

Arizona

Total Medicaid Enrollment: 1,255,363 (June 2009)

Source: Arizona Health Care Cost Containment System. Enrollment Statistics. Monthly Eligibility and Enrollment Reports. 2008 Populations, January Report. AHCCCS Population by County. <http://azahcccs.gov/Statistics/>. June 10, 2009.

Total Population: 6,500,180 (2008)

Source: Population Division, U.S. Census Bureau <http://quickfacts.census.gov/qfd/states/04000.html>

For Arizona specific information, visit Arizona's Medicaid Website:

<http://azahcccs.gov/>

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2009	
Population Segment	%
Infants (Ages 0 – 1)	140
Children (Ages 1 – 5)	133
Children (Ages 6 – 19)	100
Working Parents ¹	200
Non-Working Parents ¹	200
Pregnant Women	150
Aged and Disabled (OBRA '86), 2001 ²	NA
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Childless Adults ³	100

Source: www.statehealthfacts.org

Children's Health Insurance Program (CHIP)

CHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

Total CHIP Enrollment: 112,072 (FY 2008)

Source: <http://www.statehealthfacts.org>

Structure of CHIP As of April 1, 2009		
Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children’s Separate CHIP Program as a Percentage of Federal Poverty Guidelines, 2009	
Population Segment	%
Income Eligibility – Separate CHIP Program	200

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation’s Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	101602	11
Managed Care	875,492	89
Total	977,094	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ⁴	0
Medicaid-only MCO ⁵	875,492
Health Insuring Organization ⁶	0
Primary Care Case Management ⁷	0
Prepaid Inpatient Health Plan ⁸	87,664
Prepaid Ambulatory Health Plan ⁹	0
PACE ¹⁰	0
Other ¹¹	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

Federal Matching Rate (FMAP)

FMAP¹² for Medicaid and Multiplier¹³
FY 2009
75%

Source: www.statehealthfacts.org

Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Current Population Survey Data

Percent of Residents Enrolled in Medicaid, by Age and Rurality		
Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	29.9	39.8
19 – 64	9.1	25.4
65 and Over	5	10.8

Source: Current Population Survey, 2006 and 2007 pooled.

State Website Data

Medicaid Data, Urban and Rural		
	Urban	Rural
I. Total Eligibles (June 2009) ¹⁴	1,064,354	191,009
II. Eligibles per Population	18.25%	28.60%
III. Dollars Spent	NA	NA
IV. Dollars Spent per Eligible	NA	NA
V. Managed Care Enrollment (May 2009) ¹⁵	859,817	119,250
VI. Percent of Eligibles in Managed Care	81.0%	62.0%

For county level data on the above information, visit:

I: Source: Arizona Health Care Cost Containment System. AHCCCS Population Reports for Providers. Arizona Long Term Care System Enrollment by Health Plan by County as of April 1, 2009. June 21, 2009.

<http://www.azahcccs.gov/reporting/enrollment/healthplans.aspx>

II. Calculation based on Total Eligibles/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, November 2007, With Codes: Department of Commerce; 2007. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>

Executive Office of the President; Office of Management and Budget; OMB BULLETIN NO. 09-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/assets/omb/bulletins/fy2009/09-01.pdf>.

V & VI. Arizona Health Care Cost Containment System. AHCCCS Population Reports for Providers. Acute Care Enrollment by Health Plan by County as of April 1, 2009. June 21, 2009. <http://www.azahcccs.gov/reporting/enrollment/healthplans.aspx>

Critical Access Hospital Payment under Medicaid

Care	Payment Type
Inpatient	Reimbursed through HMOs; no direct Medicaid payments.
Outpatient	Reimbursed through HMOs; no direct Medicaid payments.

Source: Alison Hughes, Arizona Flex Coordinator, 2009.

¹ Parents' eligibility levels are based upon the income threshold applied to a working parent in a family of three.

² This Section 209b states exercise an option that allows states to use their 1972 financial and non-financial standards instead of the federal SSI standards to determine eligibility for the disabled. If a state uses its more restrictive 1972 financial eligibility standards, it must also allow disabled individuals to "spend down" into Medicaid eligibility by deducting incurred medical expenses from income.

³ CMS: Medicaid Waivers and Demonstrations List. Arizona Health Care Cost Containment System. <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp>. April 19, 2007.

⁴ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

⁵ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

⁶ CMS defines a Health Insuring Organization (HIO) as "a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs."

⁷ CMS defines a Primary Care Case Management (PCCM) provider as: "a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as "primary care case managers."

⁸ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services." States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

⁹ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services." States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

¹⁰ CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a "program that provides prepaid, capitated comprehensive, health care services to the frail elderly."

¹¹ CMS categories managed care organizations as "other" if it is "not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE."

¹² The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

¹³ The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.

¹⁴ The "Total Medicaid Eligible" figures represent Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona's Medicaid program and the State of Arizona's health care program for persons who do not qualify for Medicaid. Enrollment figures are not available for those solely eligible for Medicaid.

¹⁵ The managed care enrollment data includes the AHCCCS acute care program -- a statewide, managed care system which delivers acute care services through contracted health plans based on a prepaid, capitated approach.