

December 26, 2018

Mark Wong
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #18-014, Other Provider Rates

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #18-014, Other Provider Rates, which revises the State Plan to update the Other Provider rates, effective October 1, 2018.

If you have any questions about the enclosed SPA, please contact Kyle Sawyer at (602) 417-4211.

Sincerely,

Elizabeth Lorenz Assistant Director

Arizona Health Care Cost Containment System (AHCCCS)

cc: Blake Holt, CMS Brian Zolynas, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	18-014	Arizona		
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2018			
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 AME. 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)		
0. FEDERAL STATUTE/REGULATION CITATION.	7. FEDERAL BUDGET IVITACT.			
42 CFR Part 447	FFY 19: \$1,436,800 FFY 20: \$1,404,000			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
Attachment 4.19-B Page 5c	Attachment 4.19-B Page 5c			
10. SUBJECT OF AMENDMENT:				
Revises the other provider rates effective 10/1/18				
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☐ OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
13 F.J.	Elizabeth Lorenz 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034			
13. TYPED NAME: Elizabeth Lorenz				
14. TITLE:				
Assistant Director 15. DATE SUBMITTED:	-			
12/26/18 FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:			
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	ricial:		
21. TYPED NAME:	22. TITLE:			
23. REMARKS:				

State: <u>ARIZONA</u> METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

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Rate	\cup	μu	lai	ιc.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates were set as of October 1, 20187 and are effective for services provided on or after that date. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/.

TN No. <u>17-01418-014</u>
Supercedes Approval Date: _____ Effective Date: ____October 1, 20187
TN No. <u>16-010C</u>17-014