



**Medical Assistance (MA) Renewal Process**

**06/15/2015**

This NEWS FLASH is being issued to clarify the MA renewal process in Health-e-Arizona Plus (HEAplus). A customer who submits the MA auto renewal form (response required) before the effective date of closure or within 90 days after the discontinuance date does not need to submit a new application. When the customer submits the renewal letter within 90 days after the discontinuance date, and all verification factors are verified, benefits are determined from the month the benefits stopped.

NOTE: As part of the MA auto renewal (response required) the customer must provide a signature.

Many of our customers have been sent a MA auto renewal letter (response required) from HEAplus. This letter informs the customer that a response is needed and provides a due date.

**Medical Assistance Renewal**

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**Dear**

**Please read this entire letter.** We are sending this letter to let you know it is time to renew Medical Assistance coverage for:

- (Birthdate:                      Person ID:                      AHCCCS ID:

This letter tells you the:

- Actions you must take to renew and the due dates to complete these actions
- Current information we have been able to verify through federal and state electronic sources

If you have questions or need help, you can call 1-855-HEA-PLUS (432-7587).

If you get Cash Assistance or Nutrition Assistance, you may get a separate letter for those benefits. Please review the summary of your household information. We have included information you gave us and/or current information we have been able to get from federal and state electronic sources.

Based on this information, we were not able to determine that you remain eligible. **You must complete the renewal by 12/24/2014** to see if your medical coverage can continue. If you report any changes to the information shown on the summary, you must give us proof.

When the customer fails to respond to the MA auto renewal letter (response required), they receive a closure letter. The closure letter states their MA is stopping at the end of the month because they did not complete the renewal process.

**+ AHCCCS Medical Assistance**

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**MEDICAL ASSISTANCE STOPPED:** We will STOP Medical Assistance for:

- (Birthdate:                      Person ID:                      AHCCCS ID:  
in the Adult category. **Coverage will end on 01/31/2015.**

We took this action because **You did not complete the renewal process** so we do not have current information to decide if you are still eligible.



After receiving the closure letter, customers frequently respond either over the phone or in person at the local office to renew their MA. The following procedures need to occur when the customer completes the renewal before the effective date of closure:

- Revert the MA renewal application from 'Disenrolled' to 'Back to Pending'. (If this is not completed the same day of the action to disenroll the customer, management will need to complete the reverting function.)
- When additional proof is needed send the Request for Information (RFI).
- When all factors are verified process the renewal.
- Generate the appropriate letter.

View Disposition History									
Person ID				Person Name					
Application ID	Application Received Date	Program Name	Program Category	Disposition	Disposition Date	Effective Date	End Date	Key Code	Disposition By
1050	11/21/2014	AHCCCS Medical Assistance	Adult	Approved	1/29/2015 11:28:58 AM	02/01/2015	N/A	589 (Acute MI Adult >100% ACA Newly Eligible)	
1050	11/21/2014	AHCCCS Medical Assistance	Adult	Back to Pending	1/29/2015 10:56:42 AM	N/A	N/A	589 (Acute MI Adult >100% ACA Newly Eligible)	
1050	11/21/2014	AHCCCS Medical Assistance	Adult	Disenrolled	1/15/2015 6:24:18 PM	01/31/2015	01/31/2015	589 (Acute MI Adult >100% ACA Newly Eligible)	AUTO_DISENROLL

January 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Revert back to Pending before effective date of closure						



Arizona Department of Economic Security  
Arizona Health Care Cost Containment System

The following procedures need to occur when the customer completes the renewal anytime within 90 days after the effective date of closure:

- Complete a report a change to the MA renewal application. Do NOT revert the MA Renewal application 'Back to Pending'.
- When additional proof is needed, send the RFI.

NOTE: Consider all potential changes and actual circumstances between the last month before the closure and the new eligibility months

- When all factors are verified process the renewal from the month the benefits stopped.
- Generate the appropriate letter.

February 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
Report a Change after the date of closure						
8	9	10	11	12	13	14
15	16	17	18	19	20	21

When the customer attempts to complete the renewal more than 90 days after the effective date of closure the customer must submit a new application.

Please contact the FAA Policy Support Team by phone at (602) 774-5523 or by e-mail at [FAAPolicyMgmt@azdes.gov](mailto:FAAPolicyMgmt@azdes.gov) with any questions or concerns regarding this broadcast.  
**Please consider the environment before printing this broadcast.**

(15-0607)