Attachment 4.19-B Page 5(a)

## State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

OTHER TIFES OF CARE	
	Formatted: Font: (Default) Times New Roman, 10 pt
<u>COMMUNITY HEALTH CENTERS/ RURAL HEALTH CLINIC GRADUATE MEDICAL EDUCATION</u>	Formatted: Font: Times New Roman
(GME) PROGRAM	Formatted: Font: Times New Roman
BEGINNING MARCH 1, 2022, THE ADMINISTRATION SHALL ESTABLISH, CONTINGENT ON	Formatted: Font: 10 pt
APPROVAL BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, A SEPARATE	Formatted: Font: Times New Roman
GRADUATE MEDICAL EDUCATION PROGRAM TO REIMBURSE QUALIFYING COMMUNITY	Formatted: Font. Times New Roman
HEALTH CENTERS AND RURAL HEALTH CLINICS THAT HAVE AN APPROVED PRIMARY CARE	
GRADUATE MEDICAL EDUCATION PROGRAM. THE ADMINISTRATION SHALL;	Formatted: Font: 10 pt
1. DISTRIBUTE TO QUALIFYING COMMUNITY HEALTH CENTERS AND RURAL HEALTH	Formatted: Font: Times New Roman
CLINICS ANY MONIES APPROPRIATED FOR GRADUATE MEDICAL EDUCATION FOR THE DIRECT AND INDIRECT COSTS OF PRIMARY CARE GRADUATE MEDICAL EDUCATION	Formatted: Left
PROGRAMS THAT ARE ESTABLISHED BY QUALIFYING COMMUNITY HEALTH CENTERS AND	i ormattea. Een
RURAL HEALTH CLINICS AND THAT ARE APPROVED BY THE ADMINISTRATION	Formatted: Font: 10 pt
2. ADOPT RULES SPECIFYING THE FORMULA BY WHICH THE MONIES ARE	
DISTRIBUTED,	Formatted: Font: Times New Roman
3. REQUIRE EACH PRIMARY CARE GRADUATE MEDICAL EDUCATION PROGRAM THAT	Formatted: Font: 10 pt
RECEIVES MONIES PURSUANT TO PARAGRAPH 1 OF THIS SUBSECTION TO IDENTIFY AND	Formatted: Font: Times New Roman
REPORT TO THE ADMINISTRATION THE NUMBER OF NEW RESIDENCY POSITIONS CREATED	
WITH THOSE MONIES, INCLUDING POSITIONS IN RURAL AREAS. EACH PROGRAM SHALL	
ALSO REPORT INFORMATION	
RELATED TO THE NUMBER OF FUNDED RESIDENCY POSITIONS THAT RESULTED IN	
PHYSICIANS LOCATING THEIR PRACTICES IN THIS STATE. THE ADMINISTRATION SHALL	
REPORT TO THE JOINT LEGISLATIVE BUDGET COMMITTEE ON OR BEFORE JULY 1 OF EACH	
YEAR ON THE NUMBER OF NEW RESIDENCY POSITIONS AS REPORTED BY THE PRIMARY CARE	
GRADUATE MEDICAL EDUCATION PROGRAMS PURSUANT TO THIS PARAGRAPH,	Formatted: Font: 10 pt
4. COORDINATE WITH LOCAL, COUNTY AND TRIBAL GOVERNMENTS AND ANY	Formatted: Font: Times New Roman
UNIVERSITY UNDER THE JURISDICTION OF THE ARIZONA BOARD OF REGENTS THAT MAY	
PROVIDE MONIES IN ADDITION TO ANY STATE GENERAL FUND MONIES APPROPRIATED FOR	
PRIMARY CARE GRADUATE MEDICAL EDUCATION IN ORDER TO QUALIFY FOR ADDITIONAL MATCHING FEDERAL MONIES FOR PROGRAMS OR POSITIONS IN A SPECIFIC LOCALITY.	
MATCHING FEDERAL MONIES FOR TROORAMS OR FOST TONS IN A SECOND LOCALITY. PAYMENTS BY THE ADMINISTRATION PURSUANT TO THIS PARAGRAPH MAY BE LIMITED TO	
THOSE PROVIDERS DESIGNATED BY THE FUNDING ENTITY AND MAY BE BASED ON ANY	
METHODOLOGY DEEMED APPROPRIATE BY THE ADMINISTRATION, INCLUDING REPLACING	
ANY PAYMENTS THAT MIGHT OTHERWISE HAVE BEEN PAID PURSUANT TO PARAGRAPH 1 OF	
THIS SUBSECTION HAD SUFFICIENT STATE GENERAL FUND MONIES OR OTHER MONIES BEEN	
APPROPRIATED TO FULLY FUND THOSE PAYMENTS. THESE PROGRAMS, POSITIONS AND	
PAYMENT METHODOLOGIES MUST BE APPROVED BY THE ADMINISTRATION AND THE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES. THE ADMINISTRATION SHALL REPORT	
TO THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND	
THE DIRECTOR OF THE JOINT LEGISLATIVE BUDGET COMMITTEE ON OR BEFORE JULY 1 OF	
EACH YEAR ON THE AMOUNT OF MONIES CONTRIBUTED AND THE NUMBER OF RESIDENCY	
POSITIONS FUNDED BY LOCAL, COUNTY AND TRIBAL GOVERNMENTS AND ANY UNIVERSITY	
UNDER THE JURISDICTION OF THE ARIZONA BOARD OF REGENTS, INCLUDING THE AMOUNT	
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TN No. <u>21-015</u> Supersedes TN No. <u>11-018</u>

Approval Date\_\_\_\_

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Page 5(a)(i) METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE,

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When AHCCCS reimburses for the following public and private provider services, payment is the lesser of the provider's charge or the capped fee amount established by AHCCCS. The current Arizona Medicaid Fee Schedule is located at www.azahcccs.gov/commercial/ProviderBilling/rates/rates.aspx.

State: ARIZONA

For both private and public providers, AHCCCS reimburses the following services as described in Attachment 3.1-A Limitations, using this methodology:

Clinic Services, including Freestanding Ambulatory Surgery Centers and Freestanding Dialysis **Centers** 

Freestanding Birth Centers

Migrant Health Center, Community Health Center and Homeless Health Center Services

Home Health Services, including Durable Medical Equipment, Supplies and Prosthetic Devices

Behavioral Health Services

Family Planning Services

Physician Services: Effective CYs 2013 and 2014, reimbursement rates for services meeting the requirements of 43 CFR 447.400(a) can be found at Attachment 4.19-B, pages 5(d-g).

Nurse-Midwife services

Pediatric and Family Nurse Practitioner Services,

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