

April 7, 2022

Brian Zolynas
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 # 22-0005, COVID Vaccine Coverage

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #22-0005, COVID Vaccine Coverage. This SPA updates the State Plan, effective March 11, 2021, to attest to the state providing COVID testing coverage.

Tribal Consultation on this SPA occurred on February 10, 2022. The Tribal Consultation presentation is available

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2022/02102022 QuarterlyTC.pdf

Public Notice for this rate update was posted on the following webpages: https://www.azahcccs.gov/AHCCCS/PublicNotices/COVIDVaccineCoverage.html

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

Sincerely,

Dana Flannery Assistant Director

Arizona Health Care Cost Containment System (AHCCCS)

	1. TRANSMITTAL	NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		0 0 5	_AZ
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDEN SOCIALSECURI		<u>19</u> OF THE
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFF March 11, 2021	ECTIVE DATE	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(4)(E) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2021 \$ 0 b. FFY: 2022 \$ 0		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.7-A Page 1-3	8. PAGE NUMBER C OR ATTACHMEN NEW		ED PLAN SECTION
9. SUBJECT OF AMENDMENT Attests to the state's coverage of COVID-19 Vaccination at Section 1	905(a)(4)(E) of the So	ocial Security Act	
10. 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, ASS	SPECIFIED:	
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO		
() Of /	Dana Flannery 301 E, Jefferson, MD#42 Phoenix, AZ 85034	200	
12. TYPED NAME			
Dana Flannery			
13. TITLE Assistant Director			
14. DATE SUBMITTED: April 7, 2022			
FOR CMS U	SE ONLY		
16. DATE RECEIVED	7. DATE APPROVED		
PLAN APPROVED - ON	E COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL	9. SIGNATURE OF API	PROVING OFFICIA	.L
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVII	NG OFFICIAL	
22. REMARKS			

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

Coverage

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

X The state assures coverage of COVID-19 vaccines and administration of the vaccines. ¹
X The state assures that such coverage:
 Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
 Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.
X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.
_XThe state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.
X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.
Additional Information (Optional):

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

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provider type:

IHS/638 facilities non-FQHC clinics

X The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

Payment Methodology for the Vaccine: State Plan pages 4.19-B page 2 and 2(a) Payment Methodology for Vaccine Administration: State Plan page 96 X The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act. _ The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the: _ Medicare national average, OR ____ Associated geographically adjusted rate. X The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act. The state's rate is as follows and the state's fee schedule is published in the following location: The COVID-19 vaccine administration rate is \$83 per dose for two-dose vaccines and \$83 to administer single-dose vaccines. The fee schedule is published at https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Physicianrates/ _ The state's fee schedule is the same for all governmental and private providers. X The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the

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_____ The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

Outpatient all-inclusive rate (AIR)

_X__The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

X The state's rate is as follows and the state's fee schedule is published in the following location :

<u>The Fee Schedule is published at:</u> https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Physicianrates/

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