



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS)**

CUSTOMER: [REDACTED]	DATE: [REDACTED]	HEAPLUS PERSON ID: [REDACTED]	APPLICATION ID: [REDACTED]
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OTHER IDS USED BY AHCCCS
OR DES
AZTECS Case ID : [REDACTED]
Call 1-855-HEA-PLUS (432-7587)
if you have any questions or need
help.

Medical Assistance Renewal

Dear [REDACTED]

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

- [REDACTED] (Birthdate: [REDACTED]; Person ID: [REDACTED]; AHCCCS ID: [REDACTED])

You must complete your renewal by [REDACTED].

If we do not receive the completed renewal and proof by the due date:

- **When the declared COVID-19 emergency is over** you will get a letter saying benefits are being stopped because you did not complete your renewal;
- Benefits will not be stopped **during** the declared COVID-19 emergency.

NOTE: Coverage will be stopped during the declared COVID-19 emergency for customers who:
Get KidsCare and turn age 19 if they do not qualify in another Medical Assistance category;
Are no longer Arizona residents;
Are deceased; or
Ask for AHCCCS Medical Assistance benefits to stop.

If you want your Medical Assistance benefits to stop right away, go online to www.healtharizonaplus.gov or call and ask to stop your Medical Assistance benefits.

This letter tells you:

- The actions you must take to renew coverage;
- The proof you need to give us; and
- The information you previously gave us, and current information we have been able to verify through federal and state electronic sources.

CUSTOMER: [REDACTED]	DATE: [REDACTED]	HEA PLUS PERSON ID: [REDACTED]	APPLICATION ID: [REDACTED]
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It is important that you review all the information on the **Medical Assistance Renewal Summary** form. On this form, you must indicate if the information has:

- Changed; you must fill in the fields below the “CHANGE” section where the change applies.
- Not changed; you must check the box next to “CHECK HERE IF NO CHANGE”.

You will not need to turn in a separate application if you complete and return this form to us by your renewal due date. The **Medical Assistance Renewal Summary** form may be used as your renewal application.

You might get another letter from us asking for proof if you provide new or changed information.

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.

There are several ways for you to complete the renewal and give us information:

- If you have an account with Health-e-Arizona Plus, you can log in at <https://www.healtharizonaplus.gov/>. A renewal application has been created for you. Click on the “Complete Renewal” link to complete and submit the application. You can fax, upload or e-mail verification for your application; or
- **Complete and sign** the attached summary form and return the form as follows:
 - Fax it using the attached fax cover sheet to the fax number on the cover sheet. The fax cover sheet has a barcode that identifies your application; or
 - Mail it to: Department of Economic Security, P.O. Box 19009, Phoenix, AZ 85005-9009; or
- Call 1-855-HEA-PLUS (432-7587) to do a voice signature and report changes.

Our records show you do not have a Health-e-Arizona Plus account. A Health-e-Arizona Plus account will allow you to:

- See applications that have been submitted;
- See decision letters;

CUSTOMER: [REDACTED]	DATE: [REDACTED]	HEA PLUS PERSON ID: [REDACTED]	APPLICATION ID: [REDACTED]
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- Submit documents online; and
- Report changes online.

To help you set up a Health-e-Arizona Plus account, an Application Access Code has been created for you.

Your Application Access Code is:

[REDACTED]

The Application Access Code will expire 60 days from the date of this letter. If you want to create a Health-e-Arizona Plus account and see your information, here is what you need to do:

1. Visit the Health-e-Arizona Plus website at www.healthearizonaplus.gov.
2. Click on “Create Account” on the home page and follow the steps.
3. Look under the “I Want To...” section on the left side of your Health-e-Arizona Plus account. Click on “Enter Application Access Code to Access Existing Application.”
4. Enter the six-digit Application Access Code (found above on this letter).

If you have any questions regarding your Health-e-Arizona Plus account, you can call us toll free at 1-855-HEA-PLUS (1-855-432-7587).

If you want to use a form to assist you in providing verification, look in the “Please Give Us” column to see what form is available.

Most of the forms require that you have someone else fill out portions of the form and sign. Forms that are not signed will NOT be accepted for verification.

To download and print a form:

Go to <https://www.healthearizonaplus.gov>

- Click on “Help” at the top of the page
- Click on “Forms” on the Help Center page
- Scroll through the list to find the form
- Click on the PDF icon to open and print the form

Or, log into your HEAplus account and click on “Print Forms” in the menu.

CUSTOMER: [REDACTED]	DATE: [REDACTED]	HEA PLUS PERSON ID: [REDACTED]	APPLICATION ID: [REDACTED]
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NOTE: You need Adobe Acrobat Reader to view and print .pdf documents. You can download the free Reader at <https://get.adobe.com/reader/>.

To request to have a form mailed to you: If you are unable to download the needed forms, call 1-855-HEA-PLUS (1-855-432-7587) and you may request the forms to be sent via U.S. Mail.