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State/Territory Name: AZ

State Plan Amendment (SPA) #: 22-0023

This file contains the following documents in the order

listed: 1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

November 4, 2022

Jami Snyder, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

RE: TN AZ-22-0023

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-22-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 11, 2022. This plan amendment updates the fee schedule rates for all AZ non-institutional services, other than Outpatient hospital services, paid via fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion

Director

Division of Reimbursement Review

Enclosures

CENTERO I OR MEDICARE & MEDICARD SERVICES		OND NO. 0930-019
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 22 - 0023	2. STATE AZ
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT	TLE <u>XIX</u> OF THE
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 23 \$ 8,212,518 b. FFY: 24 \$ 7,900,829	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 5c	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 5c	
9. SUBJECT OF AMENDMENT		_
Jpdates the state plan Other Provider rates, effective October 1, 202	22.	
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOS NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS	
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO	
	Dana Flannery 301 E. Jefferson St., MD # 4200 Phoenix, AZ 85034	
12. TYPED NAME		
Dana Flannery 13. TITLE Assistant Director		
14. DATE SUBMITTED: October 11, 2022		
FOR CMS US		
October 11, 2022	DATE APPROVED December 4, 2022	
PLAN APPROVED - ON		OLAL
	19. SIGNATURE OF APPROVING OFFICE Todd McMillion	JIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS		

State: <u>ARIZONA</u> 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 are effective for services provided on or after October 1, 2022. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

TN No. <u>22-0023</u> Supersedes TN No. <u>21-020</u>

Approved: November 4, 2022 Effective Date: October 1, 2022