

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



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**Financial Management Group**

May 10, 2022

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

RE: Arizona SPA 20-0019

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0019. This amendment, effective September 30, 2020, provides Graduate Medical Education payment pools for new programs or expanded positions that began on or after July 1, 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 20-0019 is approved effective September 30, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Mark Wong at (415) 744-3561 or [mark.wong@cms.hhs.gov](mailto:mark.wong@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads 'Rory Howe' in a cursive script.

Rory Howe  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 0 — 0 1 9</u>	2. STATE Arizona
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE September 30, 2020	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
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*)

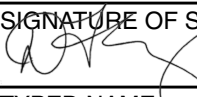
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ <del>0</del> - 842,100 b. FFY 2021 \$ <del>16,317,300</del> 2,526,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-A pg. <del>9(g)(iii)</del> 9(h), 9(h)(i)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19-A pg. <del>9(g)(iii)</del> 9(h), 9(h)(i)

10. SUBJECT OF AMENDMENT

Updates the State Plan to detail amounts and methodology related to the GME program General Fund dollars approved by the Arizona State Legislature.

11. GOVERNOR'S REVIEW (*Check One*)

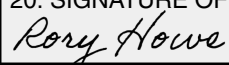
- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034
13. TYPED NAME Dana Flannery	
14. TITLE Assistant Director	
15. DATE SUBMITTED 9/30/2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED September 30, 2020	18. DATE APPROVED May 10, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL September 30, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Rory Howe	22. TITLE Director, Financial Management Group

23. REMARKS

Pen-and-ink changes made to Boxes 7, 8 and 9 by CMS with state concurrence.

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INPATIENT HOSPITAL CARE

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G. For the period of July 1, 2020 to June 30, 2021, the AHCCCS Administration shall distribute \$4,419,300 for hospitals located in counties with populations of five hundred thousand or more residents for new graduate medical education programs that began on or after July 1, 2020 or for positions that were expanded on or after July 1, 2020. These distributions are supplementary to and do not supplant the payments described in paragraphs B, C, D, and F above, with priority of the supplementary monies based on the number of residents and fellows in graduate medical education in the following manner:

- 1) Each eligible resident and fellow is placed into a tier with the following priority order:
  - a) Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this section for the previous academic year, and who is continuing in the same GME program.
  - b) Residents and fellows that are not a returning resident or fellow but are in a GME program for:
    - i) Family medicine
    - ii) Internal medicine
    - iii) General pediatrics
    - iv) Obstetrics and gynecology
    - v) Psychiatry, including subspecialties
    - vi) General surgery
  - c) Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this section in a prior year.
  - d) All other residents and fellows.
- 2) Residents and fellows in each tier are further divided into 4 sub-tiers with the following priority order based on the location of the participating hospital:
  - a) Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a health professional shortage area (HPSA) with a greater than 85% primary care shortage.
  - b) Hospitals in a county designated as a HPSA with a greater than 50% to 85% primary care shortage.
  - c) Hospitals in a county designated as a HPSA with a 25-50% primary care shortage.
  - d) Hospitals in a county designated as a HPSA with less than 25% primary care shortage.
- 3) Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher sub-tier. If funding is insufficient to fully fund a sub-tier, the remainder of funds will be prorated for eligible positions within that sub-tier, based on the amount computed for each hospital that would have been reimbursable for that sub-tier if full funding were available. Distribution is

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made for each sub-tier, in priority order, within a tier before distribution to the next lower tier.

- 4) The amount of the distribution for each GME program for direct costs is calculated as the product of:
  - a) The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals; and
  - b) The hospital's Arizona Medicaid utilization as determined in paragraph B(3) for the program year using the most recent as-filed Medicare cost report as proxy; and,
  - c) The statewide average direct cost per resident determined in paragraph B(3) for the program year using the most recent as-filed Medicare cost reports as proxy.
- 5) If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier, consistent with (G)(3). The amount of the distribution for each GME program for indirect costs is calculated as the product of:
  - a) The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital; and
  - b) The Medicaid-specific statewide average indirect cost per resident per month calculated in paragraph D for the program year using the most recent as-filed Medicare cost reports as proxy; and
  - c) Twelve months.
- 6) To ensure that the program receives accurate funding, residents/fellows which receive funding first in paragraph G may additionally receive funding through paragraphs B, C, D, and F, but total number of residents/fellows funded shall not be greater than 100% of the total FTEs in that program.
- 7) Payments are made to participating hospitals based on the FTEs who worked at their hospitals per academic year.

H. For the period of July 1, 2020 to June 30, 2021, the AHCCCS Administration shall distribute \$0 for hospitals located in counties of less than five hundred thousand persons for graduate medical education for new programs that began or for positions that were expanded on or after July 1, 2020. These distributions are supplementary to and do not supplant the appropriated amounts prescribed in paragraphs B, C, D, and F and the supplementary distributions are to be made in the following order of priority based on the number of residents and fellows in graduate medical education in the following manner.

- 1) Each resident and fellow will be placed into a tier with the following priority order: