

August 26, 2015

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 #15-005-C, Other Provider Rates

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #15-005-C, Other Provider Rates, which updates rates for other provider services as of October 1, 2015.

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

Sincerely,

Monica H. Coury Assistant Director

Office of Intergovernmental Relations

cc: Mark Wong, CMS Jessica Woodard, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL	15-005C	Arizona			
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2015				
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)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
42 CFR 447 Subpart C	FFY 15: Forthcoming				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):				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.					
11. 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, AS SPEC	EIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
13. TYPED NAME: Monica Coury 14. TITLE: Assistant Director	Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034				
15. DATE SUBMITTED:					
August 26, 2015 FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	18. DATE APPROVED:				
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	PLAN APPROVED – ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:			
21. TYPED NAME:	22. TITLE:				
23. REMARKS:					

State: <u>ARIZONA</u> METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Rate Update

Rates in effect on September 30, 20145, are updated effective October 1, 20145 in the following manner:

- Laboratory and X-ray Services Page 2 of Att. 4.19-B: <u>-1.1</u> <u>-0.5</u>% in aggregate
- 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: +2.0.0% uniformly
- Physician Services Page 5a of Att. 4.19-B: 0.0% in aggregate
- Dental Services Page 5b of Att. 4.19-B: 0.0% in aggregateuniformly
- Transportation Services Page 5b of Att. 4.19-B: <u>ADHS-regulated</u> Emergency Ground Ambulance Services +11.3 -4.5% in aggregate; all other transportation services 0.0% uniformly_
- Clinic Services Page 5a of Att. 4.19-B: +4.3 0.0% in aggregate
- Family Planning Services Page 5a of Att. 4.19-B: +5.6 +1.7% in aggregate
- Nurse-Midwife Services Page 5a of Att. 4.19-B: +0.2 -0.4% in aggregate
- Pediatric and Family Nurse Practitioner Services Page 5a of Att. 4.19-B: +0.5 +0.1 % in aggregate
- Other types of care furnished by all Licensed Practitioners in Att. 3.1-A, item 6d Page 5b of Att. 4.19-B: +0.2 -0.1% in aggregate
- Diagnostic, Screening and Preventive Services Page 5b of Att. 4.19-B: +0.5 -0.8% in aggregate
- Respiratory Care Services Page 5b of Att. 4.19-B: <u>4.9 +2.4</u>% in aggregate
- Physical Therapy, Occupational Therapy, and Speech Therapy Services Page 5b of Att. 4.19-B: +1.0 +0.5% in aggregate
- Prosthetic devices Page 5b of Att. 4.19-B: +0.6 0.0% in aggregate
- Medical Supplies, Equipment and Appliances Page 5a of Att. 4.19-B: DMEPOS +0.7 0.0% in aggregate
- Case Management Services Page 6 of Att. 4.19-B: +2.0 0.0% uniformly
- Home Health Services provided in the eligible person's home Page 5a of Att. 4.19-B: +2.0 +1.5% uniformly
- Private Duty Nursing Services when provided in the eligible person's home. Page 5b of Att. 4.19-B: +2.0 +1.5% uniformly

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>14-013C</u> <u>15-00</u> .	<u>5C</u>		
Supercedes	Approval Date:	 Effective Date:	October 1, 20145
TN No. 13.01714-0130	٦		