

AHCCCS Eligibility Clarifications

Guidance

In the AHCCCS Online Portal, if the eligibility group is **Acute** and the insurance type is **Medicaid**, the member's income is under 185% of the federal poverty guidelines and is adjunctively eligible, regardless of plan type.

- Acute Pregnant and Acute Newborn Eligibility Group Descriptions are adjunct eligible.

Eligibility Group Description		Insurance Type	Eligibility		
ACUTE		MC MEDICAID	Begin Date	End Date	Added On
			12/01/2021		01/26/2022

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010422 AZ COMPLETE HEALTH CARE	01/26/2022		4312 - SOBRA CHLD 01-05 M & F NON-MEDICARE	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

Additional Information

- [Chapter 2 of the Arizona WIC Policy and Procedure Manual](#) only mentions that KidsCare and Emergency AHCCCS are **not** considered adjunctively eligible.
- Based on agency questions and additional research and clarifications from AHCCCS, this list has grown to include the following to be considered **not** adjunctively eligible:
 - Acute Disabled
 - American Indian Health Program if eligibility group is NOT Acute and insurance type is NOT Medicaid
 - Behavioral Health
 - Emergency AHCCCS
 - KidsCare (Arizona’s Children’s Health Insurance Program [CHIP])
 - Long Term Care
- For these programs, the AHCCCS online portal will show different descriptors for these programs. See examples below. Since they do not say Eligibility Group Description as **Acute** and the insurance type as **Medicaid**, it’s easy to see they are **not** adjunctively eligible for WIC.
- [AHCCCS Plan Income Guidelines](#)
- Health Plan ID/Description field is more descriptive of the plan type they may have, but it is not indicative of income status.
 - [Long list of available Health Plans per county](#)
 - These Health Plan names do **not** impact adjunct eligibility status.
 - The Comprehensive Medical and Dental Program (CMDP) is now the Mercy Care Department of Child Safety Comprehensive Health Plan (DCS/[CHP](#)). This plan indicates that the individual is a foster child.

Eligibility Renewal Date:		Eligibility Renewal Date			
	07/31/2023				

Eligibility Group Description		Insurance Type	Eligibility		
ACUTE		MC MEDICAID	Begin Date	End Date	Added On
			08/01/2021		05/30/2021

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010166 DCS/CHP	02/08/2022		4312 - SOBRA CHLD 01-05 M & F NON-MEDICARE	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

Examples of NON-Adjunctively Eligible programs and how they would look in the AHCCCS Online Portal system.

- Acute Disabled

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE DISABLED	MC MEDICAID	09/01/2020		08/11/2020	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010306 MERCY CARE PLAN	09/01/2020		2210 - SSI DISABLED NON-MEDICARE	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

- American Indian Health Program*

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	08/01/2021		07/28/2021	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	08/01/2021		1017 - TANF 21-44 FEMALE NON-MEDICARE	E ACC/FFS	MC MEDICAID

- *The Eligibility Group Description and Insurance Type fields will look different from this if they are **not** adjunctively eligible. This screenshot is an example of when this client would be adjunctively eligible with this health plan.

- Behavioral Health

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
BEHAVIORAL HEALTH STATE O	MC MEDICAID	06/27/2019		07/10/2019	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
NONAHC NON-AHCCCS	07/10/2019		5000 - STATE-ONLY BHS	9 NON/AHC	MC MEDICAID

- Emergency AHCCCS

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
EMERGENCY SERVICES ONLY	MC MEDICAID	07/01/2020		06/13/2020	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
000850 FEDERAL EMERGENCY SERVICE	07/01/2020		1117 - TANF EXPANDED 21-44 FEMALE NO MDC	U UNDOC/FFS/EM	MC MEDICAID

- KidsCare

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
KIDSCARE	MC MEDICAID	04/01/2021		03/24/2021	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010306 MERCY CARE PLAN	04/01/2021		6015 - KIDS 14-19 FEMALE NON-MEDICARE	Y ACC/CAR/KC	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

- Long Term Care

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
LTC	LC LONG TERM CARE	05/01/2019		06/29/2019	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
110007 LTC DD DES	06/29/2019		2210 - SSI DISABLED NON-MEDICARE	J LTC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)