

Senate Engrossed House Bill

AHCCCS; enrollment verification; presumptive eligibility

State of Arizona
House of Representatives
Fifty-seventh Legislature
First Regular Session
2025

HOUSE BILL 2449

AN ACT

AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY
ADDING SECTIONS 36-2903.17 AND 36-2903.18; RELATING TO THE ARIZONA HEALTH
CARE COST CONTAINMENT SYSTEM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, chapter 29, article 1, Arizona Revised
3 Statutes, is amended by adding sections 36-2903.17 and 36-2903.18, to
4 read:

5 36-2903.17. Data matching agreements; review of member
6 eligibility information; waiver requests

7 A. THE ADMINISTRATION SHALL ENTER INTO A DATA MATCHING AGREEMENT
8 WITH THE DEPARTMENT OF REVENUE TO IDENTIFY MEMBERS WHO HAVE LOTTERY OR
9 GAMBLING WINNINGS OF \$3,000 OR MORE. THE ADMINISTRATION SHALL REVIEW THIS
10 INFORMATION ON AT LEAST A MONTHLY BASIS. IF A MEMBER FAILS TO DISCLOSE
11 WINNINGS OF \$3,000 OR MORE AND IS IDENTIFIED THROUGH THE DATABASE MATCH,
12 THE ADMINISTRATION SHALL CONSIDER THE MEMBER'S FAILURE TO DISCLOSE THE
13 INFORMATION A VIOLATION OF THE SYSTEM'S TERMS OF ELIGIBILITY.

14 B. ON AT LEAST A MONTHLY BASIS, THE ADMINISTRATION SHALL RECEIVE
15 AND REVIEW DEATH RECORD INFORMATION FROM THE DEPARTMENT OF HEALTH SERVICES
16 CONCERNING MEMBERS AND SHALL ADJUST SYSTEM ELIGIBILITY ACCORDINGLY.

17 C. ON AT LEAST A QUARTERLY BASIS, THE ADMINISTRATION SHALL RECEIVE
18 AND REVIEW INFORMATION FROM THE DEPARTMENT OF ECONOMIC SECURITY CONCERNING
19 MEMBERS THAT INDICATES A CHANGE IN CIRCUMSTANCES THAT MAY AFFECT
20 ELIGIBILITY, INCLUDING CHANGES TO UNEMPLOYMENT BENEFITS, EMPLOYMENT STATUS
21 OR WAGES.

22 D. ON AT LEAST A MONTHLY BASIS, THE ADMINISTRATION SHALL REVIEW
23 INFORMATION CONCERNING MEMBERS THAT INDICATES A CHANGE IN CIRCUMSTANCES
24 THAT MAY AFFECT ELIGIBILITY, INCLUDING POTENTIAL CHANGES IN RESIDENCY AS
25 IDENTIFIED BY OUT-OF-STATE ELECTRONIC BENEFIT TRANSFER CARD TRANSACTIONS.

26 E. ON AT LEAST A QUARTERLY BASIS, THE ADMINISTRATION SHALL RECEIVE
27 AND REVIEW INFORMATION FROM THE DEPARTMENT OF REVENUE CONCERNING MEMBERS
28 THAT INDICATES A CHANGE IN CIRCUMSTANCES THAT MAY AFFECT ELIGIBILITY FOR
29 THE SYSTEM, INCLUDING POTENTIAL CHANGES IN INCOME, WAGES OR RESIDENCY AS
30 IDENTIFIED BY TAX RECORDS.

31 F. UNLESS REQUIRED BY FEDERAL LAW, THE ADMINISTRATION MAY NOT
32 ACCEPT SELF-ATTESTATION OF INCOME, RESIDENCY, AGE, HOUSEHOLD COMPOSITION,
33 CARETAKER OR RELATIVE STATUS OR RECEIPT OF OTHER HEALTH INSURANCE COVERAGE
34 WITHOUT INDEPENDENT VERIFICATION BEFORE ENROLLMENT. THE ADMINISTRATION
35 MAY NOT REQUEST AUTHORITY TO WAIVE OR DECLINE TO PERIODICALLY CHECK ANY
36 AVAILABLE INCOME-RELATED DATA SOURCES TO VERIFY ELIGIBILITY.

37 G. THE ADMINISTRATION MAY NOT ACCEPT ELIGIBILITY DETERMINATIONS FOR
38 THE SYSTEM FROM AN EXCHANGE ESTABLISHED PURSUANT TO 42 UNITED STATES CODE
39 SECTION 18041(c). THE ADMINISTRATION MAY ACCEPT ASSESSMENTS FROM AN
40 EXCHANGE ESTABLISHED PURSUANT TO 42 UNITED STATES CODE SECTION 18041(c)
41 BUT SHALL INDEPENDENTLY VERIFY ELIGIBILITY AND MAKE ELIGIBILITY
42 DETERMINATIONS.

43 H. IF THE ADMINISTRATION RECEIVES INFORMATION CONCERNING A MEMBER
44 THAT INDICATES A CHANGE IN THE MEMBER'S CIRCUMSTANCES THAT MAY AFFECT
45 ELIGIBILITY, THE ADMINISTRATION SHALL REVIEW THE MEMBER'S ELIGIBILITY.

1 I. THE ADMINISTRATION MAY EXECUTE A MEMORANDUM OF UNDERSTANDING
2 WITH ANY OTHER DEPARTMENT OF THIS STATE FOR INFORMATION REQUIRED TO BE
3 SHARED PURSUANT TO THIS SECTION. THE ADMINISTRATION MAY CONTRACT WITH ONE
4 OR MORE INDEPENDENT VENDORS TO PROVIDE ADDITIONAL DATA OR INFORMATION THAT
5 MAY INDICATE A CHANGE IN CIRCUMSTANCES AND AFFECT AN INDIVIDUAL'S
6 ELIGIBILITY.

7 J. ON OR BEFORE APRIL 1, 2026, THE ADMINISTRATION SHALL SUBMIT TO
8 THE CENTERS FOR MEDICARE AND MEDICAID SERVICES ANY WAIVER REQUESTS
9 NECESSARY TO IMPLEMENT THIS SECTION.

10 36-2903.18. Presumptive eligibility; limits; standards;
11 notification; training

12 A. THE ADMINISTRATION SHALL REQUEST APPROVAL FROM THE CENTERS FOR
13 MEDICARE AND MEDICAID SERVICES FOR A SECTION 1115 WAIVER TO ALLOW THE
14 ADMINISTRATION TO ELIMINATE MANDATORY HOSPITAL PRESUMPTIVE ELIGIBILITY AND
15 RESTRICT PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO CHILDREN AND PREGNANT
16 WOMEN ELIGIBILITY GROUPS. IF APPROVAL FOR THE SECTION 1115 WAIVER IS
17 DENIED, THE ADMINISTRATION SHALL RESUBMIT A SUBSEQUENT REQUEST FOR
18 APPROVAL WITHIN TWELVE MONTHS AFTER EACH DENIAL.

19 B. UNLESS REQUIRED BY FEDERAL LAW, THE ADMINISTRATION MAY NOT
20 DESIGNATE ITSELF AS A QUALIFIED HEALTH ENTITY FOR THE PURPOSE OF MAKING
21 PRESUMPTIVE ELIGIBILITY DETERMINATIONS OR FOR ANY PURPOSE NOT EXPRESSLY
22 AUTHORIZED BY STATE LAW.

23 C. WHEN MAKING PRESUMPTIVE ELIGIBILITY DETERMINATIONS, A QUALIFIED
24 HOSPITAL SHALL DO ALL OF THE FOLLOWING:

25 1. NOTIFY THE ADMINISTRATION OF EACH PRESUMPTIVE ELIGIBILITY
26 DETERMINATION WITHIN FIVE WORKING DAYS AFTER THE DATE THE DETERMINATION IS
27 MADE.

28 2. ASSIST INDIVIDUALS WHO ARE DETERMINED PRESUMPTIVELY ELIGIBLE
29 UNDER THE SYSTEM WITH COMPLETING AND SUBMITTING A FULL APPLICATION FOR
30 SYSTEM ELIGIBILITY.

31 3. NOTIFY EACH APPLICANT IN WRITING AND ON ALL RELEVANT FORMS WITH
32 PLAIN LANGUAGE AND LARGE PRINT THAT IF THE APPLICANT DOES NOT FILE A FULL
33 APPLICATION FOR SYSTEM ELIGIBILITY WITH THE ADMINISTRATION BEFORE THE LAST
34 DAY OF THE FOLLOWING MONTH, PRESUMPTIVE ELIGIBILITY COVERAGE WILL END ON
35 THE LAST DAY OF THE FOLLOWING MONTH.

36 4. NOTIFY EACH APPLICANT THAT IF THE APPLICANT FILES A FULL
37 APPLICATION FOR SYSTEM ELIGIBILITY WITH THE ADMINISTRATION BEFORE THE LAST
38 DAY OF THE FOLLOWING MONTH, PRESUMPTIVE ELIGIBILITY COVERAGE WILL CONTINUE
39 UNTIL AN ELIGIBILITY DETERMINATION IS MADE ON THE APPLICATION THAT WAS
40 FILED.

41 D. THE ADMINISTRATION SHALL APPLY THE FOLLOWING STANDARDS TO
42 ESTABLISH AND ENSURE THAT ACCURATE PRESUMPTIVE ELIGIBILITY DETERMINATIONS
43 ARE MADE BY EACH QUALIFIED HOSPITAL:

44 1. WHETHER THE QUALIFIED HOSPITAL SUBMITTED TO THE ADMINISTRATION
45 THE PRESUMPTIVE ELIGIBILITY CARD WITHIN FIVE WORKING DAYS AFTER THE
46 DETERMINATION DATE.

1 2. WHETHER A FULL APPLICATION FOR SYSTEM ELIGIBILITY WAS RECEIVED
2 BY THE ADMINISTRATION BEFORE THE EXPIRATION OF THE PRESUMPTIVE ELIGIBILITY
3 PERIOD.

4 3. IF A FULL APPLICATION WAS RECEIVED BY THE ADMINISTRATION,
5 WHETHER THE INDIVIDUAL WAS FOUND TO BE ELIGIBLE UNDER THE SYSTEM.

6 E. IF THE ADMINISTRATION DETERMINES THAT A QUALIFIED HOSPITAL FAILS
7 TO MEET ANY OF THE STANDARDS ESTABLISHED UNDER SUBSECTION D OF THIS
8 SECTION FOR ANY PRESUMPTIVE ELIGIBILITY DETERMINATION THAT THE QUALIFIED
9 HOSPITAL MADE, THE ADMINISTRATION SHALL NOTIFY THE QUALIFIED HOSPITAL IN
10 WRITING WITHIN FIVE DAYS AFTER THE DETERMINATION. THE NOTICE SHALL
11 INCLUDE:

12 1. FOR THE FIRST VIOLATION, BOTH OF THE FOLLOWING:

13 (a) A DESCRIPTION OF THE STANDARD THAT WAS NOT MET AND AN
14 EXPLANATION OF WHY IT WAS NOT MET.

15 (b) CONFIRMATION THAT A SECOND FINDING WILL REQUIRE THAT ALL
16 APPLICABLE HOSPITAL STAFF PARTICIPATE IN MANDATORY TRAINING BY THE
17 ADMINISTRATION ON HOSPITAL PRESUMPTIVE ELIGIBILITY RULES.

18 2. FOR THE SECOND VIOLATION, ALL OF THE FOLLOWING:

19 (a) A DESCRIPTION OF THE STANDARD THAT WAS NOT MET AND AN
20 EXPLANATION OF WHY IT WAS NOT MET.

21 (b) CONFIRMATION THAT ALL APPLICABLE HOSPITAL STAFF WILL BE
22 REQUIRED TO PARTICIPATE IN A MANDATORY TRAINING BY THE ADMINISTRATION ON
23 HOSPITAL PRESUMPTIVE ELIGIBILITY RULES, INCLUDING THE DATE, TIME AND
24 LOCATION OF THE TRAINING AS DETERMINED BY THE ADMINISTRATION.

25 (c) A DESCRIPTION OF AVAILABLE APPELLATE PROCEDURES BY WHICH A
26 QUALIFIED HOSPITAL MAY DISPUTE THE FINDING AND REMOVE THE FINDING FROM THE
27 QUALIFIED HOSPITAL'S RECORD BY PROVIDING CLEAR AND CONVINCING EVIDENCE
28 THAT THE STANDARD WAS MET.

29 (d) CONFIRMATION THAT IF THE QUALIFIED HOSPITAL SUBSEQUENTLY FAILS
30 TO MEET ANY OF THE STANDARDS FOR PRESUMPTIVE ELIGIBILITY FOR ANY
31 DETERMINATION, THE QUALIFIED HOSPITAL WILL NO LONGER BE QUALIFIED TO MAKE
32 PRESUMPTIVE ELIGIBILITY DETERMINATIONS UNDER THE SYSTEM.

33 3. FOR THE THIRD VIOLATION, ALL OF THE FOLLOWING:

34 (a) A DESCRIPTION OF THE STANDARD THAT WAS NOT MET AND AN
35 EXPLANATION OF WHY IT WAS NOT MET.

36 (b) A DESCRIPTION OF AVAILABLE APPELLATE PROCEDURES BY WHICH A
37 QUALIFIED HOSPITAL MAY DISPUTE THE FINDING AND REMOVE THE FINDING FROM THE
38 HOSPITAL'S RECORD BY PROVIDING CLEAR AND CONVINCING EVIDENCE THAT THE
39 STANDARD WAS MET.

40 (c) CONFIRMATION THAT, EFFECTIVE IMMEDIATELY, THE HOSPITAL IS NO
41 LONGER QUALIFIED TO MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS UNDER THE
42 SYSTEM.

43 Sec. 2. Effective date

44 This act is effective from and after December 31, 2025.