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B Health Plan Enrollment Process

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Policy

Customers may obtain information on health plans from the following resources:

- Individual health plans - <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>;
- Health-e-Arizona Plus - <https://www.healtharizonaplus.gov>; and
- Department of Economic Security - <https://www.azdes.gov/>.

1) Health Plan Selection

Usually the customer can choose a health plan during the application process.

NOTE Customers must enroll with a health plan in their Geographic Service Area (GSA). Customers are auto-assigned into a health plan if a pre-enrollment choice is not made prior to the Eligibility Specialist making an eligibility determination.

The 90 Day Re-enrollment Rule is used prior to the member's pre-enrollment selection.

The 90 day re-enrollment rule takes priority over pre-enrollment choice and initial enrollment choice. When a customer loses and regains eligibility within 90 days or less, AHCCCS re-enrolls the customer into the previous health plan, if it is still available, unless the:

- Customer no longer resides in the health plan Geographic Service Area (GSA).
- Health plan is suspended or terminated.
- Customer was previously enrolled with CMDP but at the time of re-enrollment is no longer a foster care child.
- Customer was previously enrolled with a health plan but at the time of re-enrollment is

now a foster care child.

2) **Auto-Assignment to a Health Plan**

If a customer did not choose a health plan prior to approval of the application, AHCCCS automatically enrolls the customer with a health plan in the customer's GSA. Automatic enrollment is a process that enrolls customers evenly between the health plans.

All customers have the opportunity to select a health plan of their choice. A Freedom of Choice letter is mailed to customers informing them of the health plan they were enrolled in. Customers are allowed 30 days to select a different health plan. An ID card is not mailed to the customer until the 31st day after approval. This allows time for the customer to select a new health plan. If the customer does not contact the Agency with the name of a new health plan, the customer will remain enrolled with the auto-assigned health plan.

3) **AIHP Enrollment**

American Indian Health Program (AIHP) members may receive health care services from Indian Health Facilities and other AHCCCS-registered doctors.

When a medically necessary service is not available through an Indian Health Facility, AIHP may refer the customer to an AHCCCS fee-for-service provider. All referrals made must be for medically necessary services, which are initiated and approved by AIHP.

Definitions

Term	Definition
Auto Assignment	Customers who do not make a health plan selection prior to an eligibility determination are auto-assigned to a health plan.
Freedom of Choice	Customers may select the health plan of their choice within 30 days of auto assignment.
Geographic Service Area (GSA)	AHCCCS awards health plan contracts by GSA. AHCCCS health plans are responsible for providing services to customers residing in the GSA.
90 Day Re-enrollment Rule	If the customer was enrolled with an AHCCCS health plan within the 90 days prior to the current approval date, the customer is automatically re-enrolled with the same health plan.
Comprehensive Medical/Dental Program (CMDP/ DES)	AHCCCS contracts with the CMDP/ DES to provide services to foster care children statewide.
American Indian Health Program (AIHP)	Entity within AHCCCS that is responsible for paying fee-for-service claims submitted for Native American customers who have not chosen to enroll in an acute capitated health plan.
Indian Health Facilities	Includes the Indian Health Service (IHS), tribally-operated "638" health programs and urban Indian health clinics.

Programs and Legal Authorities

This requirement applies to the following programs:

Program	Legal Authorities
All Programs	AAC R9-22-1702



Effective Until 09/03/2014