AHCCCS Facts

Eligibility is largely based on a measure of income as a percent of the federal poverty level (FPL). With 1.27 million enrollees, AHCCCS provides health care coverage to 18 percent of the state’s population.

The federal government provides each state with matching funds for their Medicaid programs. The match, which varies from state to state, is called the Federal Medical Assistance Percentage (FMAP). FMAP is based on the state’s per-capita income and can change from year to year. Arizona’s current FMAP is approximately 66%, which means Arizona received $2 in federal support for each dollar from the State. The Affordable Care Act (ACA) will potentially allow states to receive up to a 90% match. The total AHCCCS budget is $6.2 billion (FY 2013).

AHCCCS programs include:

- Acute care services for low income families, largely women and children.
- Long-term care services provided through the Arizona Long Term Care System (ALTCS). These services include acute care, preventative care, primary care, well visits and check-ups – all the things so important to leading a healthy life.
- Kids Care - AHCCCS also administers the Kids Care program, which provides health coverage to children from households with income up to 200% of the FPL.
- Childless Adults - In 1996 and 2000, Arizona voters approved ballot measures to expand AHCCCS income eligibility to 100% of the FPL, which is $12,000 for a single adult.

Thirty Years of Success

States across America are now trying to emulate Arizona’s model for patient-centered managed care. As AHCCCS celebrates Arizona’s 30-year commitment to providing exemplary health care at the lowest possible cost,
consider that today, AHCCCS:

- Is continually ranked as having among the lowest per-member cost among Medicaid programs in the United States while still meeting high quality standards.
- Serves more than 80% of its long-term care members in the home or community—among the highest in the nation.
- Maintains the lowest pharmaceutical costs in the country and highest utilization of generic drugs.
- Is ranked America’s number one Medicaid program for individuals with physical and developmental disabilities.
- Provides work for 55,000 private health care providers across the State.

Arizona Auditor General gives clean bill of health to AHCCCS

In its most recent review, the Arizona State Auditor General gives AHCCCS a clean bill of health:

- Finds AHCCCS does the State’s business effectively and efficiently;
- Recommends that the Legislature continue AHCCCS for another decade. (www.azleg.gov/1/13/12: Senate and House Committees of Reference unanimously recommend AHCCCS continuation.)

AHCCCS History

Arizona was one of the last states to join the federal Medicaid program and one of the first in the nation to find a better way, pioneering its now acclaimed managed care system, through an innovative public-private partnership to provide cost-effective, managed health care.

In 1996 and again in 2000, the voters of Arizona voted to expand AHCCCS coverage to all Arizona citizens, providing cost-effective, managed health care. In 2012, the United States Supreme Court upheld the majority of the ACA, but said that the federal government could not withhold a state’s Medicaid funding if the state chose not to expand Medicaid coverage to the extent required by the ACA. As a result, it will now be up to Arizona policymakers to decide whether to restore coverage for childless adults, resulting in an estimated 110,000 fewer Arizonans being covered by the program.

AHCCCS Innovations in Patient Care Reduces Costs

Thanks to AHCCCS innovations, providers across the State are piloting new ways to reduce costs and improve the quality of care. Just one example from dozens of success stories:

The Family Practice Clinic at St. Joseph’s Hospital and Medical Center in Phoenix, in partnership with Mercy Care Plan, piloted its medical home to 3,000 patients. The medical home is just what it sounds like—a familiar place for patients to seek help for current health needs, prevent future problems and keep them from using the emergency room as their primary source of health care. With extended hours during the week, same-day appointment times and Saturday hours, physicians provide comprehensive care. Patients get treated for what ails them immediately and are also checked to see if something preventive can be done, such as an immunization or a cholesterol check. Reduced testing, better management of medications and better coordination of care have resulted in better health for the members and also produced impressive cost savings:

- 8% average reduction in the total cost per member per month.
- 12% reduction in the cost of emergency department visits.
- 19% reduction in the cost of inpatient care.