

December 17, 2020

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 #20-026, "Other Provider Rates"

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #20-026, Other Provider Rates, which updates the State Plan Other Provider rates, effective October 1, 2020. Please see below for information regarding the fiscal analysis, as well as public comment and Tribal Consultation requirements:

Public Comment:

- https://www.azahcccs.gov/AHCCCS/PublicNotices/
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final_NOPI_Rate_Changes_20201001.pdf;

Tribal Consultation:

- https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html
- https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/08 132020 QuarterlyTribalConsultation.pdf

Fiscal Analysis:

			_
	FFS Estimates	Federal Funds	
Other Provider Rates-	21,219,400	16,519,300	77.85%

^{*}Estimate is based on all populations blended FMAP for FFY21.

If you have any questions about the enclosed SPA, please contact Alex Demyan at (602) 417-4130.

Sincerely,

Dana Flannery Assistant Director

Arizona Health Care Cost Containment System (AHCCCS)

^{**}Estimate assumes COVID PHE increased FMAP for 3 of 4 quarters in FFY21.

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL	20-026	Arizona			
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE				
Total content for medicale and medicale services	SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2020				
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:				
42 CFR Part 447	FFV 2000 \$16.510.200				
42 CFR Part 447	FFY 2020: \$16,519,300				
	FFY 2021: \$16,519,300				
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION				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	Attachment 4.19-B				
Page 5c	Page 5c				
10. SUBJECT OF AMENDMENT:					
Updates the State Plan Other Provider rates, effective (October 1, 2020.				
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					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
~ 1	Dana Flannery				
() All	801 E. Jefferson, MD#4200				
	Phoenix, Arizona 85034				
	,				
Additional to the second secon					
13. TYPED NAME:					
Dana Flannery	-				
14. TITLE: Assistant Director					
15. DATE SUBMITTED:	1				
December 17, 2020					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	18. DATE APPROVED:				
PLAN APPROVED – ONE COPY ATTACHED					
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:			
21. TYPED NAME:	22. TITLE:				
	22. 111LE.				
23. REMARKS:					

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the regional office for approval. A separate <u>typed</u> transmittal form should be completed for each plan/amendment submitted.

- **Block 1 -Transmittal Number** Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis (e.g., 92-001, 92-002, etc.).
- Block 2 State -Type the name of the State submitting the plan material.
- Block 3 Program Identification Title XIX of the Social Security Act (Medicaid).
- Block 4 Proposed Effective Date Enter the proposed effective date of material.
- Block 5 Type of Plan Material Check the appropriate box.
- Block 6 Federal Statute/Regulation Citation Enter the appropriate statutory/regulatory citation.
- Block 7 Federal Budget Impact 7(a) Enter 1st Federal Fiscal Year (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. 7(b) Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.
- Block 8 Page No.(s) of Plan Section or Attachment Enter the page number(s) of plan material transmitted. If additional space is needed, use bond paper.
- Block 9 Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space is needed, use bond paper.
- Block 10 Subject of Amendment Briefly describe plan material being transmitted.
- Block 11 Governor's Review Check the appropriate box. See SMM section 13026 B.
- Block 12 Signature of State Agency Official -Authorized State official signs this block.
- Block 13 -Typed Name -Type name of State official who signed block 12.
- Block 14 -Title -Type title of State official who signed block 12.
- **Block 15 Date Submitted Enter the date you mail plan material to RO.**
- Block 16 Return To -Type the name and address of State official to whom this form should be returned.
- Block 17-23 (FOR REGIONAL OFFICE USE ONLY).
- Block 17 Date Received Enter the date plan material is received in RO. See ROM section 6003.2.
- Block 18 Date Approved Enter the date RO approved the plan material.
- Block 19 Effective Date of Approved Material Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.
- Block 20 Signature of Regional Official -Approving RO official signs this block.
- Block 21 -Typed Name -Type approving official's name.
- Block 22 -Title -Type approving official's title.
- **Block 23 Remarks** Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

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 number for this information collection is 0938-0193. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attr.

PRA Reports Clearance Officer, 7500 Security Boulevard Baltimore, Mandand 21224-1850.

State: ARIZONA METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

OTHER TYPES OF CARE
Rate Update:
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, 202019 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. 20-026 Supercedes TN No. Approval Date: _____ Effective Date: __October 1, 2020

<u>19-018</u>