Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



Our first care is your health care ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

March 18, 2013

Cheryl Young Centers for Medicare & Medicaid Services Division of Medicaid & Children's Health Operations 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6707

Dear Ms. Young:

Enclosed is Arizona State Plan Amendment (SPA) #13-003, effective January 1, 2013, which updates the State Plan to reflect that reimbursements under the Arizona Medicaid Fee Schedule will comply with Section 1902(a)(13), as amended by Section 1202 of the Affordable Care Act and implementing regulations.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,

Monica Coury Assistant Director Office of Intergovernmental Relations

Cc: Jessica Schubel

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	13-003	Arizona	
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 2013		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ⊠ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Section 1902(a)(13)	\$ CY 2013: \$5,826,430		
42 CFR 447.405, 447.410, 447.415	\$ CY 2014: \$5,856,430		
	Note: Federal Budget impact amounts are for Calendar		
	Years 2013 and 2014 in accordance	e with federal	
	requirements.		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		EDED DI AN CECTION	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)		
Page 5(a) of Attachment 4.19-B	OK ATTACHMENT (IJ Applicable)		
Pages 5(d-g) of Attachment 4.19-B	Page 5(a) of Attachment 4.19-B		
10. SUBJECT OF AMENDMENT:			
Updates the State Plan to reflect that reimbursements under t	he Arizona Medicaid Fee Schedule y	will comply with Section	
1902(a)(13), as amended by Section 1202 of the Affordable Care Ac		will comply with Section	
1702(a)(15), as another by Section 1202 of the Another Care Ac	t and implementing regulations.		
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S NEVIEW (Check One).	☐ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	EN OTTIER, AS SI ECHTED.		
□ COMMENTS OF GOVERNOR S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
1			
Mar C	Monica Coury		
Valores	801 E. Jefferson, MD#4200		
13. TYPED NAME:	Phoenix, Arizona 85034		
Monica Coury			
14. TITLE:			
Assistant Director			
15. DATE SUBMITTED:			
March 18, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:	
21. TYPED NAME:			
	22. TITLE:		

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

When AHCCCS reimburses for the following public and private provider services, payment is the lesser of the provider's charge or the capped fee amount established by AHCCCS. The current Arizona Medicaid Fee Schedule is located at www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx.

For both private and public providers, AHCCCS reimburses the following services as described in Attachment 3.1-A Limitations, using this methodology:

- Clinic Services, including Freestanding Ambulatory Surgery Centers and Freestanding Dialysis Centers
- Freestanding Birth Centers
- Migrant Health Center, Community Health Center and Homeless Health Center Services
- Home Health Services, including Durable Medical Equipment, Supplies and Prosthetic Devices
- Behavioral Health Services
- Family Planning Services
- **Physician Services**: Effective CYs 2013 and 2014, reimbursement rates for services meeting the requirements of 43 CFR 447.400(a) can be found at Attachment 4.19-B, pages 5(d-g).
- Nurse-Midwife services
- Pediatric and Family Nurse Practitioner Services

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

The rates reflect all Medicare site of service and locality adjustments.

The rates do reflect Medicare site-of-service adjustments. There are no locality adjustments applicable to Arizona.

□ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.

The rates reflect all Medicare geographic/locality adjustments.

The rates do reflect the Medicare geographic adjustment for Arizona. There are no locality adjustments applicable to Arizona.

The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:

TN No. 13-003 Supersedes TN No. N/A

Approval Date _____ Effective Date January 1, 2013

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Method of Payment

The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

□ The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: \Box monthly \Box quarterly \Box semi-annually \Box annually

Primary Care Services Affected by this Payment Methodology

□ This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

90465-90468, 99261-99263, 99271-99275, 99289-99290, 99293-99303, 99311-99313, 99321-99323, 99331-99333, 99351-99353, 99361-99362, 99371-99373, 99376, 99406-99409, 99431-99433, 99435-99436, 99438, 99440, 99444, 99450, 99455-99456.

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

90460-90461, 99224-99226: added January 1, 2011;

99485-99489, 99495-99496: added January 1, 2013;

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Approval Date Effective Date January 1, 2013

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES. OTHER TYPES OF CARE

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

□ Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

□ Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

 \boxtimes The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: **\$19.75**.

 \Box A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is:

□ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: _____

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

TN No.	<u>13-003</u>
Superse	des
TN No.	<u>N/A</u>

Approval Date_____ Effective Date January 1, 2013

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on <u>December 31, 2014</u> but not prior to December 31, 2014. All rates are published at (insert agency website) http://www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on <u>December 31, 2014</u> but not prior to December 31, 2014. All rates are published at (insert agency

website) http://www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx

TN No. 13-003 Supersedes TN No. N/A

Approval Date_____ Effective Date January 1, 2013