

December 30, 2016

Mark Wong
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #16-010-C, Other Provider Rates

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #16-010-C, Other Provider Rates, which revises the State Plan to describe changes to Other Provider Rates, effective October 1, 2016.

If you have any questions about the enclosed SPA, please contact Kyle Sawyer at (602) 417-4211.

Sincerely,



Beth Kohler
Deputy Director
Arizona Health Care Cost Containment System (AHCCCS)

cc: Jessica Woodard, CMS
Brian Zolynas, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services		1. TRANSMITTAL NUMBER: 16-010-C	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447		7. FEDERAL BUDGET IMPACT: FFY 17: \$6,644,400 FFY 18: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B, page 5c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to make changes to other provider rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Beth Kohler 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Beth Kohler			
14. TITLE: Deputy Director			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

State: ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Rate Update

For claims with dates of service effective on or after October 1, 2016, rates for other types of care will be made according to the AHCCCS fee schedule located on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>. Rates in effect on September 30, 2015, are updated effective October 1, 2015 in the following manner:

- ~~• Laboratory and X ray Services — Page 2 of Att. 4.19 B: — 0.5% in aggregate~~
- ~~• Behavioral Health Services in Att. 3.1 A Limitations: 4(b)(ii), 6(d)(viii), 9, and 13d — Page 5a of Att. 4.19 B: 0.0% uniformly~~
- ~~• Physician Services — Page 5a of Att. 4.19 B: 0.0% in aggregate~~
- ~~• Dental Services — Page 5b of Att. 4.19 B: 0.0% in aggregate~~
- ~~• Transportation Services — Page 5b of Att. 4.19 B: ADHS regulated Emergency Ground Ambulance Services — 4.5% in aggregate; all other transportation services 0.0% uniformly~~
- ~~• Clinic Services — Page 5a of Att. 4.19 B: 0.0% in aggregate~~
- ~~• Family Planning Services — Page 5a of Att. 4.19 B: +1.7% in aggregate~~
- ~~• Nurse Midwife Services — Page 5a of Att. 4.19 B: — 0.4% in aggregate~~
- ~~• Pediatric and Family Nurse Practitioner Services — Page 5a of Att. 4.19 B: +0.1% in aggregate~~
- ~~• Other types of care furnished by all Licensed Practitioners in Att. 3.1 A, item 6d — Page 5b of Att. 4.19 B: — 0.1% in aggregate~~
- ~~• Diagnostic, Screening and Preventive Services — Page 5b of Att. 4.19 B: — 0.8% in aggregate~~
- ~~• Respiratory Care Services — Page 5b of Att. 4.19 B: +2.4% in aggregate~~
- ~~• Physical Therapy, Occupational Therapy, and Speech Therapy Services — Page 5b of Att. 4.19 B: +0.5% in aggregate~~
- ~~• Prosthetic devices — Page 5b of Att. 4.19 B: 0.0% in aggregate~~
- ~~• Medical Supplies, Equipment and Appliances — Page 5a of Att. 4.19 B: 0.0% in aggregate~~
- ~~• Case Management Services — Page 6 of Att. 4.19 B: — 0.0% uniformly~~
- ~~• Home Health Services provided in the eligible person's home — Page 5a of Att. 4.19 B: +1.5% uniformly~~
- ~~• Private Duty Nursing Services when provided in the eligible person's home. — Page 5b of Att. 4.19 B: +1.5% uniformly~~

~~Payments for services provided by the Indian Health Services or Tribal 638 Health facilities are not subject to any of the rate updates described above.~~