State Plan for Title XIX Attachment 4.19 A

State: Arizona Page 17

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

AHCCCS reimburses the Indian Health Service (IHS) and tribal 638 health facilities for Medicaid inpatient hospital services billed by IHS and tribal 638 health facilities on a UB04 at the Inpatient All-Inclusive Rate most recently published in the Federal Register. Based on CMS guidance, all covered services provided by IHS and tribal 638 health facilities (including employees, agents, or contracted providers outside of the facilities) are claimed by the state at 100% Federal Financial Participation (FFP) so long as the IHS and tribal 638 health facilities bill for the services.

Where the IHS and tribal 638 health facilities have an option for reimbursement rate, the appropriate reimbursement rates will be in effect for the entire calendar year. If a change is determined necessary by an IHS or tribal 638 health facility, the facility must submit to AHCCCS a written request for a change in reimbursement for the next calendar year by December 15 of the preceding year. Reimbursement changes will apply to all services billed by the provider type. When an IHS or tribal 638 health facility elects reimbursement at the Inpatient Cost Per Day for inpatient facility services, the most recent cost report for the facility will be utilized.

TABLE 1 – IHS & TRIBAL 638 HEALTH FACILITY INPATIENT REIMBURSEMENT **METHODOLOGY**

Eligibility Type	Service.	Billing Form/Codes	<u>Reimbursement</u>	Provider Type	Federal Share
Title XIX			Inpatient All Inclusive	02	1
(Acute, Long		UB04	Rate		
Term Care,	Inpatient Facility		OR		100%
and	Services		Inpatient Cost Per		
Behavioral			Day ¹ , from Cost		
Health)			Report as a Per Diem		
	Professional Services	1500	AHCCCS Capped Fee Schedule	08, 31	- 100% -

Inpatient Cost Per Day is defined as the facility-specific, inpatient all-inclusive rate reported to IHS Headquarters in order to calculate the national Inpatient All-Inclusive Rate on an annual basis.

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The Navajo Nation and the Gila River Indian Community operate a nursing facility on-reservation and are reimbursed based on the established fee-for-service rate for long term care facilities in Attachment 4.19-D. All inpatient professional services will be reimbursed based on the AHCCCS capped fee schedule.¶

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TN No. XX-XXX Supercedes TN No. <u>00-003</u>

Effective Date: Month Day, Year

Approval Date: XXX XX, XXXX