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

December 17, 2021

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

RE: TN AZ-21-0021

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-21-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 10, 2021. This plan amendment updates the state plan rates for vaccines under the Pediatric Immunization Program.

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 McMillion

Todd McMillion

Director

Division of Reimbursement Review

Enclosures

CENTERS FOR MEDICARE AND MEDICAID SERVICES	T	OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE			
STATE PLAN MATERIAL	21-021	Arizona		
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE		
FOR. Centers for intentant and intentant Services	SOCIAL SECURITY ACT (MEDIC	AID)		
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):				
	CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR Part 447	FFY 2022: \$14,711			
	FFY 2023: \$14,112			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION		
	OR ATTACHMENT (If Applicable)	:		
Page 66b				
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	Tuge ood			
10. SUBJECT OF AMENDMENT:	•			
Updates the State Plan Rates for Vaccines Under the Pediatri	c Immunization Program effective	October 1 2021		
openies the state I tall reacts for vaccines cheef the I calatri	e miniumzation i rogram, erreenve	7, 2021.		
11 COVEDNODE DEVIEW (CL. 1.0.)				
11. GOVERNOR'S REVIEW (Check One):		CHELED		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	CIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
12. SIGNATURE OF STATE AGENCT OFFICIAL:	10. RETURN TO:			
() A / ()	Dana Flannery			
	801 E, Jefferson, MD#4200			
Phoenix, AZ 85034				
13. TYPED NAME:				
Dana Flannery				
14. TITLE:				
Assistant Director				
15. DATE SUBMITTED:				
November 10, 2021				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:			
November 10, 2021	December 17, 2021			
PLAN APPROVED – ON	E COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:		
October 1, 2021	Todd McMillion			
21. TYPED NAME:	22. TITLE:			
Todd McMillion	Director, Division of Reimburseme	nt Review		
23. REMARKS:				

STATE OF ARIZONA

<u>Citation</u>				
1928(c)(2) of The Act	4.19(m)	Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immu <u>Program</u>		
		(i)	A provider may impose a charge for the administration of a qualified pediatric (C)(ii) of vaccine as stated in 1928(c)(20)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.	
		(ii)	The State:	
			X sets a payment rate at the level of the regional maximum established by the DHHS Secretary.	
			is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.	
			sets a payment rate below the level of the regional maximum established by the DHHS Secretary. The state's payment rate is \$15.43.	
			is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.	
1926 of The Act		(iii)	Medicaid beneficiary access to immunizations is assured through the following methodology:	

TN No. <u>21-021</u> Supersedes TN No. <u>20-020</u> Approval Date 12/17/2021 Effective Date: October 1, 2021