

November 10, 2021

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 #21-020, Other Provider Rates

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #21-020, Other Provider Rates Update. This SPA updates the State Plan Other Provider Rates, effective October 1, 2021.

Tribal Consultation on this SPA occurred on August 12, 2021. The Tribal Consultation presentation is available at:

<u>https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2021/August12_2021QuarterlyTC.pdf</u>

Public Notice for this rate update was posted on the following webpages:

- <u>https://www.azahcccs.gov/AHCCCS/PublicNotices/</u>
- <u>https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final_Public_Notic</u>
 <u>e Rate Changes 202010011.pdf</u>

If there are any questions about the enclosed SPA, please contact Ruben Soliz at <u>ruben.soliz@azahcccs.gov</u> or 602-417-4355.

Sincerely,

Dana Flannery Assistant Director Arizona Health Care Cost Containment System (AHCCCS)

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	21-020	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	October 1, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
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:	amenament)
	FFY 2022: \$759,050	
42 CFR Part 447	FFY 2023: \$728,143	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED BLAN SECTION
8. TAGE NUMBER OF THE FEAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B	ok in menuel (i pippieusie).	
	Attachment 4.19-B	
Page 5c	Page 5c	
10. SUBJECT OF AMENDMENT:		
Updates the State Plan Other Provider Rates, effective Octobe	er 1, 2021.	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	🗌 OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
	10 DETUDN TO	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Dana Flannamy	
(AC	Dana Flannery	
	801 E, Jefferson, MD#4200	
	Phoenix, AZ 85034	
13. TYPED NAME:	1	
Dana Flannery		
14. TITLE:	1	
Assistant Director		
15. DATE SUBMITTED:	1	
November 10, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED		
PLAN APPROVED – ONI 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	EICIAL ·
19. LITECTIVE DATE OF AFFROVED WATEKIAL.	20. SIGNATURE OF REGIONAL OFF	ICIAL.
21. TYPED NAME:	22. TITLE:	

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, 2020 and are effective for services provided on or after that date October 1, 2021. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

Effective for dates of service September 1, 2020 through September 30, 2020, AHCCCS is implementing a 10% rate increase to the FFS fee schedules identified above for in office vaccination codes, and administration codes related to influenza.