DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

April 6, 2017

Tom Betlach, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

Dear Mr. Betlach:

We have reviewed the proposed State Plan Amendment (SPA) 15-005-C, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on August 26, 2015. This SPA updates the State Plan section on other provider rates.

Based on the information provided, we are approving SPA 15-005-C with an effective date of October 1, 2015 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid State Plan page:

• Attachment 4.19-B, Page 5c

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosure:

cc: Jessica Woodard

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-005C	Arizona
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	3. PROGRAM IDENTIFICATION: TI	TI E XIX OF THE
FOR: Centers for Medicare and Medicaid Services	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES		15
	October 1, 20	15
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)		
		і итепитені)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447 Subpart C	FFY 16: \$652,454	
	FFY 17: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
6. I AGE NOVIDER OF THE LEAN SECTION OR ATTACHNIENT.		
	OR ATTACHMENT (If Applicable):	
Att. 4.19-B, page 5(c).	Same	
10. SUBJECT OF AMENDMENT:		
Updates reimbursement rates for other providers for the period October 1, 2015 to September 30, 2016.		
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44 GOVERNORIS REVIEW (St. 1 o.)		
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		
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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 the following services. The agency's fee schedule rates were set as of October 1, 2015 and is effective for services provided on or after that date. All rates are published at: http://www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx.

- Laboratory and X-ray Services Page 2 of Att. 4.19-B
- Physician Services Page 5a of Att. 4.19-B
- Behavioral Health Services in Att. 3.1-A Limitations: 4(b)(ii), 6(d)(viii), 9, and 13d Page 5a of Att. 4.19-B
- Dental Services Page 5b of Att. 4.19-B
- Transportation Services Page 5b of Att. 4.19-B
- Clinic Services Page 5a of Att. 4.19-B
- Family Planning Services Page 5a of Att. 4.19-B
- Nurse-Midwife Services Page 5a of Att. 4.19-B
- Pediatric and Family Nurse Practitioner Services Page 5a of Att. 4.19-B
- Other types of care furnished by all Licensed Practitioners in Att. 3.1-A, item 6d Page 5b of Att. 4.19-B
- Diagnostic, Screening and Preventive Services Page 5b of Att. 4.19-B
- Respiratory Care Services Page 5b of Att. 4.19-B
- Physical Therapy, Occupational Therapy, and Speech Therapy Services Page 5b of Att. 4.19-B
- Prosthetic devices Page 5b of Att. 4.19-B
- Medical Supplies, Equipment and Appliances Page 5a of Att. 4.19-B
- Case Management Services Page 6 of Att. 4.19-B
- Home Health Services provided in the eligible person's home Page 5a of Att. 4.19-B
- Private Duty Nursing Services when provided in the eligible person's home. Page 5b of Att. 4.19-B

Payments for services provided by the Indian Health Services or Tribal 638 Health facilities are not subject to any of the rate updates described above.

TN No. <u>15-005C</u> Supercedes TN No. <u>14-013C</u>

Approval Date: April 6, 2017 Effective Date: October 1, 2015