Welcome to the State Medicaid Advisory Committee

While you are waiting TEST YOUR AUDIO. LISTEN FOR MUSIC.

You were automatically muted upon entry. Please only join by phone or computer. Please use the chat feature for questions or raise your hand.

Thank you.
Zoom Webinar Controls

Navigating your bar on the bottom...

- **Windows**: You can also use the Alt+Y keyboard shortcut to raise or lower your hand.
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Audio Settings
Tips for successful ZOOM PARTICIPATION

1. MUTE your mic when you’re not speaking
2. BACKGROUND NOISE watch when turning on mic
3. Limit the DISTRACTIONS around you
4. Look at the CAMERA not your screen
5. PREPARE & queue docs or links that you plan to share
6. Stay FOCUSed by not texting or side conversations
7. Use GALLERY VIEW to see all participants
8. Use CHAT to ask questions or share resources
State Medicaid Advisory Committee (SMAC) Quarterly Meeting

January 12, 2022
AHCCCS Updates

Jami Snyder, AHCCCS Director
AHCCCS Enrollment: March 2020- January 2022

Up 459,218 (24.4% increase)
# PHE Renewed - Effective July 20, 2021

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<tr>
<th>JAN</th>
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## Continuous Enrollment

### 6.2% FMAP

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<tr>
<th>Date</th>
<th>PHE</th>
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<tbody>
<tr>
<td>1/21/21</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
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<tr>
<td>10/18/21</td>
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### PHE

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<th>Date</th>
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<td>10/18/21</td>
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<td>1/16/22</td>
<td>PHE Ends</td>
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<td>3/31/22</td>
<td>Expiration of the Maintenance of Effort Requirement/Initiation of Processing Redeterminations</td>
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*AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 12/31/2021.*

**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE.*
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of December 19, 2021

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of December 19, 2021

- ACC: 36%
- RBHA-SMI: 73%
- ALTCS-EPD: 80%
- ALTCS-DD: 51%

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of December 19, 2021

- American Indian Health Program: 50%
- Tribal ALTCS: 75%

*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.
2021 Accomplishments

INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY

● Awarded Competitive Contract Expansion contracts to three AHCCCS Complete Care health plans to serve individuals with a Serious Mental Illness designation

● Submitted the AHCCCS Housing and Health Opportunities (H2O) demonstration waiver request to CMS, aimed at enhancing the availability of housing-related services for individuals experiencing homelessness or at risk of homelessness

● Transitioned the maintenance and operations of Health-e-Arizona Plus, AHCCCS’ eligibility system, on July 1, 2021 to a new vendor, Accenture, with no disruption to system operations

● Expanded the existing Medicaid School Based Claiming program to allow all Medicaid-enrolled children to access health care services on school campuses (not just those students with an Individualized Education Program)

● Implemented the Emergency Triage, Treat and Transport program to reduce unnecessary transports to emergency departments and allow members to be transported to alternate destinations

● Launched the Opioid Services Locator tool

● With the state’s Health Information Exchange (HIE), launched a closed loop referral system to make it easier for clinicians to connect members to needed social services
2021 Accomplishments

INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY continued

● Implemented Arizona’s Electronic Visit Verification program to ensure access to care for members who receive in-home services and supports
● Provided behavioral health services to 6,000 students either on school campuses or in established clinics in response to referrals for services
● In alignment with the Home and Community Based Services Enhanced Federal Match provision allowing states to supplement existing funding, submitted a spending plan for more than $1 Billion detailing how the agency will use additional federal funding to strengthen and enhance the HCBS system of care
● Contracted with and successfully transitioned to a statewide Housing Administrator to oversee the AHCCCS Housing Program, consisting of permanent supportive housing and housing support programs for individuals with behavioral health needs who are experiencing homelessness
● Created a comprehensive Digital Tool Box for Tribal Arizona Long Term Care System (ALTCS) programs
● Developed a Peer to Peer Coaching program through the Office of Individual and Family Affairs to provide personal support to peers in the workforce
● Completed the ONE AHCCCS move and transitioning all AHCCCS main campus operations into the 801 building
2021 Accomplishments

RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

● Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency; enrollment increased by nearly 24 percent over 22 months

● Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries, including mobile-based vaccine distribution for members enrolled in the AHCCCS Long Term Care System (ALTCS)
  ○ Achieved ALTCS vaccination rates as high as 78 percent

● Maintained the Crisis Counseling Program to help individuals and communities recover from the pandemic; served more than 17,000 unique individuals statewide with crisis counseling and group counseling/public education

● Distributed over $18 million in additional pandemic relief funding to nursing facilities
2022 Priorities

- Unwinding from the Public Health Emergency (PHE)
- Readiness and launch of ACC/RBHAs on 10-1-2022
  - Includes statewide crisis line & 988 readiness and launch
- Initial preparations for ALTCS bid (contracts term on 9/30/24)
- 1115 Waiver Negotiations for 10/1/2022
  - Targeted Investments 2.0
  - Housing and Health Opportunities Demonstration (H20)
- Continued Prioritization of COVID-19 Response
- Transition of members who are American Indian/Alaska Native and designated with a SMI to integrated options (AIHP for all services, AIHP/TRBHA if TRBHA available, or ACC-RBHA for all services)
- Continued roll out of closed Loop Referral System
- Division-level succession planning
2022 Legislative Session

- Expenditure authority for American Rescue Plan Act (ARPA) HCBS and ongoing enhanced FMAP under the Public Health Emergency
- Expansion of covered services
  - 12 months postpartum coverage
  - Comprehensive dental for pregnant women
  - Chiropractic care
  - Diabetes self management
- Codifying current flexibility to conduct Preadmission Screening Assessments (PAS) for ALTCS telephonically
Current Audits/Reviews

• **Federal Office of the Inspector General Study**
  o Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care

• **CMS Center for Program Integrity Review**
  o Data requested: list of all contracted MCOs for the current contract year; state’s MCO contract expenditure amounts; total number of the recipient population for each MCO

• **CMS Financial Management Review**
  o Arizona’s administrative (ADM) expenditures reported by the state for State and Local Administration on the Form CMS 64.10W (Waiver Expenditures), Line 49, Other Financial Participation

• **Arizona Auditor General’s Office Sunset Review**
  o First performance audit to be released in Spring 2022; focus on eligibility
  o Second performance audit underway; focus on provision of behavioral health services
  o Ongoing review of sunset factors
Recent Transitions

• **General Counsel/Assistant Director for Office of the General Counsel** (formerly known as the Office of Administrative Legal Services)
  o Kasey Rogg (kasey.rogg@azahcccs.gov)
• **Executive Consultant/Project Manager for the Division of Health Care Management**
  o Julie Ambur (julie.ambur@azahcccs.gov)
• **Inspector General**
  o Vanessa Templeman (vanessa.templeman@azahcccs.gov), Acting Inspector General
• **Assistant Director, Division of Health Care Management - Finance, Rate Development & Data**
  o Maureen Sharp (maureen.sharp@azahcccs.gov)
• **Crisis Administrator**
  o CJ Loiselle (cj.loiselle@azahcccs.gov)
SMAC Members
Open Discussion, Comments and Questions
American Rescue Plan Act (ARPA) Updates - Home and Community Based Services

Jakenna Lebsock, Assistant Director
Division of Health Care Management
# American Rescue Plan Act of 2021

<table>
<thead>
<tr>
<th>Vaccine COVID-19 Administration</th>
<th>Mobile Crisis Services</th>
<th>Elimination of Medicaid Drug Rebate Cap</th>
<th>100% FMAP for Urban Indian Health Program</th>
<th>10% Increase to FMAP for HCBS</th>
<th>Twelve Months Postpartum Coverage</th>
<th>SAMHSA Block Grants to Address Addiction, Mental Health Crisis</th>
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</table>
ARPA, Section 9817 (HCBS)

- Provides states with a temporary 10% increase to the Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for Home and Community Based Services (HCBS)
- States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021
  - States must implement or supplement the implementation of activities to enhance, expand, or strengthen HCBS under the Medicaid program through March 31, 2024
American Rescue Plan Act HCBS

- CMS is requiring states to submit both an initial and quarterly HCBS spending plan and narrative to CMS on the activities that the state has and plans to implement.
- There is opportunity to amend the initial spending plan through subsequent quarterly reports.
- AHCCCS submitted the ARPA HCBS spending plan 7/12/2021 after gaining approval for a thirty-day extension to obtain further stakeholder input:
  - On 9/28/2021, CMS granted a partial approval of the AHCCCS spending plan.
  - On 10/12/2021, AHCCCS responded to the CMS requests for additional information contained in the CMS partial approval letter.
ARPA HCBS Spending Plan - Partial Approval

• Arizona received partial approval of the spending plan on September 28, 2021
• The partial approval letter includes:
  o Verification that Arizona qualifies for the temporary 10 percentage point increase in FMAP for certain Medicaid expenditures,
  o Approval for the state to claim the increased FMAP for qualifying expenditures between April 1, 2021, and March 31, 2022,
  o A request for additional information that CMS needs before issuing full approval as Arizona further plans and develops the activities in its spending plan,
  o General considerations, and
  o Information related to the submission of subsequent quarterly spending plans.
HCBS Funding Priority #1:

Strengthening and Enhancing Arizona’s Home and Community Based System of Care

- Empowering parents and families to provide care and meet the needs of their children
- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes
HCBS Funding Priority #2:
Advancing Technology to Support Greater Independence and Community Connection

- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence
ARPA HCBS Spending Plan - Next Steps

• Provide information to and answer question from Arizona legislators
• AHCCCS will be working with CMS to ensure they have information necessary to issue a full approval.
• AHCCCS will communicate updates with stakeholders.
  - Once full approval is received, AHCCCS will coordinate with the community and begin compiling workgroups for spending plan implementation.
• Ongoing updates will be available on the AHCCCS website: www.azahcccs.gov/AHCCCS/Initiatives/ARPA
SMAC Members
Open Discussion, Comments and Questions
Unwinding Update-Renewals/Redeterminations

Joni Shipman, Assistant Director
Division of Member and Provider Services
Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members “COVID override”
  - Did not complete renewal
  - Shown to be ineligible
- Social Media campaigns
- PHE Social Media Toolkit for MCOs
  - consistent/approved messaging to members and providers
- Ensure accurate and current member contact information
Unwinding Strategies

- Reports to MCOs for member outreach
  - Did not complete renewal during PHE
  - Upcoming Annual renewals

- Considering eligibility system enhancements - messaging and making renewal links more prominent

- Prioritizing “COVID overrides”
  - Team in place over 18 months
  - Data driven
  - Factually ineligible first “bucket” to work
SMAC Members
Open Discussion, Comments and Questions
Office of the Inspector General Updates

Vanessa Templeman, Acting Inspector General
Office of the Inspector General
2021 Accomplishments

- SFY 2021 3\textsuperscript{rd} highest year
- First full year in the PHE
- Accomplishments slowed by continuous enrollment requirement
- Prohibition on member disenrollment unless:
  1. Died
  2. Voluntarily requested
  3. Moved out of state

Caused a 50% reduction in recoveries and savings

All Accomplishments and Goals for 2022 are set forth to support the \textbf{Number #1 Goal: Recoveries and Savings}
Major Case

- Case initiated by DIG Vanessa Templeman
- Joint with MFCU and OIG
- Some cases joint with MFCU, FBI, and OIG
- Increased the reputation of the OIG
  - MFCU takes OIG on S-Ws
- 176 providers had been referred or identified
- Focus on BHRF and PT77s
- 30-50% of staff assigned cases and projects related to the case on any given day
2022 Goals

- Statistical workbook: redesign, transparency, SME backed processes, and workload reduction.
- Continued work on major case
- Award of data analytics software contract
- Transition to electronic documentation
- Maintenance of intern program from ASU Health Care Compliance Program
- Fee for service team - focus on non-emergency medical transportation
SMAC Members
Open Discussion, Comments and Questions
988: Crisis Line

CJ Loiselle, Crisis Administrator
Division of Grants Administration
Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
  - Designates 988 as the dialing code for the Lifeline
  - Increased Lifeline federal appropriation
  - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).

- Implementation on or before July 16, 2022
988 Planning Update

NSPL in Arizona

AHCCCS Crisis in Arizona

RBHAs
9-8-8 Planning Grant

- $135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds dedicated to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the NSPL into a single statewide provider.
988 LeCroy Milligan Progress

• 11 Stakeholder meetings held by LeCroy Milligan
  o 4/19/21 Initial Overview of the project and plan
  o 5/18/21 Planning Session: recap and SWOT analysis of crisis system
  o 6/2/21 Planning Session: recap and SWOT analysis of crisis system
  o 7/13/21 Text and Chat
  o 8/25/21 Messaging
  o 9/16/21 Listening session
  o 9/27/21 Next Steps
  o 10/28/21 Children and Youth
  o 11/30/2021 911 and 988 Stakeholder meeting
  o 12/09/21 Survey results report out
  o 12/13/21 Final feedback session

• Other Activities
  o LMA held interviews with key stakeholders around best practices/standards of care
  o Final report due back to AHCCCS January 7th, due to Vibrant January 21st, 2022
Additional 988 Infrastructure Grant Opportunity

The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:

● Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;

● Engaging Lifeline crisis centers to unify 988 response across states/territories; and

● Expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will:
  ○ ensure all calls originating in a state/territory first route to a local, regional and/or statewide Lifeline crisis call center;
  ○ improve state/territory response rates to meet minimum key performance indicators; and
  ○ increase state/territory capacity to meet 988 crisis contact demand.
988 Planning Update

- 2/1/2021: 988 planning grant awarded
- 2/24/2021: LeCroy Milligan and Associates contracted for planning
- 8/30/2021: AZ Draft Plan submitted to Vibrant
- 1/7/2022: Final plan due to AHCCCS
- 1/21/2022: Implementation plan due to Vibrant
- 1/31/2022: Additional Funding Grant Application due

1. AHCCCS contracted a consultant to conduct Stakeholder meetings and research to develop the implementation plan.
2. A draft plan was submitted to Vibrant for initial review and feedback.
3. LMA will incorporate stakeholder and Vibrant feedback into final plan.
4. AHCCCS will submit the final Arizona 988 Implementation plan to Vibrant.
5. Total award available to AZ $1,953,661 over 2 years.
SMAC Members
Open Discussion, Comments and Questions
Competitive Contract Expansion Readiness

Christina Quast, Deputy Assistant Director
Division of Health Care Management
Readiness Review

• After a Request for Proposal (RFP), a Readiness Review is performed of awarded Contractors (health plans) to ensure the health plan is adequately prepared to meet the needs of the population served and meets requirements and processes of the newly awarded contract.

• Performing a review of the Contractor’s readiness is also required by CMS. (42 CFR 438.66(d))

• Areas reviewed during readiness include:
  o Operations/Administration; Service Delivery; Financial Management; System Management
Readiness Review (cont.)

- AHCCCS completes a desk audit review utilizing a Readiness Assessment Tool (RAT) which includes over 300 individual evaluation elements across 12 broad review areas.
- Evaluation elements are AHCCCS established requirements used to measure the health plan’s progress towards readiness.
- Health plans submit RAT updates monthly detailing the progress in addressing each identified element, including identified risks, gaps in network and strategies for remediation.
Readiness Assessment Tool (RAT) Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- Behavioral Health
- Quality Management and Quality Improvement
- Financial Reporting
- Non-Title XIX/XXI

- EPSDT and Maternal and Child Health
- Claims Processing and Provider Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- Member Services
Readiness Assessment Tool (RAT) Timeline

• Readiness review of each health plan typically begins 6-7 months prior to the contract go-live date.
• A timeline is created outlining when:
  o Health plan submissions are due to AHCCCS
  o AHCCCS submissions are due back to the health plan
Additional Readiness Activities

• Readiness Update Meetings
  o Health plans provide updates to AHCCCS Leadership on numerous topics, including:
    ▪ Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities

• Network Assessment
  o Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files
AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Contractors

- ACC-RBHA Contractors responsible for:
  - Integrated physical and behavioral health services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI)
  - Administration of Non-Title XIX/XXI funded services including, but not limited to:
    - Crisis services, grant funded services, and Court Ordered Evaluations (COE)
ACC-RBHA Geographical Service Areas (GSA)

- Aligning GSAs to match ACC and EPD GSAs:
  - Gila moving from North to Central
  - Pinal moving from South to Central

- ACC-RBHAs and awarded GSAs
  - Care1st - North GSA: Mohave, Coconino, Yavapai, Navajo, Apache
  - Mercy Care - Central GSA: Maricopa County, Gila, Pinal
  - Arizona Complete Health-Complete Care Plan - South GSA: La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee
Member Impact

• North GSA – The ACC-RBHA will be Care1st Health Plan (Care1st) effective 10/1/2022.
  o Members in Mohave, Coconino, Yavapai, Navajo, Apache counties will *transition* from Health Choice to Care1st

• South GSA – The ACC-RBHA will be Arizona Complete Health Complete Care Plan (AzCH-CCP) effective 10/1/2022.
  o Members in La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee counties will *continue* to receive care from AzCH-CCP
Member Impact

• Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
  o Members in Maricopa County will continue to receive services from Mercy Care
  o Members in Gila County will transition from Health Choice to Mercy Care
  o Members in Pinal County will transition from Arizona Complete Health-Complete Care Plan to Mercy Care
## Member Transitions

8,046 members transitioning to new health plans

40,226 members remaining on current health plans

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<th>County</th>
<th>Members*</th>
<th>New Plan</th>
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<tr>
<td>Coconino</td>
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<tr>
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<th>County</th>
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<td>AzCH-CCP</td>
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*Enrollment as of December 1, 2021
Member Transitions (cont.)

- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.
SMAC Members
Open Discussion, Comments and Questions
SMAC Bylaws & Membership Discussion

Virginia Rountree
Deputy Director of Community Services and Managed Care, DES
The Bylaw subcommittee recommends the following changes:

- Incorporate updated language to include the utilization of technology to facilitate meetings.
- When an assigned SMAC member is unable to continue their service to the SMAC, the member recruitment subcommittee will convene to review nominations and recommend candidates for a voting session as needed and in accordance with the new bylaws.
  - A proxy may be utilized until the subcommittee presents nominations for a voting session.

*The membership recommendation is to ensure fidelity of the membership and maximize contributions of those appointed to SMAC.*
Call to the Public
2022 SMAC Meetings

Per Bylaws, meetings are to be held 2nd Wednesday of January, April, July and October from 1 p.m. - 3 p.m

2022 SMAC Meetings
January 12, 2022
April 13, 2022
July 13, 2022
October 12, 2022
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