more persons to apply for the benefit because the effort of gathering required documentation may discourage or impede many persons from applying for benefits.
- **Aligning the eligibility requirements for full Medicaid and QMB provides QMBs with more comprehensive coverage and simplifies enrollment procedures for the Medicare Savings Programs, as well for full Medicaid.** Increasing the income limit for Medicaid and eliminating the asset test for Medicaid and the Medicare Savings Programs helped most QMB-eligible persons also qualify for full Medicaid benefits, which includes prescription drugs and other non-Medicare-covered services. The changes also allowed the state to eliminate burdensome asset documentation requirements for the Medicare Savings Programs application. Finally, exempting the Medicare Savings Programs and acute care Medicaid from estate recovery allowed persons to apply for full Medicaid benefits on the same simplified form developed for the Medicare Savings Programs.
- **Beneficiaries may be more willing to participate in the Medicare Savings Programs when states do not apply estate recovery to these benefits, but education is needed to dispel fears and misunderstanding about the state's policy.** Arizona does not conduct estate recovery for the Medicare Savings Programs or acute care Medicaid. Nevertheless, many individuals know that estate recovery applies to other types of Medicaid, such as long-term care benefits, and thus assume that the Medicare Savings Programs and Medicaid work the same way. SHIP and Area Agency on Aging officials indicated that education can be helpful in dispelling estate recovery fears and in encouraging persons to apply for Medicare Savings Programs and Medicaid acute care benefits.

- **Shortened application forms may still need further refinement and testing to make them more user-friendly.** Since implementing its shortened Medicare Savings Programs application form in 1998, Arizona has continued to revise the form and made the process of applying more user-friendly over time. For example, Arizona ultimately eliminated the need for an in-person interview at the local long term care office, which can be inaccessible for elders who live far from the offices; enhanced the form's readability by including more white space and larger font, translated the application form into Spanish, and posted the English and Spanish versions of the application on the Medicaid website for downloading.
- **Many Medicare Savings Programs applicants need personalize help to complete the application process.** In Arizona, the need for help has been heightened since Medicaid eligibility expansions have enabled most persons who qualify for QMB to also enroll in a Medicaid health plan. According to SHIP officials, the task of selecting a health plan has proven to be a daunting and complex task for beneficiaries, many of whom may not be accustomed to using managed care and comparing health plan choices, to select a plan appropriate for their individual health care needs.
- **Universal Medicaid applications can be useful in enabling extended families to apply for Medicaid using one form.** In 2001, Arizona began phasing in a universal Medicaid application form that could be used for all forms of acute care Medicaid, including the Medicare Savings Programs and Medicaid for children and families. The universal form facilitated enrollment for all household members on one form, eliminating the need for family members to submit separate applications and simplifying the job of outreach workers. Although the universal form was somewhat longer and more difficult to navigate than the Medicare Savings Programs application form, community groups were supportive of the concept because they enabled outreach workers to serve multi-generational families and grandparents raising grandchildren. The density of the universal form did not seem to concern officials because beneficiaries were generally already receiving personalized assistance to complete the simplified Medicare Savings Programs form.
- **Streamlining the renewal procedures may aid in the retention of Medicare Savings Programs beneficiaries.** In Arizona, beneficiaries were required to complete application forms and submit income documentation for yearly renewal of benefits. Advocates believed that in most cases, persons completed the process. However they reported that terminations occurred from time to time when persons failed to respond to renewal letters, demonstrating that simplifying the renewal process could promote retention in the programs.
- **Collaboration between the State Health Insurance Counseling Program and the Medicaid agency can be mutually beneficial and promotes Medicare Savings Programs participation.** Since the recent Medicaid expansion, the Medicaid agency increased its outreach efforts to Medicare beneficiaries and substantially strengthened its partnership with the SHIPs, which have traditionally shouldered most of the responsibility for Medicare Savings Programs outreach and application assistance in the state. The Medicaid agency has enhanced the capacity of SHIPs to serve beneficiaries by supplying training about the enrollment procedures. In turn, SHIPs helped the Medicaid agency navigate the complicated task of notifying QMBs about the expanded eligibility for Medicaid and

counseling eligible persons about enrolling in a suitable Medicaid health plan.

- **Active involvement by community groups and providers can help reach under-served populations.** To enroll underserved populations into Medicaid, Arizona’s used Medicaid outreach grants to community-based organizations and providers. The state believed that community-based organizations and providers were best equipped to know where and how to reach un-enrolled individuals and to develop culture- and language-appropriate strategies to enroll them in Medicaid programs.
- **Community health centers are a promising venue for Medicare Savings Programs outreach.** Although Arizona health centers have traditionally focused on serving children and families, the health centers present a promising venue for Medicare Savings Programs outreach. Health centers come into contact with Medicare Savings Programs eligibles through their extended families and have a financial incentive to establish their reputation as a multi-generational provider and build their capacity to accommodate the needs of the aging population.
- **Effective outreach to under-served populations requires recognition of the cultural norms and experiences of the target population.** For example, in Arizona, state agencies obtained advance permission and support from tribal leaders and respected elders before conducting outreach. Additionally, state agencies teamed with tribal health care workers and professionals in order to dispel elders’ misgivings about applying for government programs and provide face-to-face counseling using simple terms and the elder’s native language. Finally, outreach messages emphasized how receipt of Medicare and Medicaid would stretch limited health care dollars for the tribe and improve access to health care for elders.

Appendix A: Application for AHCCCS Services and Medicare Cost Sharing Programs (Revised 2002)



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Application for AHCCCS Medical Services and Medicare Cost Sharing Programs



If you are over age 65, blind or disabled, or if you are eligible for Medicare, use this application to apply for AHCCCS Medical Services and/or Medicare Cost Sharing programs.

How can I Qualify for AHCCCS Medical Services?

Your gross monthly income can be no more than \$739 for an individual or \$995 for a couple (after a \$20 standard deduction and other allowed deductions if you have earned income and/or dependent children). You must be a resident of the state of Arizona and a United States citizen or a non-citizen who meets Medicaid requirements. You must apply for pension, disability or retirement benefits if potentially available to you. If you are under age 65 and not receiving Social Security Disability income, a disability determination will be part of your application process.

What medical services are covered by AHCCCS Medical Services?

Prescription medication	Medical supplies	Emergency medical care
Doctor's office visits	Prosthetic devices	Emergency dental care
Laboratory and X-ray services	Medically necessary dentures	Emergency transportation
Hospital services	Medically necessary transportation	
Behavioral health care	Medically necessary specialist care	

How Can I Qualify for Medicare Cost Sharing Programs?

If you are receiving or eligible for Medicare Part A and you are receiving or eligible for Medicare Part B, use this application to apply for help with your Medicare premium(s), copayments and deductibles.

There are four Medicare Cost Sharing programs. Each one has a different income limit and different benefits.

Medicare Cost Sharing Program →	Qualified Medicare Beneficiary (QMB)	Specified Low-Income Beneficiary (SLMB)	Qualified Individual – 1 (QI-1)	Qualified Individual – 2 (QI-2)
General Eligibility Requirements:	<ul style="list-style-type: none"> You must be a resident of the state of Arizona. You must be a United States citizen or a non-citizen who meets Medicaid requirements. You must apply for pension, disability or retirement benefits if potentially available to you. 			
Monthly Income Limits (after allowed deductions):	\$0 - \$739 (Individual) \$0 - \$995 (Couple)	\$739.01 - \$886 (Individual) \$995.01 - \$1194 (Couple)	\$886.01-\$997 (Individual) \$1194.01-\$1344 (Couple)	\$997.01-\$1293 (Individual) \$1344.01 - \$1742 (Couple)
Specific Requirements:	Receiving or eligible for Medicare Part A	Receiving Medicare Part A	Receiving Medicare Part A	Receiving Medicare Part A and Part B
What is the Benefit?:	<ul style="list-style-type: none"> Pays your Medicare Part B Premium Pays your Medicare Part A Premium (if not free) Pays your Medicare coinsurance Pays your Medicare Deductibles* <p>* If you are enrolled with a Medicare HMO, your co-pays will also be paid. If you elect additional coverage from a Medicare HMO, you will be responsible for any additional premiums and costs.</p>	<ul style="list-style-type: none"> Pays your Medicare Part B Premium 	<ul style="list-style-type: none"> Pays your Medicare Part B Premium 	<ul style="list-style-type: none"> Makes a payment to you as partial reimbursement toward your Medicare Part B Premiums (\$3.91 per month in 2002)

If you are a Qualified Disabled Working Individual (QDWI) who is under age 65 and who lost Title II Social Security Disability benefits because of earnings, use this application to apply for payment of your Medicare Part A premium.

If you are eligible for AHCCCS Medical Services, you will be enrolled with an AHCCCS health plan.

A health plan is like a health maintenance organization (HMO). The health plan contracts with the health care providers (doctors, hospitals, pharmacies, etc.) to provide all AHCCCS covered services. You can choose your Primary Care Physician, a doctor who will need to be your first contact for non-emergency medical care and will be responsible for authorizing your non-emergency medical services.

Can I choose my AHCCCS health plan?

Yes. A list of health plans is on page 6. Find the health plans that are available in the county where you live. There are at least two in each county. Discuss the AHCCCS program with your doctor, and find out which plans he or she participates in. Call the plan directly if you want more information. You can review informational material about the health plans at the ALTCS eligibility office. Then make your choice. (If your application is approved and you were enrolled in an AHCCCS health plan within the past 90 days, you will be re-enrolled with that plan if it is available).

Will I need to change doctors?

Possibly, however most doctors in Arizona participate in AHCCCS and contract with AHCCCS health plans. Ask your current doctor which AHCCCS health plan he or she contracts with.

I am in a Medicare HMO. How will enrolling in an AHCCCS health plan affect me?

If your Medicare HMO doctor also participates with the AHCCCS health plan you choose, you will receive the full AHCCCS benefits available. However, if your doctor in the Medicare HMO does not participate in the AHCCCS health plan you choose, to receive the full benefits available, the Medicare HMO doctor must contact the AHCCCS health plan to coordinate care. If approved prescriptions are filled at a pharmacy that participates in the AHCCCS health plan, there are no prescription co-pays and there is no annual limit on prescription costs.

Can I apply for both AHCCCS Medical Services and Medicare Cost Services programs?

Yes. If eligible, you can get AHCCCS Medical Services and Qualified Medicare Beneficiary (QMB) benefits at the same time.

Who Can Complete an Application?

This application may be completed by you or anyone you choose who knows or can get the information needed to complete the application for you and your family members. The terms “applicant” and “you” on this form refer to the person applying for AHCCCS Medical Services and/or Medicare Cost Sharing benefits. **You and your spouse can use the same application form to apply.** If you have a conservator or guardian, your conservator or guardian must complete this form for you.

INSTRUCTIONS TO THE APPLICANTS

- Check **YES** or **NO** on the application form when asked if you are applying for AHCCCS Medical Services or for help to pay Medicare costs. You can check **YES** to either question or to both.
- Answer all questions on pages 1 through 3.
- If you need more room, attach additional sheets of paper to provide all requested details.
- Read page 4 for an explanation of your rights and responsibilities and providing a social security number.
- Sign the application.
- **Attach all requested verification when you send your application.**
- Keep this cover page and the last page and take or mail pages 1 through 4 to the nearest Arizona Long Term Care System (ALTCS) office. The addresses and telephone numbers of the ALTCS offices are listed on the page 6.
- If you are applying for AHCCCS Medical Services, read page 5 and choose a AHCCCS health plan.
- **If you have any questions regarding these programs, or need help filling out the application, please call the ALTCS office nearest you.**

After we receive your application, we will either contact you for additional information or, if your application is complete, make a decision about whether you qualify. We will send you a notice explaining the decision.



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

AHCCCS APPLICATION FORM



AGENCY USE ONLY	Date Filed
------------------------	------------

Are you applying for AHCCCS Medical Services? YES NO
 Are you applying for help to pay Medicare costs? YES NO

APPLICANT INFORMATION	ACN:
-----------------------	------

First Name	MI	Last Name	Social Security Number
Date of Birth	Age	Are you: <input type="checkbox"/> Male or <input type="checkbox"/> Female	Medicare Claim Number
Home Address		City	State Zip Code
Mailing Address (if different)		City	State Zip Code
Home Phone Number		Work Phone Number	Message Number
Ethnic Group - Optional (will not affect eligibility) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Specify) _____			
Check your current Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed			Effective Date of Current Marital Status:
If married, do you and your spouse live together? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, date of separation:	

IF SOMEONE ELSE IS REPRESENTING YOU AND IS COMPLETING THIS APPLICATION FOR YOU, ANSWER THE FOLLOWING:

Representative's First and Last Name	Representative's Relationship to You	Representative's Phone Number
Representative's Mailing Address: Street		City, State Zip Code

SPOUSE INFORMATION, If living together	ACN:
--	------

Spouse's First and Last Name	Spouse's Date of Birth	Spouse's Social Security Number
Are you applying for AHCCCS Medical Services? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your spouse applying for help to pay Medicare Costs? <input type="checkbox"/> YES <input type="checkbox"/> NO		If applying, Spouse's Medicare Claim Number
If applying, Ethnic Group of Spouse <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian Optional (will not affect eligibility) <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Specify) _____		

DEPENDENT CHILDREN INFORMATION

Do you have any unmarried children living with you who are under age 18 or under age 22 and a student? YES NO
 If YES, list below. If you need more space, attach a separate piece of paper with the information requested.

	Child's Full Name (Last, First)	Child's Date of Birth	Child's Social Security No. (optional)	Type of School, If Student
A.				
B.				

NON-FINANCIAL INFORMATION	Applicant	Spouse (if applying)
---------------------------	-----------	-------------------------

1. Do you live in Arizona?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you receive Medicare Part A?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you receive Medicare Part B?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been determined blind or disabled by the Social Security Administration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If you answered NO to number 4 and you are under age 65, do you have a disability that has kept or will keep you from working for at least 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you a person under age 65 who has lost Title II Social Security Disability benefits because of earnings?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL INFORMATION - INCOME

Do you, your spouse, or your dependent children receive or expect to receive any of the following types of income? Check YES or NO for each item.

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Employment Income
<input type="checkbox"/> Yes <input type="checkbox"/> No Self Employment Income
<input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No Interest on financial accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No Royalties/Dividends
<input type="checkbox"/> Yes <input type="checkbox"/> No Cash Assistance
<input type="checkbox"/> Yes <input type="checkbox"/> No Pensions
<input type="checkbox"/> Yes <input type="checkbox"/> No Railroad Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No Annuity Income
<input type="checkbox"/> Yes <input type="checkbox"/> No Winnings (Lottery/Gambling)
<input type="checkbox"/> Yes <input type="checkbox"/> No Gifts/loans/contributions
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No Student Grants/Scholarships/Loans
<input type="checkbox"/> Yes <input type="checkbox"/> No Payments for Room/Board | <input type="checkbox"/> Yes <input type="checkbox"/> No Rental Income
<input type="checkbox"/> Yes <input type="checkbox"/> No Mortgage/Contract Payments
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Support/Alimony
<input type="checkbox"/> Yes <input type="checkbox"/> No BIA/Tribal Assistance
<input type="checkbox"/> Yes <input type="checkbox"/> No Payments from a trust
<input type="checkbox"/> Yes <input type="checkbox"/> No Tips or Commissions
<input type="checkbox"/> Yes <input type="checkbox"/> No Earned Income Tax Credit (EITC)
<input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ |
|--|--|--|

For each item marked YES, provide all of the information requested below. If you need more room, attach a separate piece of paper containing the requested information. SEND CURRENT VERIFICATION OF ALL INCOME LISTED (FOR EXAMPLE, CHECK STUBS, AWARD LETTERS, THE MOST RECENT INCOME TAX FORMS, IF SELF EMPLOYED). COPIES ARE ACCEPTABLE.

Name of Person Receiving Income	Type of Income	Date received or expected to be received	Gross Amount	How often received

Has there been a change in any of your income during the last three months or do you expect a change in income? YES NO If YES, complete below. If you need more room, attach a separate piece of paper with the information requested.

Date of change or expected change	Type of income affected	What is the change?
-----------------------------------	-------------------------	---------------------

POTENTIAL BENEFITS

Are you or your spouse a veteran? YES NO Are you the widow/widower of a veteran? YES NO

Have you, your spouse or your deceased spouse ever worked for a government agency, or employer with a disability or pension plan? YES NO

If you answered YES to any of these questions, provide the following information about the veteran or employee:

Name	Social Security Number	Date of Birth	Date of Death
Dates of employment and/or Military service		Employer's address	
Employer/Branch of Service			

MEDICAL COVERAGE

Do you or your spouse have medical insurance coverage, other than Medicare? YES NO
If YES, complete the information below and SEND A COPY OF THE INSURANCE ID CARD.

Name of Insurance Company	Who is covered by Insurance

Do you or your spouse have an injury or illness resulting from an accident (pedestrian, automobile, or other vehicle, on the job, etc.)? YES NO If YES, complete the items below:

Name	Type of Injury	Date of Injury	Name and Address of Insurance or Company Responsible for Medical Costs due to the Injury	<input type="checkbox"/> Injury Referral form (DE-124) Date: _____

If eligible for AHCCCS Medical Services or QMB, I agree to assign to AHCCCS all rights to third party payments of medical expenses, including insurance coverage, to the extent that costs are paid by AHCCCS. _____ (initial)

DECLARATION OF CITIZENSHIP/QUALIFIED ALIEN STATUS

Place of Birth	Country of Birth
----------------	------------------

- I declare under penalty of perjury that I am a citizen or national of the United States.
- I declare under penalty of perjury that I am a alien who is in satisfactory immigration status. I am present in the United States with the permission and knowledge of the Immigration and Naturalization Service (INS), and my:

Alien registration number is: _____ Date of entry is: _____

Signature of applicant	Date	Signature of witness, if signed with a mark	Date
------------------------	------	---	------

**DECLARATION OF CITIZENSHIP/QUALIFIED ALIEN STATUS
(FOR SPOUSE, IF SPOUSE IS ALSO APPLYING)**

Spouse's Place of Birth	Spouse's Country of Birth
-------------------------	---------------------------

- I declare under penalty of perjury that I am a citizen or national of the United States.
- I declare under penalty of perjury that I am a alien who is in satisfactory immigration status. I am present in the United States with the permission and knowledge of the Immigration and Naturalization Service (INS), and my:

Spouse's Alien registration number is: _____ Spouse's Date of entry is: _____

Signature of spouse, if applying	Date	Signature of witness, if signed with a mark	Date
----------------------------------	------	---	------

IF YOU OR YOUR SPOUSE WERE BORN OUTSIDE THE UNITED STATES, ATTACH A COPY OF YOUR CERTIFICATE OF NATURALIZATION OR DOCUMENTATION OF ALIEN STATUS ISSUED BY THE IMMIGRATION AND NATURALIZATION SERVICE (INS).

HEALTH PLAN CHOICE

If you are applying for AHCCCS Medical Services, choose an AHCCCS health plan that serves your county. See page 5 for a list of health plans.

Name of Health Plan you Choose (from page 5):

PENALTY WARNING

The information provided on this form may be verified by federal, state, and local officials. If anything is inaccurate, you may be denied benefits.

1. You must not knowingly withhold or give false information with the intent to receive or to continue receiving AHCCCS benefits to which you are not entitled.
2. You will be required to pay back to AHCCCS any benefits you receive as a result of withholding or giving false information and you will be subject to criminal prosecution.

It is fraud for any person to knowingly withhold information with the intent to receive or continue to receive benefits to which he/she is not eligible. Any person found guilty of fraud may be subject to fines, criminal prosecution, imprisonment or other penalties as provided for by applicable State and Federal laws.

RELEASE OF INFORMATION

I authorize AHCCCS to investigate and contact any sources necessary to establish eligibility and the accuracy of financial information that pertains to AHCCCS eligibility. If eligible, I agree to the release of eligibility information by AHCCCS to Blue Cross/Blue Shield or another intermediary for determining Medicare Cost Sharing payments.

STATEMENT OF TRUTH

I swear or affirm under penalty of perjury that the oral or written statements made regarding the persons in my home, my income, and any other items that pertain to my possible eligibility for AHCCCS Medical Services or Medicare Cost Sharing program benefits are true and correct to the best of my knowledge and that any photocopies I have provided are the same as the original. I have read and understand the penalty warning. I have read and understand my rights and responsibilities, and providing Social Security numbers on the back of this page. I further agree to cooperate with Arizona or Federal personnel in the completion of a quality control review on my eligibility for benefits.

Signature of Applicant	Date
Signature of Spouse	Date
Signature of Witness (if applicant signed with a mark)	Date
Signature of Representative	Date

OFFICE USE

RIGHTS AND RESPONSIBILITIES OF APPLICANTS/RECIPIENTS

You have the **RIGHT** to:

1. Be treated fairly and equally regardless of race, religion, national origin, sex, age, disability, or political beliefs.
2. Review policy manuals or the rules if you question the basis on which your eligibility is approved or denied.
3. Have all information you give regarding your eligibility kept confidential, according to state and federal law.
4. Be told about the rules for prior quarter coverage (not applicable to the QMB program).
5. A hearing, if you have provided all information and verification requested and you have not been told in writing within 45 days whether or not you qualify. Your hearing will be conducted by an Administrative Law Judge who will listen to your case. If you wish to ask for a hearing, your request must be in writing and mailed or Faxed to: AHCCCS Administration, Office of Legal Assistance, 701 East Jefferson, Mail Drop 6200, Phoenix, Arizona, 85034, FAX: 602-253-9115.

You have the **RESPONSIBILITY** to:

1. Provide AHCCCS with the needed information to correctly determine your eligibility and authorize AHCCCS to investigate and contact any sources necessary to confirm the accuracy of the information which pertains to eligibility.
2. Take necessary steps to obtain any annuities, pensions, retirement and disability benefits to which you may be entitled, including, but not limited to Social Security benefits, Railroad Retirement, Veteran's benefits and unemployment compensation.

If you are eligible you **MUST**:

1. Notify the AHCCCS/ALTCS office as soon as possible but no later than within 10 days by phone, letter or in person, whenever there are any changes in your income, address, marital status, Medicare coverage, household composition, or other circumstances which could affect your eligibility.
2. Cooperate with Arizona or Federal personnel in the completion of a quality control review of your eligibility.

PROVIDING SOCIAL SECURITY NUMBERS

You must provide or apply for a Social Security number (SSN) for every applicant or recipient of AHCCCS Medical Services. This is required under the Social Security Act (SSA) of 1935 (Section 1137) as amended by P.L. 98-369. Providing a Social Security number for someone who is not applying is optional. Your SSN will be used to check the identity of those receiving assistance, to prevent double payments, to determine benefits available under other programs and to make mass benefit changes more easily. Your SSN will be used in computer matching available through the State Income and Eligibility Verification System (IEVS) to obtain wage, income and other information from: (a) the IRS, (b) the Social Security Administration, (c) Arizona Department of Economic Security, and (d) other states administering TANF, Medicaid, Unemployment Insurance, Food Stamps, Programs under Title I, X, XIV, XVI of the SSA and other state wage information collection agencies. AHCCCS will use the information available from this computer matching to verify income, eligibility, alien status, and the correct amount of medical assistance payments. When the information you give is questionable, AHCCCS will verify the information by contacting other sources.

ASSIGNMENT OF RIGHTS TO OTHER BENEFITS FOR MEDICAL CARE (Applicable only to AHCCCS Medical Services and the Qualified Medicare Beneficiary Program)

I understand that if I am or members of my family are approved for AHCCCS benefits, AHCCCS can collect payment from any other parties who may be responsible for paying for our health care costs. This includes:

- Private or employer-sponsored health insurance (not including Medicare)
- Persons, such as an absent spouse or parent, who are legally responsible for providing medical support
- Private or employer-sponsored disability insurance
- Private or employer-sponsored accident insurance
- Insurance claims, jury awards, or legal settlements resulting from injuries

I understand that AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand that I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.

How to choose a health plan, if you are applying for AHCCCS Medical Services

- ✓ Find the health plans available in the County where you live.
- ✓ Indian Health Services is only available if you are Native American.
- ✓ Call the health plans if you have any questions.
- ✓ If you have made your choice by the time you complete the application form write your choice on page 3.
- ✓ You can choose any time before a decision is made on your application by calling **1-800-334-5283**.

If your application is approved for AHCCCS Medical Services, you will be enrolled in the health plan you chose. (If you were enrolled in an AHCCCS health plan within the past 90 days, you will be re-enrolled with that plan if it is available).

If you are approved for AHCCCS Medical Services and you have not chosen a health plan, you will be assigned to one. You will receive an AHCCCS ID card with the name and telephone number of the health plan.

If your application is not approved for AHCCCS Medical Services but you are approved for one of the Medicare Cost Sharing programs, you will **not** be enrolled with a health plan.

AHCCCS Health Plans

APACHE COUNTY

Family Health Plan of NEAZ 1-800-448-3585
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

COCHISE COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

COCONINO COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

GILA COUNTY

Mercy Care Plan 1-800-624-3879
Community Connection 1-800-747-7997
Indian Health Service 1-602-364-5139

GRAHAM COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

GREENLEE COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

LA PAZ COUNTY

Arizona Physicians, IPA 1-800-348-4058
Family Health Plan of Northeast AZ 1-800-448-3585
Indian Health Service 1-602-364-5139

MARICOPA COUNTY

Maricopa Health Plan 1-800-582-8686
Phoenix Health Plan 1-800-747-7997
CIGNA Community Choice 1-800-832-3211
Health Choice Arizona 1-800-322-8670
Arizona Physicians, IPA 1-800-348-4058
Mercy Care Plan 1-800-624-3879
Indian Health Service 1-602-364-5139

MOHAVE COUNTY

Arizona Physicians, IPA 1-800-348-4058
Family Health Plan of Northeast AZ 1-800-448-3585
Indian Health Service 1-602-364-5139

NAVAJO COUNTY

Family Health Plan of NEAZ 1-800-448-3585
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

PIMA COUNTY

Pima Health System 1-800-423-3801
Arizona Physicians, IPA 1-800-348-4058
University Family Care 1-888-708-2930
Health Choice Arizona 1-800-322-8670
Mercy Care Plan 1-800-624-3879
Indian Health Service 1-520-295-2550

PINAL COUNTY

Mercy Care Plan 1-800-624-3879
Community Connection 1-800-747-7997
Indian Health Service 1-602-364-5139
If your zip code is 85220 or 85242 you must choose from the health plans listed under Maricopa County.

SANTA CRUZ COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-520-295-2550

YAVAPAI COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139
If your zip code is 85342, 85358 or 85390 you must choose from the health plans listed under Maricopa County.

YUMA COUNTY

Mercy Care Plan 1-800-624-3879
Arizona Physicians, IPA 1-800-348-4058
Indian Health Service 1-602-364-5139

ARIZONA LONG TERM CARE OFFICES

CASA GRANDE

500 North Florence Street
Casa Grande, Arizona 85222
1-520-421-1500

MESA

460 North Mesa Drive, Suite 101
Mesa, Arizona 85201
1-602-417-6400

CHINLE

DCI Shopping Center
US Highway 191, PO Box 1942
Chinle, Arizona, Navajo Nation, 86503
1-928-674-5439
1-888-800-3804 (toll free)

PHOENIX NORTH

4440 North 36th Street
Phoenix, Arizona 85018
1-602-417-6200

COTTONWOOD

1 North Main Street
Cottonwood, Arizona 86326
1-928-634-8101

PHOENIX SOUTH

700 East Jefferson Street, First Floor
Phoenix, Arizona 85034
1-602-417-6600

FLAGSTAFF

3480 East Route 66
Flagstaff, Arizona 86004
1-928-527-4104
1-800-540-5042 (toll free)

PRESCOTT

1570 Willow Creek Road
Prescott, Arizona 86301
1-928-778-3968
1-888-778-5600 (toll free)

GLENDALE

2830 West Glendale Avenue, Suite 34
Phoenix, Arizona 85051
1-602-417-6000

SHOWLOW

580 East Old Linden Road, Suite 3
Showlow, Arizona 85901
1-928-537-1515
1-877-537-1515 (toll free)

GLOBE/MIAMI

Cobre Valle Plaza
2250 Highway 60, Suite H
Miami, Arizona 85539-9700
1-928-425-3165
1-888-425-3165 (toll free)

SIERRA VISTA

484 East Wilcox Drive
Sierra Vista, Arizona 85635
1-520-459-7050
1-888-782-5827 (toll free)

KINGMAN

519 East Beale Street, Suite 150
Kingman, Arizona 86401
1-928-753-2828
1-888-300-8348 (toll free)

TUCSON

Magdalena Building
110 South Church Avenue, Suite 2070
Tucson, Arizona 85701
1-520-205-8600
1-800-824-2656 (toll free)

LAKE HAVASU CITY

285 South Lake Havasu Avenue
Lake Havasu City, Arizona 86403
1-928-453-5100
1-800-654-2076 (toll free)

YUMA

3850 West 16th Street, Suite B
Yuma, Arizona 85364
1-928-782-0776

Appendix B: Application for AHCCCS Health Insurance

Application for AHCCCS Health Insurance

Use this application to ask for medical coverage for yourself, someone in your family, or for someone you are representing.



Covered Medical Services

Doctor's Visits
Specialist Care
Transportation to Doctor*
Hospital Services
Emergency Care
Pregnancy Care

Immunizations
Physical Exams
Behavioral Health*
Family Planning
Lab and X-rays
Prescriptions

Glasses*
Vision Exams*
Dental Screening*
Dental Treatment*
Hearing Exams*
Hearing Aids*

See page D for more information about how you get medical services.
*Coverage of these services may be limited depending on the program.

You can also use this form to ask for help with your Medicare premiums, coinsurance, and deductibles if you have or could have Medicare. This is called **Medicare Cost Sharing**.

Eligibility specialists from AHCCCS, DES, KidsCare, or the Premium Sharing Program will review your application for AHCCCS Health Insurance. They will contact you if they need more information. You may need to have an interview in person or by telephone.

What does AHCCCS Health Insurance cost?

You may need to pay a premium to AHCCCS only if you are approved for:

- **KidsCare:** \$0 to \$20 per month per household or
- **Premium Sharing:** 3% to 6% of monthly household income (chronically ill members with high income may need to pay more)

If you need to pay a premium to AHCCCS, we will send you a letter telling you the amount and when the premium is due.

Applying for Children or Children and Adults

If you have questions, call (602) 417-5437 in the Phoenix area or toll free at 1-877-764-5437 (Statewide).

Complete and mail only pages 1 - 6 to:

920 E. Madison, MD 500
Phoenix, Arizona 85034

Applying for Adults Only

If you have questions, call (602) 417-5010 in the Phoenix area or toll free at 1-800-528-0142 (Statewide).

Complete and mail only pages 1 - 6 to:

1209 E. Washington, MD 400
Phoenix, Arizona 85034

www.ahcccs.state.az.us

Keep pages A, B, C, and D for your records.



Keep this page for your records.

Explanation of your rights and responsibilities

This section explains your rights. Please read it carefully.

Citizenship and Immigration Status

Anyone who wants AHCCCS Health Insurance (except for emergency medical care) must tell us his or her citizenship or immigration status. Non-citizens must provide copies of any INS cards or letters. We may verify immigration documents with the INS, but **we will not report information to the INS**. If you ask for or receive AHCCCS Health Insurance (except for nursing home care), it will not hurt the immigration status of anyone in your household. You do not need to tell us about the citizenship, immigration status or place of birth, or provide documents for anyone in your household who is not applying for AHCCCS Health Insurance.

Providing Social Security Numbers

Anyone who asks for AHCCCS Health Insurance must tell us his or her Social Security number or apply for one. If you do not have a Social Security number, we can help you apply for one. We do not require a Social Security number for a person who is not asking for AHCCCS Health Insurance, but you may give it voluntarily. Providing all Social Security numbers will help us process the application faster. We use Social Security numbers for computer matching with other state and federal agencies and to find out about your income and whether you have Medicare. It also makes sure you are not approved for AHCCCS Health Insurance more than once at the same time. Immigrants who are not legally able to obtain a Social Security number are not required to provide one. We will not use your Social Security number as your AHCCCS identification number.

Hearing Rights

You have the right to ask for a hearing if:

- you have given all information and proof requested and you have not been told in writing within 45 days (or 90 days if a disability determination is needed) whether your application is approved or denied,
- we deny your application, or stop or reduce your services, or
- you disagree with the amount of your premium or an increase in your premium.

The notice AHCCCS or DES sends you will tell you how to request a hearing, the date by which you must ask for a hearing, and will ask for the reason you want a hearing.

Privacy Rights

AHCCCS or DES staff will not tell anyone what you tell us in this application unless you give us permission or we are allowed to by State and Federal law.

Penalty Warning

Federal, State and local officials may check the truth of the information you provide on this application. You must not knowingly hold back or give false information so you can receive or continue receiving AHCCCS Health Insurance. If something you tell us on this application is incorrect, we may deny or stop AHCCCS Health Insurance. We will ask you to provide additional proof of any statements you make on your application that do not match information we get from someone else. If you and/or your representative knowingly provide false information, you and/or your representative will be subject to criminal prosecution, which could result in fines, imprisonment and/or other penalties under state or federal law. You may also be required to pay AHCCCS for AHCCCS Health Insurance you received while you were not eligible.

Cooperation With the Eligibility Agencies in Processing your Application

The AHCCCS Administration or the Department of Economic Security (DES) will see if you can get AHCCCS Health Insurance. Based on federal and state laws, a person who is eligible for Medicaid cannot be approved for KidsCare or the Premium Sharing Program. If someone listed on this application may be Medicaid eligible, your application will be completed by DES or AHCCCS. You may be asked to provide more information. If you do not give the information or proof needed, your application for AHCCCS Health Insurance cannot be approved.

For more information about your responsibilities, see page 6.

NON DISCRIMINATION

AHCCCS and DES do not discriminate on the basis of disability in admission to, access to or operation of its programs, activities, services or in its employment practices. AHCCCS and DES comply with the Americans with Disabilities Act of 1990. If you need an accommodation to participate in an AHCCCS program, service or activity or this document in an alternate format or need translation assistance, please contact the AHCCCS ADA Coordinator at 602-417-4813 or 1-800-654-8713, ext. 4813.

Instructions for Completing This Application

Keep this page for your records

Name:

Who to include on the application:

If you are applying for **you, your spouse, or children (younger than age 19) in your family**, include yourself and everyone who lives with you and is:

- Your spouse;
- Your child (includes your stepchild);
- Your child's child(ren);
- Your child's spouse;
- Your child's other parent;
- Your parent(s) if you are under age 19;
- A child related to you who you are caring for; and
- Your child age 19 through 21 who is a student.

Include a person who normally lives with you but is temporarily not living with you because the person is working or is a child attending school.

If someone included on the application is pregnant, be sure to tell us. For some programs, children who are not yet born are counted as household members, which allows the family to have a higher income limit.

If you are applying for **someone else** (your parent, child who is age 19 or older, grandparent, friend, etc.), complete another application. Include the persons who are related to the person for whom you are applying (see list above). The person for whom you are applying needs to either sign the application on page 6 or complete Section E on page 1.

To speed up the processing of your application, send the information listed below with your application.

- Wages:** Copies of check stubs or a statement from the employer showing the gross earnings last month and this month of everyone listed on this application. If someone listed on the application lost a job within the last two months, send proof of the last day worked and the gross amount of the last check received.
- Self-Employment:** Copies of current Federal tax forms: 1040, SE and applicable schedules such as C, C-EZ, E, F, K-1, or proof of business income and expenses for the last calendar month. Proof of business income includes records, journals, or financial statements that show the date the income was received and the amount of income. Proof of business expenses includes receipts, bills, or canceled checks that show the date, the amount, and the type of expense.
- Child Support:** Copies of the court order or child support payment history.
- Other Income:** Proof of any other income or money received this month and last month from any source or for any reason. This includes letters from the Social Security Administration, Veterans Administration, Railroad Retirement, or other retirement or disability pension.
- Health Insurance:** Copies of insurance ID cards for persons who are applying but who are currently covered by other health insurance.
- Citizenship:** Copies of both sides of citizenship or immigration documents for persons who want AHCCCS Health Insurance and were not born in the United States or its territories. **Receiving AHCCCS Health Insurance will not affect anyone's immigrant status. AHCCCS will not report any information to the Immigration and Naturalization Service (INS).**
- Daycare:** Proof of amount billed for the care of a child or incapacitated adult so an adult in the household can work.
- Pregnancy:** A signed letter from your doctor or nurse giving the expected date of delivery.
- Health Plan:** Choose a health plan from the choices on the next page. If you are only applying for help with your Medicare costs, you do not need to choose a health plan.

**Please answer all questions.
Use a pen, and print your answers clearly.**

To get covered medical services you need to choose either a Health Plan that serves your county or Indian Health Services (IHS). All AHCCCS Health Plans provide the covered medical services listed on page A.

Before choosing, check with your doctor, pharmacy or hospital to see if they work with the plan that you want. If you are Native American and can receive services from IHS, you may select IHS as your AHCCCS Health Plan. If you have a question about a health plan that serves your county, call the number listed below for the health plan.

APACHE COUNTY		MOHAVE COUNTY	
Family Health Plan of N.E. AZ.....	1-800-448-3585	Arizona Physicians, IPA.....	1-800-348-4058
Arizona Physicians, IPA	1-800-348-4058	Family Health Plan of N.E. AZ.....	1-800-448-3585
Indian Health Service	602-364-5139	Indian Health Service	602-364-5139
COCHISE COUNTY		NAVAJO COUNTY	
Mercy Care Plan.....	1-800-624-3879	Family Health Plan of N.E. AZ.....	1-800-448-3585
Arizona Physicians, IPA	1-800-348-4058	Arizona Physicians, IPA.....	1-800-348-4058
Indian Health Service	602-364-5139	Indian Health Service	602-364-5139
COCONINO COUNTY		PIMA COUNTY	
Mercy Care Plan.....	1-800-624-3879	Pima Health System	1-800-423-3801
Arizona Physicians, IPA	1-800-348-4058	Arizona Physicians, IPA.....	1-800-348-4058
Indian Health Service	602-364-5139	University Family Care.....	1-888-708-2930
GILA COUNTY		Health Choice Arizona	1-800-322-8670
Mercy Care Plan.....	1-800-624-3879	Mercy Care Plan.....	1-800-624-3879
Community Connection	1-800-747-7997	Indian Health Service	520-295-2550
Indian Health Service	602-364-5139	PINAL COUNTY	
GRAHAM COUNTY		Mercy Care Plan.....	1-800-624-3879
Mercy Care Plan.....	1-800-624-3879	Community Connection	1-800-747-7997
Arizona Physicians, IPA	1-800-348-4058	Indian Health Service	602-364-5139
Indian Health Service	602-364-5139	<i>If your zip code is 85220 or 85242 you must choose from among the health plans listed under Maricopa County.</i>	
GREENLEE COUNTY		SANTA CRUZ COUNTY	
Mercy Care Plan.....	1-800-624-3879	Mercy Care Plan.....	1-800-624-3879
Arizona Physicians, IPA	1-800-348-4058	Arizona Physicians, IPA.....	1-800-348-4058
Indian Health Service	602-364-5139	Indian Health Service	520-295-2550
LA PAZ COUNTY		YAVAPAI COUNTY	
Arizona Physicians, IPA	1-800-348-4058	Mercy Care Plan.....	1-800-624-3879
Family Health Plan of N.E. AZ.....	1-800-448-3585	Arizona Physicians, IPA.....	1-800-348-4058
Indian Health Service	602-364-5139	Indian Health Service	602-364-5139
MARICOPA COUNTY		<i>If your zip code is 85342, 85358 or 85390 you must choose from among the health plans listed under Maricopa County.</i>	
Maricopa Health Plan	1-800-582-8686	YUMA COUNTY	
Phoenix Health Plan.....	1-800-747-7997	Mercy Care Plan.....	1-800-624-3879
CIGNA Community Choice.....	1-800-832-3211	Arizona Physicians, IPA.....	1-800-348-4058
Health Choice Arizona.....	1-800-322-8670	Indian Health Service	602-364-5139
Arizona Physicians, IPA	1-800-348-4058		
Mercy Care Plan.....	1-800-624-3879		
Indian Health Service	602-364-5139		

If you are approved only for the Medicare Cost Sharing program, you will not be enrolled in a health plan. Medicare Cost Sharing may help pay your Medicare premiums, coinsurance, and deductibles if you have or could have Medicare.

If you are approved for the Premium Sharing program, they may contact you to choose a different health plan.

**Please choose either a Health Plan that serves your county or IHS.
Write your choice on page 1.**



Application for AHCCCS Health Insurance

Date Received

A. Enter the name, address, and telephone number of the applicant or the responsible adult if you are applying for a child.

Name of applicant or responsible adult					
Home Address	APT#	City	State	Zip Code	County
Mailing Address	APT#	City	State	Zip Code	
Home Telephone	Second Telephone (work, message, cell)		Other Telephone (work, message, cell)		

B. What language do you speak? English Spanish Other _____

What language do you read? English Spanish Other _____

C. Is anyone included on this application pregnant?

No Yes If Yes, who: _____ When is the baby due? _____ How many babies expected? _____

D. Enter a health plan that serves your county. Health plan choices are listed on page D.

My health plan choice is:

******If you want someone else to represent you complete section E. If not, go to page 2.******

E. If you want to allow someone else to represent you or you have a legal guardian, provide the information below.

Representative's Name					
Representative's Home Address	APT#	City	State	Zip Code	County
Representative's Mailing Address	APT#	City	State	Zip Code	
Representative's Home Telephone	Representative's Second Telephone (work, message, cell)		Representative's Other Telephone (work, message, cell)		

By signing below, I:

- Give permission for my representative to complete and sign my application;
- Give permission for my representative to provide any documents requested, including personal information;
- Give permission to my representative to sign on my behalf to permit other people, businesses, or agencies to give personal information about me to AHCCCS; and
- Agree to give personal information to my representative.

Signature of Applicant (not needed if you have a legal guardian)	Date
--	------

Hospital/Organization/Agency Use Only

Inpatient Treat & Release

Provide the information below if you wish to receive information about this applicant's eligibility. AHCCCS cannot share information about this applicant without the applicant's written permission.

Hospital/Hospital's Agent/Organization/Agency	Contact Person	Telephone number
Address		City, State, Zip

I give permission for AHCCCS, KidsCare, DES, or Premium Sharing staff to tell the hospital, hospital agent, organization, or agency listed above:

- that I have applied for AHCCCS Health Insurance;
- the information or proof needed to see if I can get AHCCCS Health Insurance; and
- whether I was approved or denied for AHCCCS Health Insurance and if denied, the reason.

Signature of Applicant	Date
------------------------	------

Eligibility Agency Use Only

Source Code 125	Case #	AHCCCS Tracking #
--------------------	--------	-------------------

F. Enter information about the adults (age 19 or older) in the home. See page C.

You do not need to answer questions 10 through 16 for a person if you answered "Not applying" to question 9. If you give us a Social Security Number for a person who is not applying, it will help us verify family income and decide if you can get AHCCCS Health Insurance faster. (On page B we explain how we use Social Security Numbers.)

↓ QUESTIONS ↓	↓ Adult 1 ↓	↓ Adult 2 ↓	↓ Adult 3 ↓
1. Name	First MI	First MI	First MI
	Last	Last	Last
	Other name(s) used	Other name(s) used	Other name(s) used
2. Birth Date	____/____/____	____/____/____	____/____/____
3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
5. Spouse's name if married	First Last	First Last	First Last
6. Social Security # (Optional for non-applicants)			
7. Race (Optional)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Hispanic
	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> African American <input type="checkbox"/> Asian
	<input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Native American Tribe: _____
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
8. Is this person an Arizona resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What is this person applying for?	<input type="checkbox"/> Not applying <input type="checkbox"/> Medical coverage <input type="checkbox"/> Help with Medicare costs	<input type="checkbox"/> Not applying <input type="checkbox"/> Medical coverage <input type="checkbox"/> Help with Medicare costs	<input type="checkbox"/> Not applying <input type="checkbox"/> Medical coverage <input type="checkbox"/> Help with Medicare costs
10. Place of Birth	Country	Country	Country
11. U.S. Citizenship or Non-citizen Status	<input type="checkbox"/> Yes, a U.S. citizen <input type="checkbox"/> No, not a U.S. citizen	<input type="checkbox"/> Yes, a U.S. citizen <input type="checkbox"/> No, not a U.S. citizen	<input type="checkbox"/> Yes, a U.S. citizen <input type="checkbox"/> No, not a U.S. citizen
	INS ID# _____	INS ID# _____	INS ID# _____
12. Does this person have Medicare?	<input type="checkbox"/> Yes If Yes, what is the claim #? <input type="checkbox"/> No _____	<input type="checkbox"/> Yes If Yes, what is the claim #? <input type="checkbox"/> No _____	<input type="checkbox"/> Yes If Yes, what is the claim #? <input type="checkbox"/> No _____
13. Does this person have health insurance other than AHCCCS?	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No
	<input type="checkbox"/> Not now, but during the past 3 months Date ended ____/____/____	<input type="checkbox"/> Not now, but during the past 3 months Date ended ____/____/____	<input type="checkbox"/> Not now, but during the past 3 months Date ended ____/____/____
	Policy #: _____	Policy #: _____	Policy #: _____
	Insurance company name: _____ Insurance company phone number: _____	Insurance company name: _____ Insurance company phone number: _____	Insurance company name: _____ Insurance company phone number: _____
14. Is this person unable to work because of a medical or mental condition or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Last day worked? ____/____/____	Last day worked? ____/____/____	Last day worked? ____/____/____
	When will this person be able to return to work? _____	When will this person be able to return to work? _____	When will this person be able to return to work? _____
15. Has this person or this person's spouse or deceased spouse ever worked for a government agency or an employer with a pension plan?	<input type="checkbox"/> Yes If Yes, what is the name of the company? _____	<input type="checkbox"/> Yes If Yes, what is the name of the company? _____	<input type="checkbox"/> Yes If Yes, what is the name of the company? _____
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
16. Is this person or this person's spouse or deceased spouse a veteran?	<input type="checkbox"/> Yes If Yes, what branch of the service? _____	<input type="checkbox"/> Yes If Yes, what branch of the service? _____	<input type="checkbox"/> Yes If Yes, what branch of the service? _____
	Military ID #: _____	Military ID #: _____	Military ID #: _____
	Dates of Service: _____	Dates of Service: _____	Dates of Service: _____
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

NOTES

G. List information about all children younger than age 19 in the home. If there are more than four children in your home, please attach an additional page for the other children and give the information asked for below.

You do not need to answer questions 12 through 17 if you do not want AHCCCS Health Insurance for that child.

↓ QUESTIONS ↓	↓ Child 1 ↓	↓ Child 2 ↓	↓ Child 3 ↓	↓ Child 4 ↓
1. Child's Name	First MI	First MI	First MI	First MI
	Last	Last	Last	Last
2. Birth Date	____/____/____	____/____/____	____/____/____	____/____/____
3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Widowed
5. Name of parent(s) living in the home with the child or if no parent, name of relative in the home and relationship.	Mother	Mother	Mother	Mother
	Father	Father	Father	Father
	Other Relative	Other Relative	Other Relative	Other Relative
	Relationship	Relationship	Relationship	Relationship
6. Spouse's name if child is married	First Last	First Last	First Last	First Last
7. Social Security # (Optional for non-applicants)				
8. Race (Optional)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Hispanic
	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> African American <input type="checkbox"/> Asian
	<input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Native American Tribe: _____
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
9. Is this child an Arizona resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does this child receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amount: _____	Amount: _____	Amount: _____	Amount: _____
11. Applying for medical coverage for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Place of Birth	Country	Country	Country	Country
13. U.S. Citizenship or Non-citizen Status	<input type="checkbox"/> Yes, a U.S. citizen	<input type="checkbox"/> Yes, a U.S. citizen	<input type="checkbox"/> Yes, a U.S. citizen	<input type="checkbox"/> Yes, a U.S. citizen
	<input type="checkbox"/> No, not a U.S. citizen	<input type="checkbox"/> No, not a U.S. citizen	<input type="checkbox"/> No, not a U.S. citizen	<input type="checkbox"/> No, not a U.S. citizen
	INS ID# _____	INS ID# _____	INS ID# _____	INS ID# _____
14. Does this child have health insurance other than AHCCCS?	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No	<input type="checkbox"/> Yes, covered now <input type="checkbox"/> No
	<input type="checkbox"/> Not now, but during the past 3 mo.	<input type="checkbox"/> Not now, but during the past 3 mo.	<input type="checkbox"/> Not now, but during the past 3 mo.	<input type="checkbox"/> Not now, but during the past 3 mo.
	Date ended ____/____/____	Date ended ____/____/____	Date ended ____/____/____	Date ended ____/____/____
	Policy #: _____	Policy #: _____	Policy #: _____	Policy #: _____
	Insurance company name: _____	Insurance company name: _____	Insurance company name: _____	Insurance company name: _____
Insurance company phone number: _____	Insurance company phone number: _____	Insurance company phone number: _____	Insurance company phone number: _____	
15. Does this child or the child's parent or spouse work for a state agency?	<input type="checkbox"/> Yes If Yes, agency name: _____	<input type="checkbox"/> Yes If Yes, agency name: _____	<input type="checkbox"/> Yes If Yes, agency name: _____	<input type="checkbox"/> Yes If Yes, agency name: _____
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
16. Name of parent(s) NOT in the home (Needed for Medicaid)	Mother	Mother	Mother	Mother
	Father	Father	Father	Father
17. Address and Phone # of parent(s) NOT in the home. (Needed for Medicaid)	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECEASED
	Street	Street	Street	Street
	City State Zip	City State Zip	City State Zip	City State Zip
	Phone	Phone	Phone	Phone

H. Is anyone listed on this application self-employed?

- No If no, continue to question I.
- Yes How much is the average gross monthly income? _____ Average monthly expenses? _____
Enter the self-employed person's name: _____ AND select one of the choices below.

- I do not expect a change in the amount of income I will receive this year from the amount of self-employment income I received last year.
Attach most current Federal Tax forms: 1040, SE and applicable schedules such as C, C-EZ, E, F, and K-1. If you do not have federal tax forms, attach proof of business income for the last and current calendar month. Include copies of receipts for all business-related expenses. See page C for more information.
- I expect a change in the amount of income I will receive this year from last year's self-employment income.
Attach proof of business income for the last and current calendar month. Include copies of receipts for all business-related expenses. See page C for more information.

I. Please fill in all information about any other income of all of the persons listed on this application. Please attach proof of all income received during this month and last month by all persons listed on the application. If a person receives income that is received quarterly, every six months, once a year, etc., attach proof of the last amount of income received. Send proof such as:

- ✓ Check stubs for each payday last month and this month or a letter or note from your employer showing your earnings for that period before taxes and other deductions.
- ✓ A note or letter from the employer telling the value of anything other than money that someone in the household received for working (free rent, etc.).
- ✓ A note or letter from anyone who gave or loaned you money telling the amount and whether the money was a gift or a loan.
- ✓ Social Security, Veteran's Administration or industrial compensation letters, which show the amount you receive monthly.
- ✓ Bank statements for interest or dividend income received this month and last month.
- ✓ Proof of all child support payments received in the this month and last month or a copy of your court order.
- ✓ If you do not have enough income to cover your monthly expenses (food, clothing, shelter, transportation, etc.) include a signed and dated statement explaining how you pay for these expenses.

Types of income include wages, child support, Social Security benefits, Veteran's benefits, disability benefits, retirement or pension income, educational grants or scholarships, money someone gave or loaned you, interest on financial accounts, or any other money anyone listed on this application receives.

Name of person working or receiving income.	Type of Income	Name and address of employer, agency, or person who provides income	Telephone number of employer, agency or person	How often paid? (weekly, biweekly, monthly, quarterly, yearly, etc.)	Gross amount (before deductions) received each time	Hours worked per week	Hourly rate	Overtime hours worked per week	Overtime hourly rate
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour

J. Is anyone listed on this application an employed person with a disability?

- No Yes If yes, who: _____

NOTES

K. Does anyone listed on this application expect a change in income (such as new job, loss of a job, change in wages, cost of living adjustment, a legal settlement, etc.)?

No Yes If yes, who: _____ Type of Change _____ When _____ Amount Expected _____

L. Is anyone listed on this application responsible to pay for medical services that were received this month or last month?

No Yes If yes, who: _____ Who received the medical services? _____

M. Is anyone listed on this application billed for the care of any children or incapacitated adults so that a person listed on this application can work? No Yes If yes, list the information below.

Name of person cared for	What amount is billed?	How often? (daily, weekly, monthly)	Name of person providing care	Telephone number of person providing care

N. Is any 18 through 21 year-old listed on this application attending school? Yes No

Is any child under age 18 listed on this application employed and attending school? Yes No

If you answered YES to either of the questions above, list the information below.

Name of student	Student status	Expected graduation date	Name of school	Telephone number of school
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time			
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time			

O. Was anyone younger than age 21 listed on this application a foster care child through the Department of Economic Security (DES) at the time of their 18th birthday?

No Yes If Yes, who: _____
Persons under age 21 who were in Arizona DES foster care until their 18th birthdays are eligible for AHCCCS regardless of amount of income.

P. Does anyone listed on this application who is age 65 or older or disabled need nursing home care, respite care or hospice, help with dressing, bathing, toileting, eating, or moving around inside their house, or therapies such as speech or respiratory therapy?

No Yes If Yes, who: _____
This person may be eligible for services through the Arizona Long Term Care System (ALTCSS).

Q. Does any applicant have a current injury or illness because of an accident or medical malpractice?

No Yes If Yes, who: _____

R. Does anyone listed on this application have a chronic illness (medical condition that requires frequent and ongoing treatment and that if not properly treated will seriously affect the person's overall health)?

No Yes If Yes, who: _____ Condition: _____
who: _____ Condition: _____

S. Does anyone listed on this application have a serious illness that is not listed above (medical or mental condition that if not treated may result in death, disability, disfigurement, or impaired functioning)?

No Yes If Yes, who: _____ Condition: _____
who: _____ Condition: _____

NOTES

DECLARATIONS

Cooperation:

I understand that eligibility specialists from AHCCCS, DES, KidsCare or Premium Sharing Program will review my application for AHCCCS Health Insurance and will contact me if they need more information.

I agree to:

- Provide all information and proof needed to make a decision on this application;
- Identify anyone who may be responsible for all applicants' medical care, including but not limited to: health and disability insurance, accident and insurance claims, legal settlements and medical support orders;
- Report when any information that I have provided on this application changes;
- Pay a premium, if required, by the monthly due date;
- Provide all information and proof to state or federal personnel who are doing a quality control review of the eligibility of any person for whom AHCCCS Health Insurance is approved; and
- Provide all information and proof to the DES Division of Child Support Enforcement (DCSE) to obtain medical support from any parent who is absent from the home. This may require establishing paternity. (This applies only if you are a parent of a child younger than age 18 who is approved for Medicaid and you are applying for Medicaid for yourself. You may claim good cause for not providing information or proof if you can show that it could result in physical or emotional harm to you or to the child.)

Premium:

I understand that KidsCare families may have to pay a premium of up to \$20 per month. I understand that Premium Sharing Program families may have to pay up to 6% of their gross monthly income per month (\$6 for every \$100 of income).

Consent to Release Information:

I agree to the release of personal and financial information from this application, including supplemental forms and supporting information to the agencies responsible for determining eligibility for AHCCCS Health Insurance.

I authorize:

- The eligibility agency to contact any sources needed to verify the information needed to determine eligibility for AHCCCS Health Insurance is correct;
- The release of information from any source having information needed to determine this eligibility;
- The release of information by AHCCCS or the Premium Sharing Administration or its agents to an agency hired to pay your medical bills; and
- The release of information to DES/Division of Child Support Enforcement (DCSE), if I am the parent of a child who does not live with me and the child has AHCCCS Health Insurance. DCSE may use this information to get a medical support order.

Assignment of Rights to Other Benefits for Medical Care:

I understand that if I am or members of my family are approved for AHCCCS Health Insurance, AHCCCS can collect payment from any other parties who may be responsible for paying for our health care costs. This includes:

- Private or employer-sponsored health insurance (not including Medicare)
- Persons, such as an absent spouse or parent, who are legally responsible for providing medical support
- Private or employer-sponsored disability insurance
- Private or employer-sponsored accident insurance
- Insurance claims, jury awards, or legal settlements resulting from injuries

I understand that AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand that I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing paternity of my children, unless I can prove good cause not to do so.

Penalty Warning: Federal, state and local officials may check the truth of the information you provide on this application. You must not knowingly hold back or give false information so you can receive or continue receiving AHCCCS Health Insurance. If something you tell us on this application is incorrect, we may deny or stop AHCCCS Health Insurance. We will ask you to provide additional proof of any information you provide on your application that does not match with information we get from other sources. If you and/or your representative knowingly provide false information, you and/or your representative will be subject to criminal prosecution, which could result in fines, imprisonment and/or other penalties under state or federal law. You may also be required to pay AHCCCS for AHCCCS Health Insurance you received while you were not eligible.



VERY IMPORTANT - SIGNATURE REQUIRED



Please sign below. We need your signature to process your application.

Statement of Truth: I swear under penalty of perjury that the statements made on this application and any other statements that I made (or will make) during the application process are true and correct to the best of my knowledge. Photocopies I have provided (or will provide) are the same as the original document. I have read and understand all of the information above, including the warning about possible criminal prosecution and penalties for providing false information.			
Signature of applicant, responsible adult, or authorized representative	Print your name (Last, First, MI)	Date	Relationship
Signature of other applicant	Print your name (Last, First, MI)	Date	Relationship
Signature of Witness if signed with a mark	Print your name (Last, First, MI)	Date	Relationship

If you want the eligibility agency to help you get proof from an employer, complete the section below.

I give permission for my employer to release any information needed to determine if I can get AHCCCS Health Insurance.		
Signature of employed household members	Print your name (Last, First, MI)	Date

Thank you for completing this application for AHCCCS Health Insurance.

Please double-check your signature, mailing address, and telephone number.
We need this information to decide if you will get AHCCCS Health Insurance.

The Henry J. Kaiser Family Foundation is an independent, national health care philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

1330 G STREET NW, WASHINGTON, DC 20005
PHONE: 202-347-5270, FAX: 202-347-5274
WEBSITE: WWW.KFF.ORG

Additional free copies of this publication (#) are available on our website.

