DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



## **Financial Management Group**

May 13, 2020

Jami Snyder, Director Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

RE: Arizona SPA 19-0008

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0008. This amendment, effective October 1, 2019, authorizes the Arizona disproportionate share hospital (DSH) pool 1, 2, 1A, 2A and 4 payments, for the DSH state plan rate year ending 2020.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 19-0008 is approved effective October 1, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

Jeremy Silanskis

Kristin Fan Director

Enclosures

| CENTERS FOR MEDICARE & MEDICAID SERVICES   | OMB No. 0938-0193  |
|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF  | 1. TRANSMITTAL NUMBER 2. STATE   |
| STATE PLAN MATERIAL  | <u>1 9 — 0 0 8</u> Arizona   |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL<br>SECURITY ACT (MEDICAID)  |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES   | 4. PROPOSED EFFECTIVE DATE   |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES  | -July-1,-2019 October 1, 2019  |
| 5. TYPE OF PLAN MATERIAL <i>(Check One)</i>  | _  |
| NEW STATE PLAN AMENDMENT TO BE CONSI   | IDERED AS NEW PLAN   |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME  | NDMENT (Separate transmittal for each amendment)   |
| 6. FEDERAL STATUTE/REGULATION CITATION   | 7. FEDERAL BUDGET IMPACT   |
| 42 CFR Part 447  | a. FFY <sup>2019</sup><br>b. FFY <sup>2020</sup><br>\$ <del>TBD</del> 99;956;100<br>\$ <del>TBD</del> 100;247;400-109,102,98 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT   | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT (If Applicable)   |
| Attachment 4.19-A<br>Page 65   | Attachment 4.19-A<br>Page 65   |
| Updates the State Plan to reflect DSH funding for SPY 2020 in response to budge<br>11. GOVERNOR'S REVIEW <i>(Check One)</i><br>GOVERNOR'S OFFICE REPORTED NO COMMENT<br>COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   | et changes passed by the Arizona State Legislature.  |
| NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL   | . RETURN TO<br>Dana Hearn<br>801 E. Jefferson, MD#4200<br>Phoenix, Arizona 85034   |
| 13. TYPED NAME<br>Dana Hearn   |  |
| 14. TITLE<br>Assistant Director  |  |
| 15. DATE SUBMITTED<br>September 30, 2019   |  |
|  |  |
| FOR REGIONAL OF  |  |
|  | 18. DATE APPROVED 05/13/20   |
| 17. DATE RECEIVED<br>September 30, 2019<br>PLAN APPROVED - ON  | 18. DATE APPROVED 05/13/20   |
| 17. DATE RECEIVED 17. DATE RECEIVED   September 30, 2019 PLAN APPROVED - ON   19. EFFECTIVE DATE OF APPROVED MATERIAL 21. Comparison of the second se | 18. DATE APPROVED<br>05/13/20<br>NE COPY ATTACHED<br>20. SIGNATURE OF REGIONAL OFFICIAL                                      |
| 17. DATE RECEIVED PLAN APPROVED - ON   September 30, 2019 PLAN APPROVED - ON   19. EFFECTIVE DATE OF APPROVED MATERIAL 2   October 1, 2019 2   | 18. DATE APPROVED 05/13/20<br><b>NE COPY ATTACHED</b><br>20. SIGNATURE OF REGIONAL OFFICIAL<br>Jeremy Silanskis              |
| 17. DATE RECEIVED PLAN APPROVED - ON   September 30, 2019 PLAN APPROVED - ON   19. EFFECTIVE DATE OF APPROVED MATERIAL 2   October 1, 2019 2   | 18. DATE APPROVED<br>05/13/20<br>NE COPY ATTACHED<br>20. SIGNATURE OF REGIONAL OFFICIAL                                      |
| 17. DATE RECEIVED<br>September 30, 2019 PLAN APPROVED - ON   19. EFFECTIVE DATE OF APPROVED MATERIAL<br>October 1, 2019 21. TYPED NAME   | 18. DATE APPROVED<br>05/13/20<br>NE COPY ATTACHED<br>20. SIGNATURE OF REGIONAL OFFICIAL<br>Jeremy Silanskis<br>22. TALE      |

## STATE OF ARIZONA METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES INPATIENT HOSPITAL CARE

## DSH Exhibit 3: AHCCCS Disproportionate Share Hospital Payment Methodology Pool Funding Amount

This Exhibit contains the amount of funding for six pools in the Arizona DSH pool methodology.

For State Plan Year (SPY) 2008 and 2009, funding will be allocated among six pools (pools 1, 1A, 2, 2A, 3, and 4). For SPY 2010, funding will be allocated among seven pools (pools 1, 1A, 2, 2A, 3, 4, and 5). Thereafter, the funding will be allocated among six pools (pools 1, 1A, 2, 2A, 4, and 5).

Pools 1, 1A, 2, 2A, and 3 - Non-governmentally-operated hospitals

- The funding for pools 1 and 2 will be sufficient to provide an average payment amount of \$6,000 for all hospitals qualifying for both of the two pools. No hospital in pools 1 or 2 will receive less than \$5,000. Therefore, the amount of funding for pools 1 and 2 will be determined by multiplying the number of hospitals qualifying for pools 1 and 2 by \$6,000.
- The funding for pools 1A, 2A and 3 (if applicable) will be derived by subtracting the total amount allocated for pools 1 and 2 from the amount of DSH authorized by the Legislature for non-governmentally operated hospitals. Beginning SPY 2011, these remaining funds will be split with 15% for Pool 1A and 85% for Pool 2A.
  - For SPY 2018, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
  - For SPY 2019, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
  - For SPY 2020, the funding for pools 1, 2, 1A, and 2A will be \$884,800.

Pool 4 – Governmentally-operated hospitals

The funding for pool 4 is the amount authorized by the Legislature for governmentally operated hospitals.

- For SPY 2018, the funding for pool 4 is \$142,293,400.
- For SPY 2019, the funding for pool 4 is \$142,293,400.
- For SPY 2020, the funding for pool 4 is \$142,293,400.