

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION**

**PREAMBLE**

**1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:**

May 6, 2024

**2. Article, Part, or Section Affected (as applicable)                      Rulemaking Action**

R9-22-1702	Amend
R9-22-1703	Amend
R9-22-1704	Amend

**3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. § 36-2903.01

Implementing statute: A.R.S. § 36-2903.01

**4. Citations to all related notices published in the Register that pertain to the current record of the proposed rule:**

Notice of Rulemaking Docket Opening: (volume #) A.A.R. (page #), Issue Date: (date published), Issue Number: (number), File number: (R2#-###)

**5. The agency's contact person who can answer questions about the rulemaking:**

Name:            Sladjana Kuzmanovic  
Title:            Sr. Rules Analyst  
Division:        AHCCCS Office of the General Counsel  
Address:        801 E. Jefferson Street, MD 6200, Phoenix, AZ 85034  
Telephone:     (602) 417-4232  
Fax:             (602) 253-9115  
Email:           AHCCCSRules@azahcccs.gov  
Website:        www.azahcccs.gov

**6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

These rules outline regulations governing the general enrollment for members and establish guidelines for enrollment periods. Although effective, certain current rules do not align with some of the language in federal regulations or provide true clarity to members utilizing them in determining eligibility.

**7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Administration did not review or rely on any study for this rulemaking.

**8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable.

**9. The preliminary summary of the economic, small business, and consumer impact:**

The Administration does not anticipate any economic, small business, and consumer impact with the currently proposed changes. Proposed changes are merely clarifying including updating an outdated rule regarding amount of days a mother has to choose a different contractor for a newborn after notice of enrollment, clarifying when member's effective date of eligibility is, and repealing another outdated rule. Substantive and procedural rights of members are not affected, nor are any of the programs of the Administration.

**10. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:**

Name: Sladjana Kuzmanovic  
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**11. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

Written comments about this proposed rulemaking will be accepted in person at the address provided under Item #5, Monday through Friday from 8 a.m. to 5 p.m. except for state holidays. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding is scheduled on this proposed rulemaking.

Date: December 16, 2024  
Time: 2:00 p.m.  
Location: (meet.google.com/nxt-gxth-gni)  
Nature: Public Hearing  
Public comment period ends: December 16, 2024 at 5:00 p.m.  
Close of record: December 16, 2024 at 5:00 p.m.

**12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

There are not other matters prescribed by statute applicable specifically to the Administration or this specific rulemaking.

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

The rules are not more stringent than the federal law.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

Not applicable.

**13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

Not applicable.

**14. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION**  
**ARTICLE 17. ENROLLMENT**

**Section**

- R9-22-1702. Enrollment of a Member with an AHCCCS Contractor
- R9-22-1703. Effective Date of Enrollment with a Contractor
- R9-22-1704. Newborn Enrollment

## ARTICLE 7. ENROLLMENT

### R9-22-1702. ENROLLMENT OF A MEMBER WITH AN AHCCCS CONTRACTOR

- A.** General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:
1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member's GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
  2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
    - a. IHS if the member is a Native American living on a reservation
    - b. A contractor based on family continuity, or
    - c. A contractor by using the auto-assignment algorithm.
  3. If the member's period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member's most recent contractor of record, if available, except if:
    - a. The member no longer resides in the contractor's GSA;
    - b. The contractor's contract is suspended or terminated;
    - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
    - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
  4. When the member's disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
  5. The Administration shall not enroll a member with a contractor if a member:
    - a. Is eligible for the FESP under R9-22-1419;
    - b. Is eligible for less than 30 days from the date the Administration receives notification of a member's eligibility, except for a member who is enrolled with CMDP or IHS;
    - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
    - d. Resides in an area not served by a contractor.
- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- ~~**D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member's contractor of record or IHS.~~
- ED.** Contractor or IHS enrollment change for a member.
1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
  2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.

3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.
5. A member may disenroll from a plan if:
  - a. The member moves out of the GSA;
  - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
  - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

**R9-22-1703. EFFECTIVE DATE OF ENROLLMENT WITH A CONTRACTOR**

- A. ~~Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date. A member's date of enrollment and the financial liability is the effective date of eligibility but no earlier than the first of the application month. While any retroactive dates of service show as PPC, the member is considered enrolled with the plan for those dates.~~
- B. Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

**R9-22-1704. NEWBORN ENROLLEMENT**

- A. General.
  1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
  2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
  3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within ~~30~~ 90 days from the date of notice of enrollment.
- B. Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.