Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

December 10, 2013

Rebecca Bruno
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Bruno:

Enclosed is Arizona State Plan Amendment (SPA) #13-014, effective October 1, 2014, which updates the State Plan to reflect the elimination of the 25 day inpatient hospital limit.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,

Monica Coury Assistant Director

Office of Intergovernmental Relations

cc: Wakina Scott

CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 13-014	2. STATE
STATE PLAN MATERIAL	13-014	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, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	0000001, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
3. THE OF FLAN 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)		
		amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.10	FFY 2014: \$ 0	
42 CFR 440.230	FFY 2015: \$ 0	
42 CFR 440.240		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Attachment 3.1-A Limitations, Page 1	ORTHITICINIDICT (IJ rippiteubie)	•
Attachment 3.1-A Elimitations, 1 age 1		
10. SUBJECT OF AMENDMENT:		
Updates the State Plan to eliminate the 25 day inpatient hospital limit beginning October 1, 2014.		
Opdates the State Fian to eminiate the 23 day inpatient hosp	mai mint beginning October 1, 201	т.
11. GOVERNOR'S REVIEW (Check One):		
	M owner As area	arene b
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Monica Coury	
11/16/14/20	801 E. Jefferson, MD#4200	
10020.	Phoenix, Arizona 85034	
13. TYPED NAME:	Filoenix, Arizona 65054	
Monica Coury		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
December 10, 2013		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
THE RECEIVED.	To. BITTE THI THO VED.	
PLAN APPROVED – ONE COPY ATTACHED		
		EICIAI .
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	22. TITLE:	
22 DEMADES.		
23. REMARKS:		

All covered services shall be authorized by an appropriate entity or entities except in the case of emergency hospital services and emergency transportation. As provided in AHCCCS' policies and procedures, authorization for medical services shall be obtained from at least one of the following entities: a primary care provider (a licensed physician, physician assistant or certified nurse practitioner) or a physician specialist or dentist, a health plan, a program contractor, a Regional Behavioral Health Authority, an ALTCS case manager affiliated with a program contractor, or the AHCCCS Administration. The appropriate entity shall only authorize medically necessary services subject to the limitations specified below and in compliance with applicable federal and state law and regulations and AHCCCS policies and procedures or other applicable guidelines.

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Inpatient hospital services shall be furnished by a licensed and certified hospital.

Inpatient hospital services include services in inpatient psychiatric facilities, provided to EPSDT-eligible persons < 21 years in accordance with 42 CFR 441.150.

Inpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Inpatient hospital days covered for adults ≥ 21 years of age are limited to 25 days per member per contract year. The 25 day limit excludes;

- Days that qualify for a psychiatric hospital tier and/or days with a primary psychiatric diagnosis code.
- Days associated with transplant services provided through specialty contracts between the Administration and a transplant facility.
- Treatment for burns or burn late effects at an American College of Surgeons verified Burn Center.

2a. Outpatient hospital services.

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers.

Outpatient hospital services for medically necessary abortions only when the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

TN No. <u>11-01213-014</u>
Supersedes Approval Date ______ Effective Date <u>October 1, 20141</u>
TN No. <u>01-006</u>11-012