

**AHCCCS NOTICE OF PUBLIC INFORMATION  
INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)**

**Name of the Agency:** Arizona Health Care Cost Containment System (AHCCCS)

**The topic of the public information notice:** Inform the public of AHCCCS intent to submit a State Plan Amendment.

**SPA Title:** CHIP Removal of Premium Lock-Out Period

**SPA Overview:** This SPA updates the state plan language around the non-payment of premiums or enrollment fees and how that does not result in the loss of CHIP eligibility.

**Tribal Consultation:**

AHCCCS will consult with Tribes regarding this SPA on August 7, 2025. Below is a link to more information regarding the tribal consultation meeting: <https://ahcccs.zoom.us/join/9tZMlCu-gqDlV9SFJD5POgQnnfvHJBuAfYGT>

**State Plan Amendment and Public Comment Period**

The proposed SPA is located on the next page of this document.

Public notice was posted on July 15th, 2025.

Comments will be accepted through August 15th, 2025.

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email:  
[publicinput@azahcccs.gov](mailto:publicinput@azahcccs.gov)
- Postal Mail:  
AHCCCS  
Attn: Division of Community Advocacy and Intergovernmental Relations  
150 N. 18<sup>th</sup> Avenue  
Phoenix, AZ 85007



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AZ - 25 - 0007

<b>Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums</b>		<b>CS21</b>
42 CFR 457.570		
<b>Non-Payment of Premiums</b>		
Does the state impose premiums or enrollment fees?		<input type="text" value="Yes"/>
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?		<input type="text" value="No"/>

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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