

Welcome to the SMAC Quarterly Meeting

- While you are waiting test your audio.
- You were automatically muted upon entry.
- Please only join by phone or computer.
- Please use the chat feature for questions and/or comments or raise your hand.

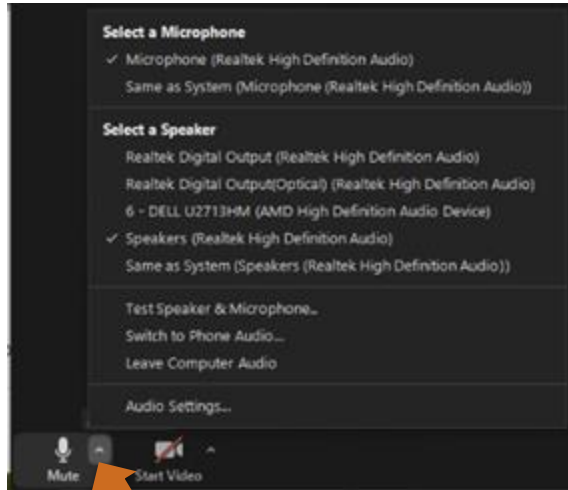
Thank you!



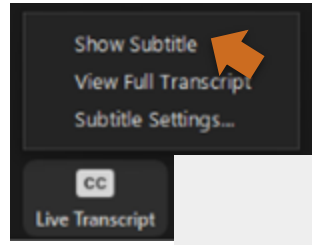
Zoom Webinar Controls

Navigating your bar on the bottom...

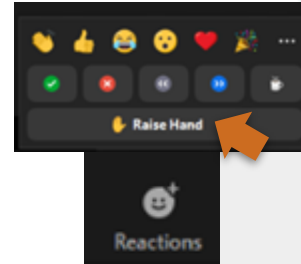
Audio Settings



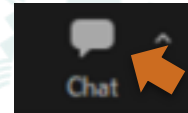
Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings

Settings

Speaker **Test Speaker** Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

Microphone **Test Mic** Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

☒ Automatically adjust microphone volume

☐ Use separate audio device to play ringtone simultaneously

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Advanced

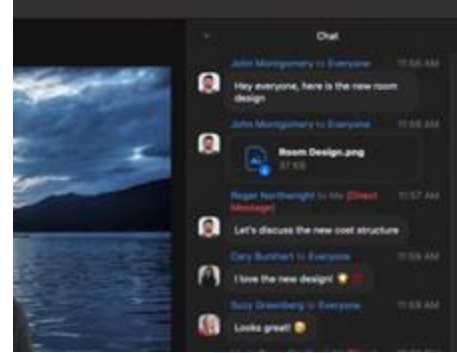
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use chat feature (or Q&A when available) to ask questions or share resources.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

To respect the confidentiality of the participants and the content discussed, the recording will remain private.

**Please disconnect from this meeting
if you do not agree to these terms.**

The logo for the Arizona Health Care Cost Containment System is located on the left side of the slide. It is a circular emblem with a teal background, featuring various white geometric and organic shapes, including a sun, a mountain, a river, and a hand, arranged in a circular pattern.

ARIZONA

**HEALTH CARE COST
CONTAINMENT SYSTEM**

State Medicaid Advisory Committee (SMAC) Quarterly Meeting

July 9, 2025

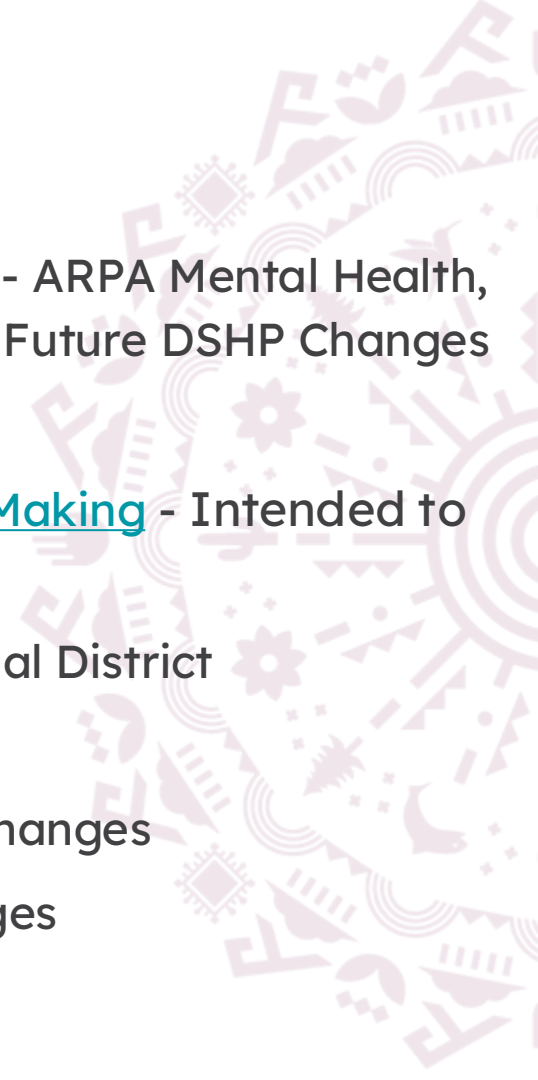
AHCCCS Updates



Marcus Johnson
AHCCCS Deputy Director,
Community Engagement &
Regulatory Affairs

Recent Federal Developments

- Administrative Changes: e.g., Federal Grants Cancellation - ARPA Mental Health, Substance Abuse, and Community Health Worker Grants; Future DSHP Changes
- Congressional Changes
- [AHCCCS Insights: New Data Reports to Inform Decision-Making](#) - Intended to help inform stakeholders and policymakers
 - Enrollment and Spend by County and by Congressional District
 - Congressional District Profiles
 - Policy Briefs - Estimated Impacts of Congressional Changes
 - Administrative Cost Estimate of Congressional Changes



Medicaid Implications of Federal Changes

- Community Engagement/Work Requirements – 12/31/26
- 6-month Eligibility Redeterminations – 12/31/26
- Hospital Assessment Implications – Phase down by 2032
- Cost Sharing Changes – 10/1/28
- Administrative Costs for Implementation and Operations
- Timelines
- What's Next?
 - Backfill funds or
 - Make changes to provider rates, covered services and/or eligibility criteria
- **IMPORTANT:** No immediate changes to AHCCCS member coverage

New Provider Directory

[New Provider Registry Link](#)

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Home

Medicaid Provider Search

Provider Details

Provider Name

Search by Provider/Doctor/Clinic name

Provider Type

Select

Provider Specialty

Select

Note: At least one search parameter has to be filled to start searching.

Servicing Location

☒ Current Location ☐ Other

Provider Address

Search by provider address

Search by city

Search by city

State

Select

Search by zip code

Search by zip code

Radius within *

5 Miles

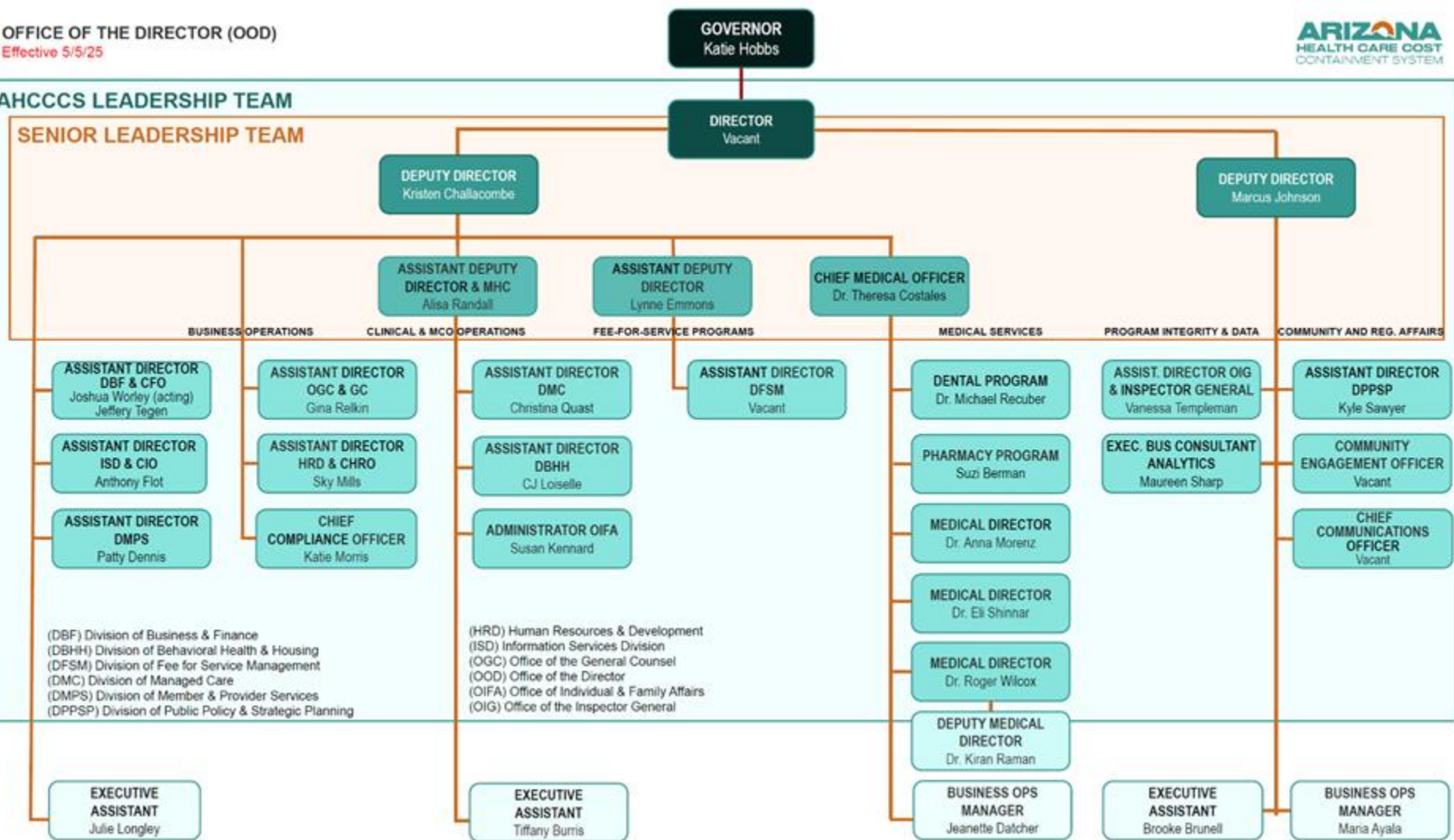
Additional Search Criteria

Search

Clear

AHCCCS LEADERSHIP TEAM


SENIOR LEADERSHIP TEAM



Unauthorized Marketplace Enrollment

⚠ Alert: Unauthorized Agent and Broker Activity on ACA Marketplace

The Health Insurance Marketplace is seeing an increase in suspicious activity by some agents and brokers selling Marketplace coverage. This may include signing you up for coverage without your knowledge or switching you out of a plan you already have and into a new one.



Agents and Brokers are individuals and organizations that help enroll consumers in coverage and also get payments from insurance plans.

What you need to know to protect yourself

- Agents and brokers must get your permission when signing you up or making changes to your insurance plan.
- Health insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596 to find help in your area.

What to do if you suspect changes were made on your account


- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.

How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Health Insurance Marketplace
The nation's largest health insurance marketplace
Health Insurance Marketplace is a registered trademark of
HHS. Department of Health & Human Services



- This is a national issue and CMS is taking action against brokers/agents.
- Contact the Marketplace Call Center to drop the Marketplace plan, if desired.
 - 1.800.318.2596
- AHCCCS Clinical Resolution Unit (CRU) can assist with access to care issues.
 - 1.800.867.5808.
- Know the warning signs! No broker should be offering \$ or gifts to sign up for health insurance.
- AHCCCS to outreach to all members dual-enrolled in a commercial plan.

For more information
visit...

[THIS AHCCCS WEBPAGE](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)

[https://www.azahcccs.gov/](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)
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On the Horizon

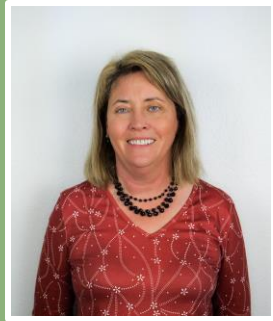
- Traditional Healing Go Live
- Cochlear Implants and Speech Therapy Coverage Expansion
- Continued system improvements to combat fraudulent billing and member exploitation
- Two Justice Initiatives
 - Consolidated Appropriations Act (CAA): healthcare services for incarcerated youth
 - Reentry Waiver: Reimbursement for services 90 days pre-release
- MES Roadmap
 - MES = Medicaid Enterprise System (30 yrs old!)
 - Pre/Post Payment review system
 - EVV Changes
- Changes stemming from H.R. 1
- AHCCCS Waiver Renewal



Open Discussion



SMAC Member Spotlight Updates



Karen Resseguie

Administrator, Residential Behavioral Health
AllThrive 365 - formerly Foundation for
Senior Living (FSL)

AllThrive365

Helping Arizonans age with confidence since 1974

www.allthrive365.org



The Journey to AllThrive 365





Mission, Vision, Values

MISSION

Our holistic approach prepares and embraces individuals to age independently, safely and with peace of mind.

VISION

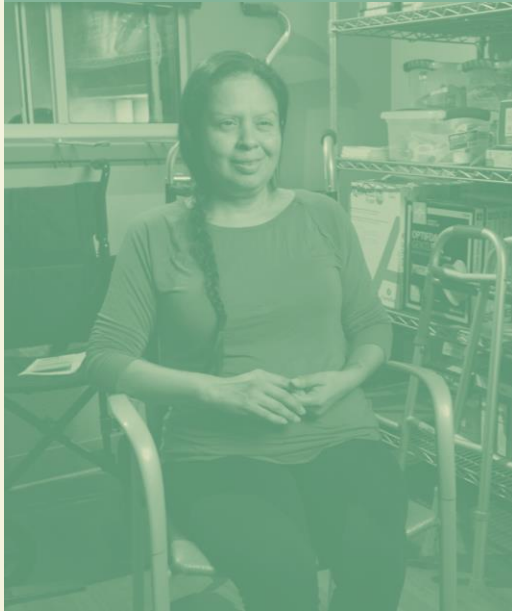
We all age with confidence.

VALUES

Compassion
Growth
Resilience
Openness



HEALTH



HOUSING



CONNECTION





Health

Supporting Well-Being

- Adult Day Health Centers
- Adult Foster Care
- Behavioral Health Homes
- Food Programs
- Health Education
- Transitional Care





Housing

Safe, Affordable & Energy-Efficient Homes

- Apartments with affordable rents
- Energy Efficiency
- Home Modifications
- SouthWest Building Sciences Training Center





Connection

Building Community & Support

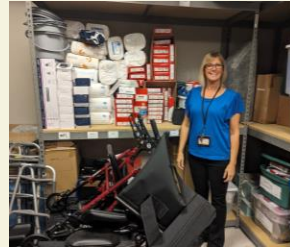
- Community Resource Centers
- Emergency Assistance
- Friendly Callers
- Transportation





Find the thrive-path for you

AllThrive 365 Resource Navigation



Get connected to internal and external services and support





Impact

40,000 Arizonans served annually

- 1,335 individuals housed in safe & affordable homes
- 782 homes modified to maximize energy efficiency
- 243,966 miles of free transportation
- 142,453 hours of respite supplied to caregivers
- 190,013 meals provided
- \$2,138,964 provided in rent, mortgage, and utility bill assistance

Impact data from fiscal year 2024



Get Involved

Help Arizona's Age With Confidence

VOLUNTEER

Deliver meals, assist with activities, and offer companionship.

ARIZONA STATE CHARITABLE TAX CREDIT

Fund programs that provide health, housing, & connection.

ADVOCATE

Help raise awareness and support policies that benefit healthy aging.

Thank You

602-285-1800

www.allthrive365.org



Other SMAC Member Updates



Open Discussion

Federal Relations Updates



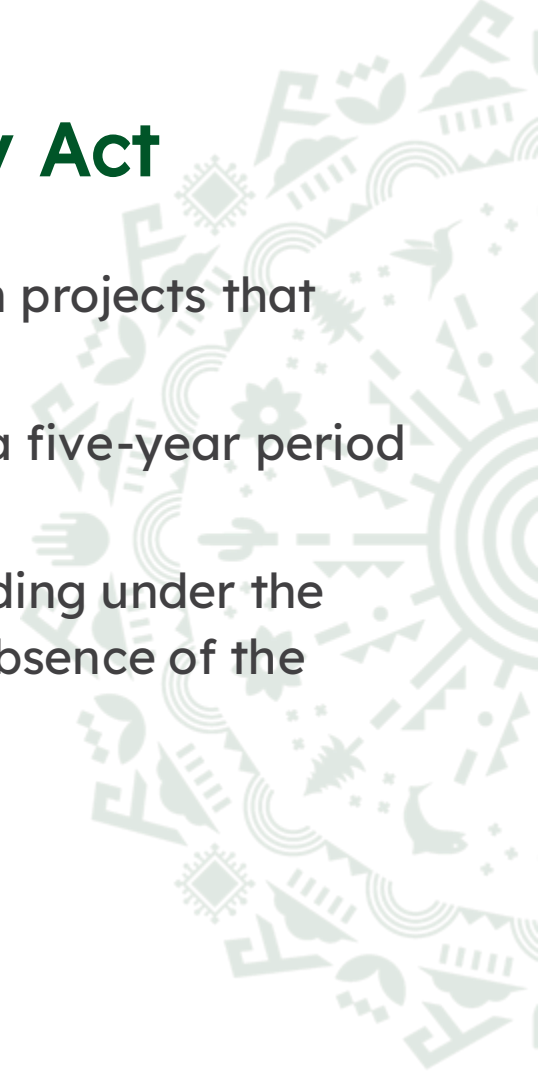
Maxwell Seifer
Federal Relations Chief, Division
of Public Policy and
Strategic Planning



Parin Kaba
Federal Relations Specialist,
Division of Public Policy and
Strategic Planning

Section 1115 of the Social Security Act

- Allows states the flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.



Current 1115 Waiver Overview

- Arizona's current 1115 Waiver was last approved for a five-year extension on Oct. 14, 2022. This waiver is valid until September 30, 2027.
- This extension continued many longstanding AHCCCS programs including Integrated Managed Care through:
 - AHCCCS Complete Care (ACC);
 - the Arizona Long Term Care System (ALTCS);
 - the Comprehensive Health Plan (CHP) for children in foster care;
 - and Regional Behavioral Health Agreements (RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI)



Current 1115 Waiver Overview

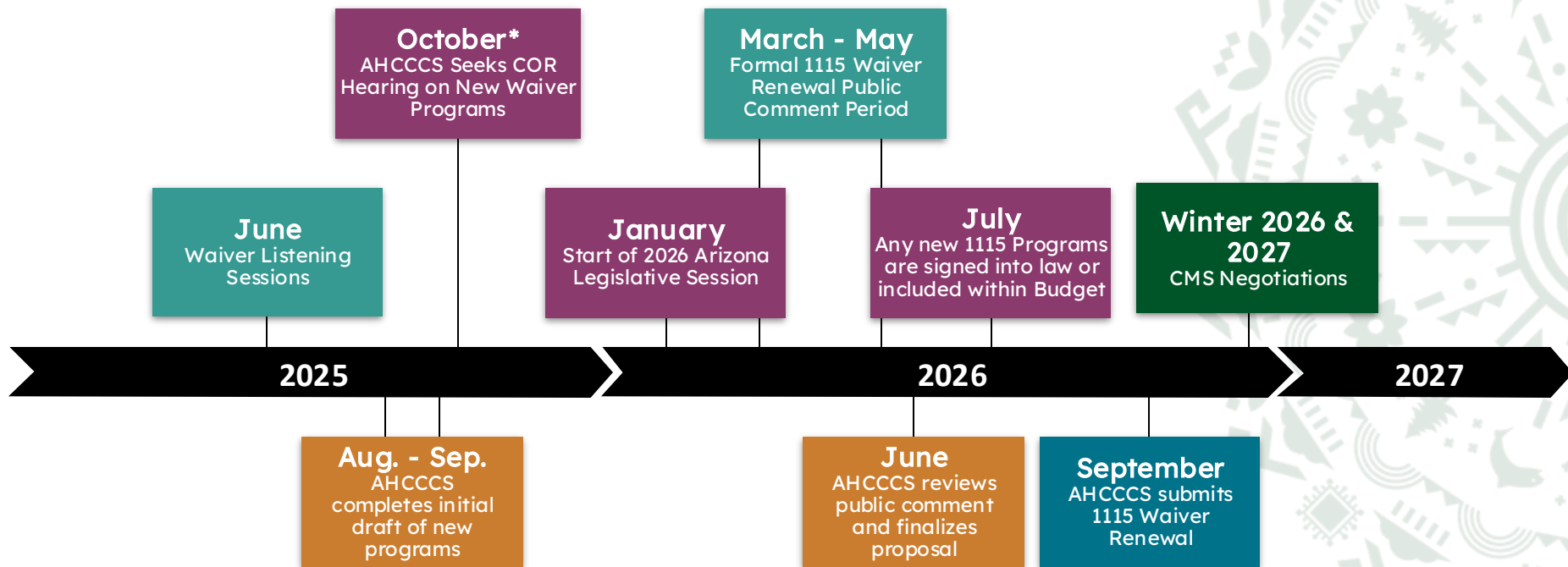
- In addition to continuing many longstanding programs, AHCCCS also received approval on a variety of new programs:
 - Targeted Investments (TI) 2.0,
 - KidsCare Eligibility Expansion,
 - Traditional Healing services, and
 - Pre-release services.
- AHCCCS is now seeking to renew its 1115 Waiver Authority and is beginning much of the exploratory work to envision what this may look like.



1115 Waiver Renewal

- To renew the 1115 authority, AHCCCS must submit a renewal application to CMS by September 30, 2026.
- This renewal application must include all existing programs under the waiver and could also include any new programs the state wishes to pursue.
- In May 2025, Arizona's Legislature passed **HB 2945**:
 - Institutes a new requirement for AHCCCS to first gain legislative approval prior to submitting any new 1115 Waiver Program that:
 - Expands eligibility,
 - Adds new services, or
 - Will lead to an annual increase in utilization greater than 10%.

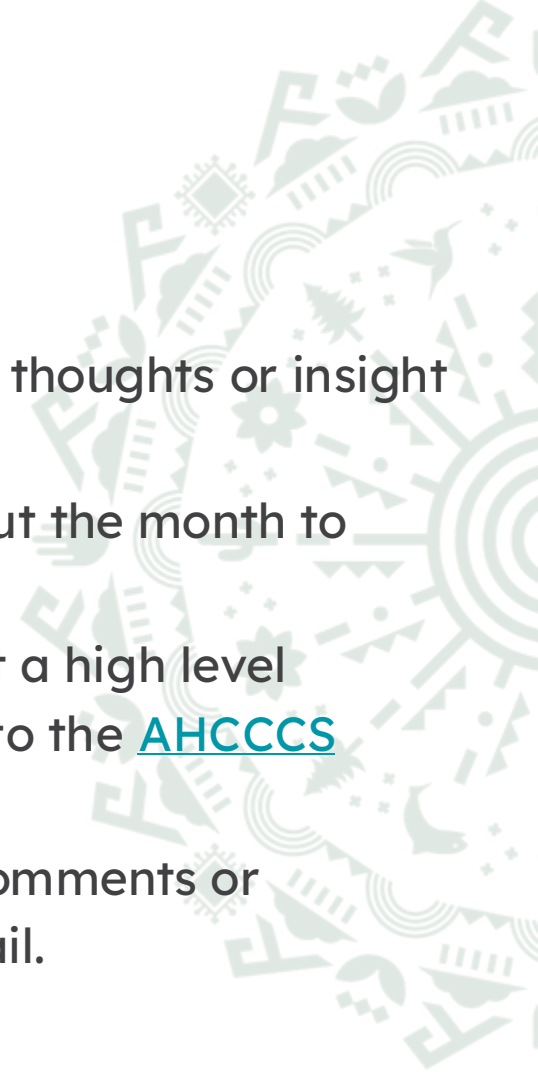
Arizona's 1115 Waiver Renewal Timeline



Next Steps

- [Survey](#) to gain feedback is now live!
- Please complete the survey and share any additional thoughts or insight into the Waiver renewal.
- AHCCCS will hold a few additional sessions throughout the month to ensure we reach all stakeholders.
- In July, we will review all feedback received and post a high level summary of the results and a copy of this slide deck to the [AHCCCS waiver renewal webpage](#).

As always, feel free to reach out with any additional comments or questions to our waiverpublicinput@azahcccs.gov email.



Federal Congressional Budget Update

- President Trump and the Republican party are seeking to significantly reduce federal spending.
- One way Congress may “fast track” legislative change that impacts the federal budget is through a process called budget reconciliation.
- Reconciliation can only be used to make changes to the debt limit, federal revenues, or to direct mandatory federal spending (including Medicaid)

Federal Congressional Budget Update

Reminders & Level-Setting

- In April, the House and Senate both passed a budget resolution which provided an outline of how much money each congressional committee is responsible for spending or cutting.
- One key aspect of this resolution includes directing the House Energy & Commerce Committee (the committee with jurisdiction over Medicaid, Medicare, FDA, and more) to find \$880 billion in spending reductions.
- On May 22, the House passed 'H.R.1 - One Big Beautiful Bill Act' which contains significant changes to various Medicaid policies.

Federal Congressional Budget Update

Budget Reconciliation Process

1. Congress passes budget resolution with committee instructions
2. Committees write reconciliation bills in accordance with budget resolution instructions
3. Committees mark up bills. Committee members vote on amendments and to “report” – or send – the bill to full House/Senate
4. **House/Senate votes on full reconciliation package. Committees’ bills are combined into a single reconciliation package**
5. House and Senate reconcile differences. House and Senate must pass the same reconciliation bill for it to be sent to the President
6. President signs or vetoes bill.

Federal Congressional Budget Update

- On May 11th, the House Energy and Commerce Committee (E&C) released statutory language of policies within its jurisdiction (including health and Medicaid). Key proposals include:
- **Community Engagement Requirements**
 - Individuals between the ages of 19 and 64 would be required to complete a qualifying activity for 80 hours per month (work, school, or others) to qualify for Medicaid.
 - The bill outlines various exclusions for certain individuals
- **Cost Sharing for Expansion Adults**
 - Requires states to impose cost-sharing on expansion adults with incomes over 100 percent of FPL

Federal Congressional Budget Update

- **Eligibility Changes**
 - Requires states to conduct eligibility redeterminations for expansion adults every six months
 - Requires states to establish processes to update enrollee address and perform checks of the SSA Death Master File
- **Rule Changes**
 - Prohibits CMS from implementing certain rules such as the nursing facility minimum staffing standards rule and other eligibility rules
- **FMAP Conditions**
 - Prohibits FMAP for individuals whose immigration status has not yet been verified
 - Prohibits FMAP for specified treatments for gender dysphoria

Federal Congressional Budget Update

Provider Provisions

- Requires states to check the SSA Death Master File during Provider Enrollment.
- Prohibits Medicaid funds from being paid to certain family planning providers that offer abortion services.
- Requires states to establish streamlined enrollment processes for out-of-state pediatric providers.

And More

Federal Congressional Budget Update

- On June 16th, the Senate Finance Committee released their version of reconciliation language which incorporates modifications to the 'One Big Beautiful Bill Act.'
- Although much of the text is similar to the House version, there are a few key differences. The biggest of which is additional changes to health care related taxes.
- At this stage in the reconciliation process change is fluid.
- Senate leadership is aiming to hold a floor vote by the July 4th recess.

AHCCCS Role

- Several internal AHCCCS teams are working hard to understand and quantify the impact of these proposals.
 - This is in collaboration with outside contractors, other states, and various stakeholder groups.
- We are sharing this information as soon as it becomes readily available to law makers, advocates, and more.
 - Check out the new “AHCCCS Insights” webpage which showcases a variety of useful data to be used in the policy decision making process.



Open Discussion

Medicaid Enterprise System (MES) Modernization Updates



Brad Perrin

MES Modernization
Program Manager,
AHCCCS IT Services
Division (ISD)

Why Modernize & Transform AHCCCS Technology?



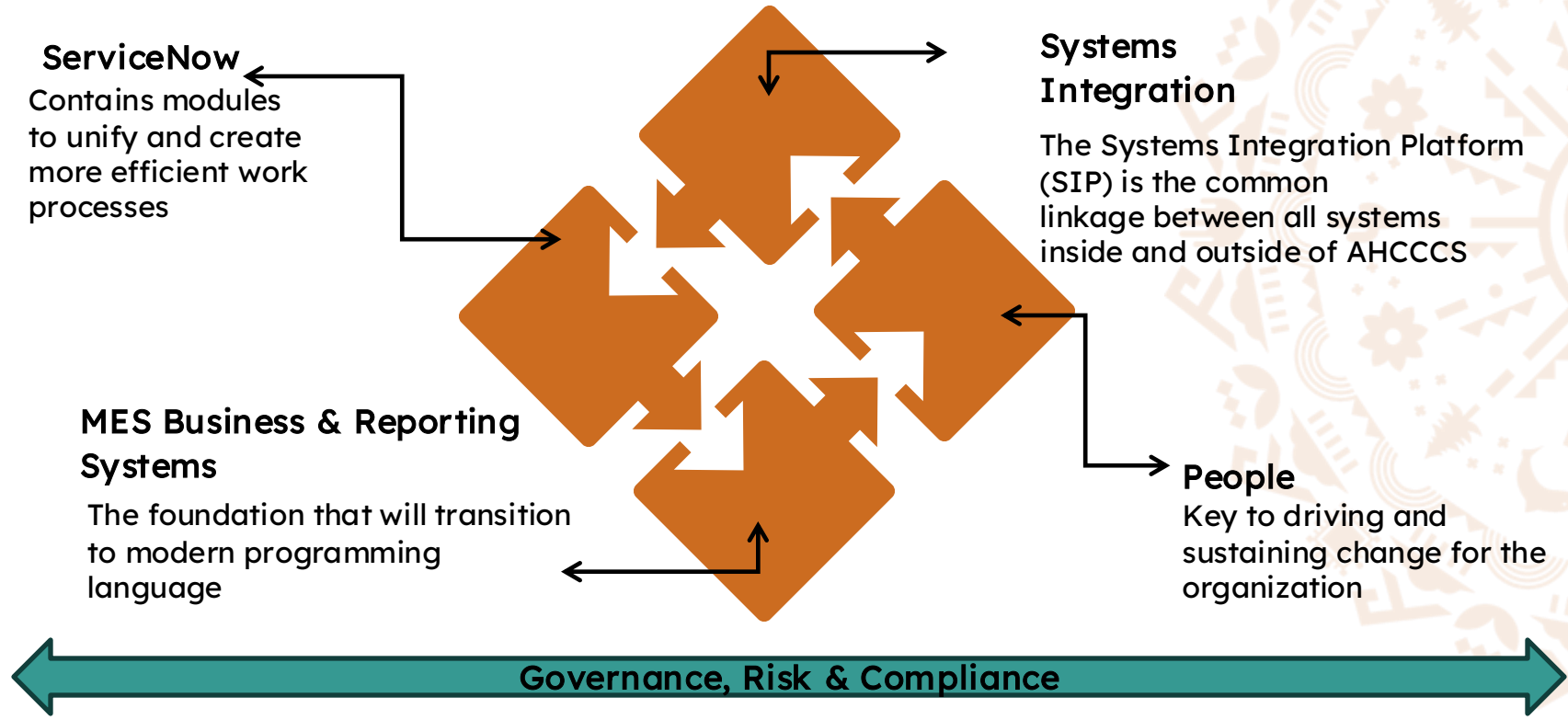
The modernization of existing systems and innovation through new tools and technology allows AHCCCS to **adapt quickly to meet the needs of members and providers** in an everchanging environment.

AHCCCS is transforming their MES systems and applications to help the people of Arizona access Medicaid by:



- Modernizing the current legacy systems and applications
- Keeping what works for AHCCCS
- Leveraging industry standards and best practices
- Incorporating innovative technology

Putting the Pieces Together of MES Modernization



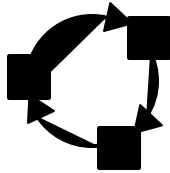
Mainframe Refactor Work Involved

Microsoft / Ensono has a structured work approach to ensure the refactored applications are ready for production and meet business needs



BASELINE & REFACTOR

During baseline the original code is run in the mainframe to establish a baseline result for comparison. Then the code is converted to C# (refactored) to run in the new Microsoft Azure environment.



VALIDATION

The validation process involves running the refactored code in the new system environment using the same setup as the mainframe baseline to perform a comparison. AI tools are used to analyze the comparative results.



UAT & PERFORMANCE TESTING

User Acceptance Testing (UAT) is performed to ensure the new application works as expected & performance testing is done to ensure the system can operate effectively in the new environment.



AHCCCS Users

State Agencies

Vendors

Providers

Health Plans

AHCCCS Solutions Center



All new platform and modules to create continuity of care through **collaboration, integration and standardization.**

File, Data, and Document Retrieval and Transfer
Web Service Integrations

AHCCCS Systems Integration Platform & Services



The SIP provides integration of platforms, systems and applications for better **accessibility and reporting.**

File, Data, and Document Retrieval and Transfer
Web Service Integrations

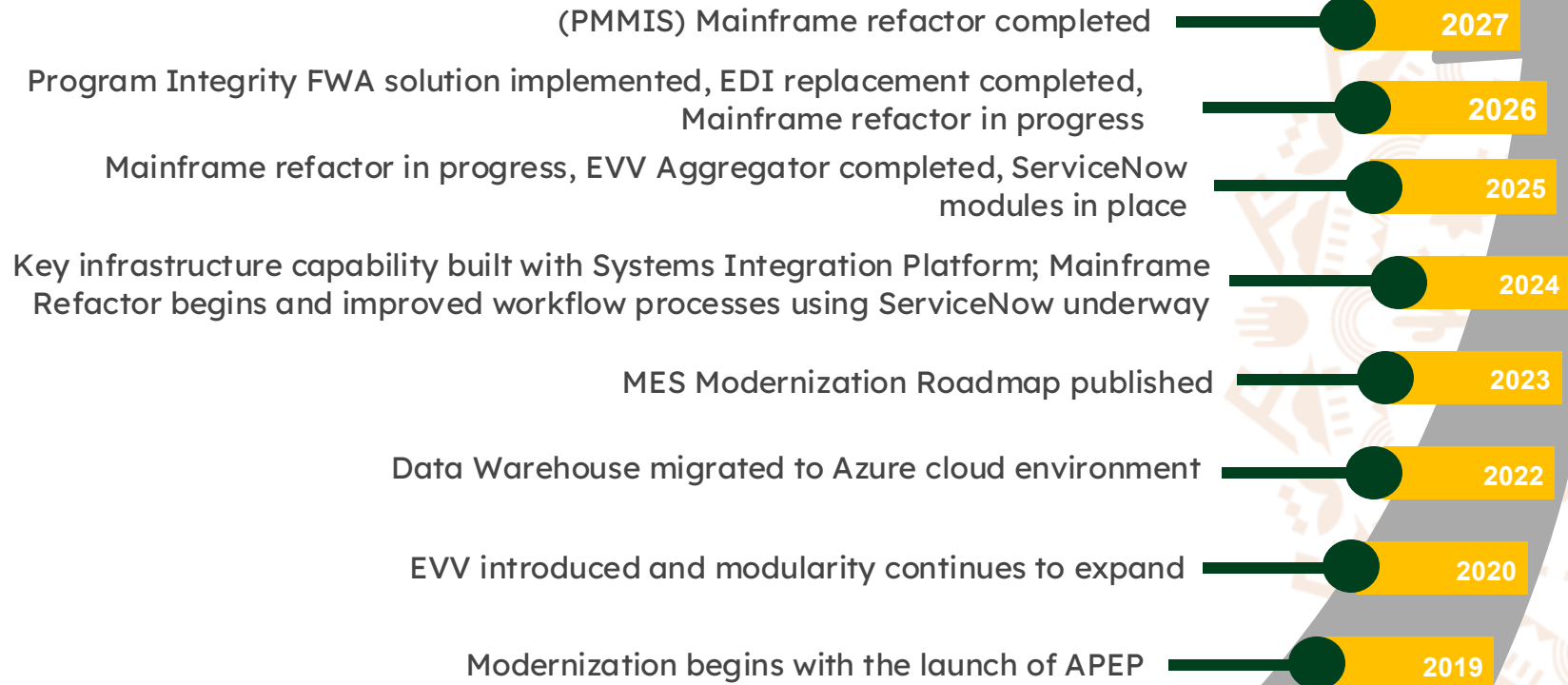
AHCCCS MES Business & Reporting Systems



Ability to **change or update** systems that with the best fit now and in the future.

MES Modernization Program Evolution

Sustaining new tools and systems along with continued process refinement





Open Discussion

Legislative Updates



Damien Carpenter
Chief Legislative Liaison
Division of Public Policy and
Strategic Planning

2025 Legislative Session Timeline

- **Mon. January 13th-** Start of Legislative Session.
- **January to March** – Regular committees
- **April to June** – Budget negotiations, non-regular committees, floor voting.
- **June 27th-** Legislature Adjourns Sine Die!
- Next session will begin on the second Monday of the calendar year.

Legislative Highlights

- Agency Bills/Initiatives:
 - SB 1671 - Traditional healing services; AHCCCS
- Additional bills of note (not all inclusive)
 - HB 2945 - DD; appropriations; waivers
 - SB1132 - AHCCCS; continuous glucose monitors
 - SB1711 - AHCCCS; obesity treatment; study committee
 - HB2332 - postpartum health; education; advisory committee

AHCCCS Bills/ Budget Provisions (not all inclusive)

SB1735- general appropriations act; 2025-2026

- Continues Funding for Medicaid Enterprise System (MES) modernization.
- Continues Graduate Medical Education (GME) and Critical Access Hospital (CAH) funding.
- Directs AHCCCS to produce an implementation plan that contains recommendations for Secure Behavioral Health facilities (S-BHRFs) and issue a request for proposals (RFP) for SBHRF funding.

SB1741- health care; 2025-2026

- Adds cochlear implants and speech therapy services for adults covered by AHCCCS.
- Adds Duchenne Muscular Dystrophy to State's newborn screening panel.
- Authorizes and funds Traditional Healing services through or by IHS or tribal facility as a cover service to AHCCCS members who qualify.
- Authorizes limited prerelease services as AHCCCS-covered benefits for incarcerated individuals.



Open Discussion

SMAC Updates



Desiree Greene
Project Manager and SMAC
Liaison,
Division of Public Policy and
Strategic Planning

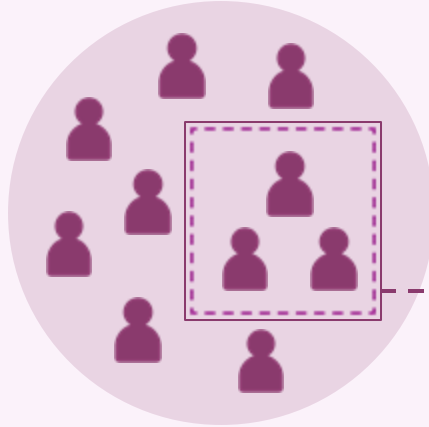
Beneficiary Advisory Council (BAC)

The BAC is a dedicated forum for **people with lived experience** of the Medicaid program. BAC members must include:

Current and/or former Medicaid enrollees

Family members of enrollees

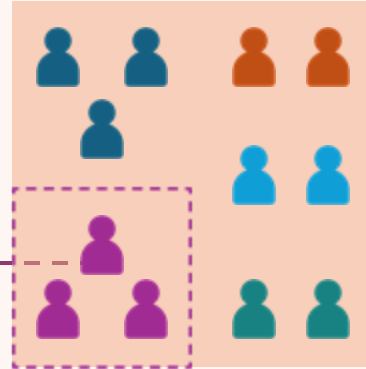
Paid or unpaid caregivers of enrollees



States must publicly post the MAC and BAC annual report, bylaws, membership lists, member recruitment/selection processes, and meeting minutes and **MUST** submit an annual report of all BAC activities.

Medicaid Advisory Committee (MAC)

The MAC is a **diverse group of Medicaid stakeholders** with a wide range of perspectives and experiences. The MAC includes BAC members and at least one representative from each of these categories:



Clinical providers/
administrators

Participating plans/
state associations

Other state agencies as
ex officio members

State, local, or community-
based organizations

By July 10, 2027, 25% of MAC members must be from the BAC*

**In the final rule, CMS opted to phase in this requirement, providing that 10% of MAC members must also be members of the BAC for the period July 9, 2025, through July 9, 2026; 20% for the period July 10, 2026, through July 9, 2027; and 25% thereafter.*

Meeting Requirements



The BAC must meet separately and in advance of MAC meetings.

This helps ensure that the perspective of those with lived experience informs the broader discussions.



The BAC and MAC must offer a variety of meeting participation options.

Can be in-person, virtual, or hybrid, but telephone dial-in is always required.



At least two MAC meetings per year must be public.

Meetings must include dedicated time for public comment.



The BAC and MAC must each meet once per quarter.

Meetings may be held off cycle as necessary.

At least one member of the state's executive staff must attend all BAC and MAC meetings.

BAC Selection Highlights

- **Applications:** We received 63 completed applications for the BAC that met the criteria required for consideration
- **Evaluation:** All 63 applications were evaluated for quality and uniqueness to ensure that we covered a wide range of lived experience through our potential BAC members
- **Health Plans:** The current 12 selected BAC members have coverage across a range of AHCCCS health plans including: Arizona Complete Health – Complete Care Plan, Banner-University Family Care, UnitedHealthcare Community Plan, and Mercy Care
- **Rural vs Urban:** 3/12 of the selected BAC members live in rural centers
- **Medicaid Membership:** 7/12 of the selected BAC members are current or former Medicaid members, 5/12 are family members to a Medicaid member this includes children, parents, and foster children
- **Membership Population:** The selected members span across a range of Medicaid populations to ensure a robust representation of the different populations that AHCCCS supports

Disclaimer: Selection has been made based on application responses, additional vetting questions will be answered upon reach out, and verification of Medicaid status/involvement is required before final seat selection.

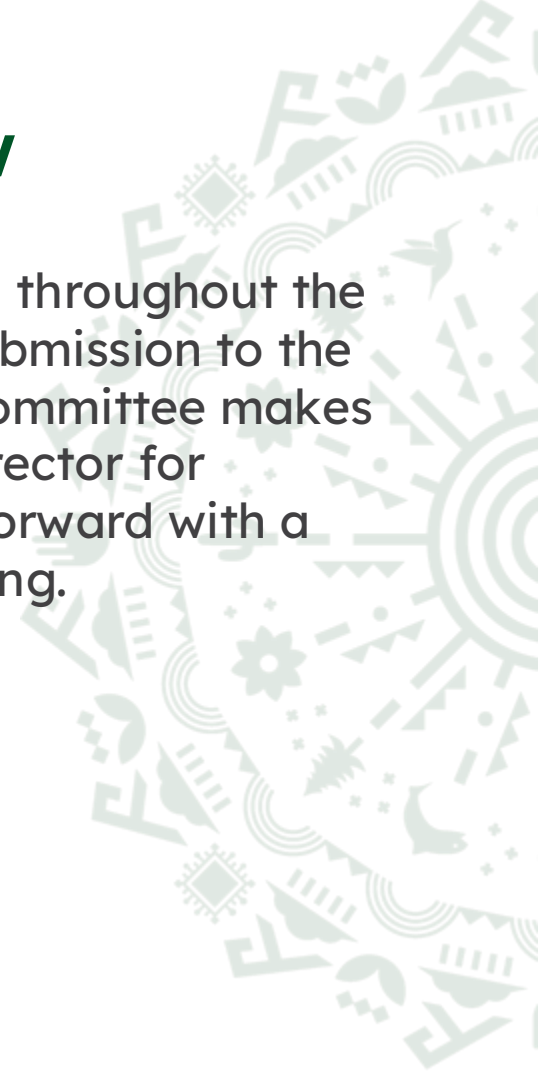
SMAC Membership Assignments & Voting Session



Dina Norwood
Managing Attorney
Community Legal Services

SMAC Member Nomination Review

The SMAC receives many nominations for consideration throughout the year. The SMAC Liaison saves and prepares them for submission to the subcommittee in accordance with the bylaws. The subcommittee makes recommendations to the appointed AHCCCS Deputy Director for consideration to use those recommendations to move forward with a formal majority vote of the SMAC during an open meeting.



Current Provider SMAC Members

John Hogeboom, CEO/President, Community Bridges, Inc.

Dr. Aaron Knudson, Internal Medicine and Pediatric Hospitalist, Banner Page Hospital

Dr. Elizabeth McKenna, M.D., Co-Owner, Healing Hearts Pediatrics

Dr. Jessica B. Peterkin, Dentist & Founder/CEO, Ministry of Dentistry, Inc

Vicki Staples, Director of OP Behavioral Health, Valleywise Health

Mary Jo Whitfield, VP of Integrated Health, Jewish Family and Children's Services

Jennifer Longdon, Chief External Affairs Officer, AZ Alliance for Community Health Centers (new member)

Karen Resseguie, Behavioral Health Administrator, Foundation for Senior Living

Katherine Andersen, Director of Health Information Management and Medical Staff; Privacy Officer, San Carlos Apache Healthcare Corporation

Brittney Kaufmann, Chief Executive Officer, Health System Alliance of Arizona

Current Public SMAC Members

Terry Benelli, Executive Director, Local Initiatives Support Corporation

Jennifer J. Burns, Director of Government Relations & Health Policy, Children's Action Alliance

Vince Torres, Community Member/Advocate

Dina Norwood, Managing Attorney, Community Legal Services

Jill Anne Castle, Professor/Advocate/Consultant, Arizona State University

Diana "Dede" Yazzie Devine, Community Member/Advocate

Melissa Kotrys, CEO, Contexture

Tory Roberg, Director of Government Affairs, Alzheimer's Association, Desert Southwest Chapter

Serena Unrein, Community Member/Advocate

Open Seat - Kavita Bernstein, Senior Director of Strategy & Innovation, Candelen

A white rectangular card is centered in the image. It features the words 'THANK YOU' in large, bold, pink capital letters at the top, and 'Kavita Bernstein' in bold, green capital letters below it. The card is surrounded by several paper roses: a large orange one on the left, a pink one at the top, and a white one at the bottom right. A green paper leaf is visible at the top center. A black string is tied around the left side of the card.

THANK YOU

Kavita Bernstein

Recommendation for Public Member Assignment

Nominee	Title	Association
Jane Jepson	Senior Director	Triumph Education





SMAC Member Assignment Vote



Open Discussion



Call to the Public

2025 SMAC Meeting Calendar

Per bylaws language, SMAC meetings are to be held during the 2nd Wednesday of January, April, July, and October from 1:00 p.m. - 3:00 p.m

2025 SMAC Meetings:

January 8, 2025

April 9, 2025

July 9, 2025

October 8, 2025 (final meeting of the year)

For all SMAC Dates and Meeting Materials, see the following link:

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>

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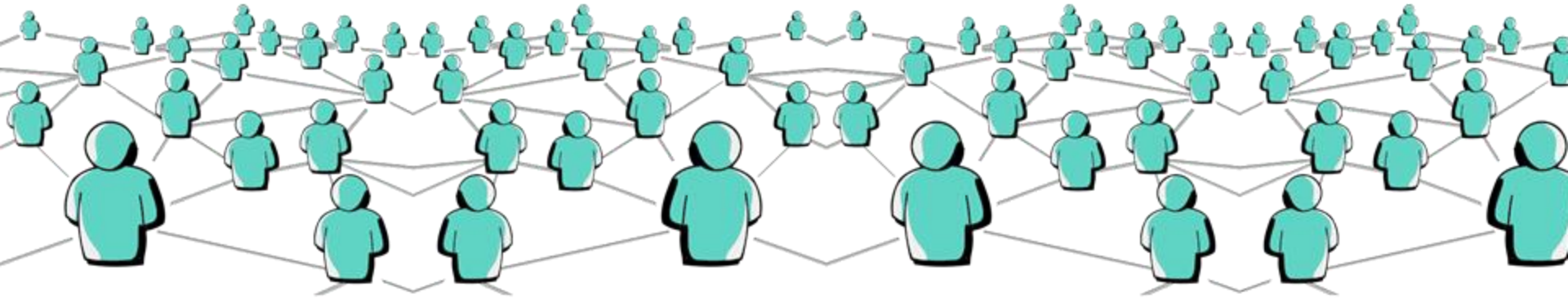
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Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [ALTCS](#) Email: mcotransitions@azahcccs.gov and [FAQ](#)





**Thank you and have
a great day!**