## **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



## **Financial Management Group**

January 20, 2022

Jami Snyder, Director Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034

RE: TN AZ-21-0020

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-21-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 10, 2021. This plan amendment updates the fee schedule rates for all AZ non-institutional services, other than Outpatient hospital services, paid via fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd Mc Million

Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-020	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, 2021	
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:	7. FEDERAL BUDGET IMPACT:	amenameni)
42 CFR Part 447	FFY 2022: \$759,050	
42 CFK Pall 447	FFY 2023: \$728,143	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE	EDED PLAN SECTION
6. TAGE NUMBER OF THE FEAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	EDED I LAIV SECTION
Attachment 4.19-B		
	Attachment 4.19-B	
Page 5c	Page 5c	
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10. SUBJECT OF AMENDMENT:		
Updates the State Plan Other Provider Rates, effective Octobe	er 1, 2021.	
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11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
	1	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
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() ALC /	Dana Flannery	
	801 E, Jefferson, MD#4200	
	Phoenix, AZ 85034	
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13. TYPED NAME:		
Dana Flannery	4	
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:	4	
November 10, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 18. DATE APPROVED:		
November 10, 2021	January 20, 2022	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
October 1, 2021	Todd McMillion	
21. TYPED NAME: Todd McMillion	22. TITLE:	
	Director, Division of Reimbursement I	Teview

23. REMARKS:

## 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 other types of care. The agency's fee schedule rates are effective for services provided on or after October 1, 2021. All rates are published at: <a href="https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/">https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/</a>