February 7, 2019

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

Dear Ms. Snyder:

We have reviewed the proposed State Plan Amendment (SPA) 18-014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office on December 26, 2018. This SPA revises provider payment rates.

Based on the information provided, we are approving SPA 18-014 with an effective date of October 1, 2018 as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan pages:

- Attachment 4.19-B, Page 5c

If you have any additional questions or need further assistance, please contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

[Signature]

Richard Allen
Acting Associate Regional Administrator
Division of Medicaid & Children’s Health Operations
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: Centers for Medicare and Medicaid Services**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>18-014</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. STATE</td>
<td>Arizona</td>
</tr>
<tr>
<td>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
<td></td>
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<tr>
<td>4. PROPOSED EFFECTIVE DATE</td>
<td>October 1, 2018</td>
</tr>
<tr>
<td>5. TYPE OF PLAN MATERIAL (Check One):</td>
<td></td>
</tr>
<tr>
<td>☐ NEW STATE PLAN</td>
<td>☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN</td>
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</tbody>
</table>

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR Part 447

7. FEDERAL BUDGET IMPACT:
   FFY 19: $1,436,800
   FFY 20: $1,404,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 4.19-B Page 5c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 4.19-B Page 5c

10. SUBJECT OF AMENDMENT:

    Revises the other provider rates effective 10/1/18

11. GOVERNOR’S REVIEW (Check One):
    ☒ GOVERNOR’S OFFICE REPORTED NO COMMENT
    ☐ OTHER, AS SPECIFIED:
    ☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

    [Signature]

    Elizabeth Lorenz
    801 E. Jefferson, MD#4200
    Phoenix, Arizona  85034

13. TYPED NAME:
    Elizabeth Lorenz

14. TITLE:
    Assistant Director

15. DATE SUBMITTED:
    12/26/18

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
    December 26, 2018

18. DATE APPROVED:
    February 7, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    October 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
    Richard Allen

22. TITLE: Acting Associate Regional Administrator,
    Division of Medicaid and Children’s Health Operations

23. REMARKS:

FORM HCFA-179 (07-92)
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 were set as of October 1, 2018 and are effective for services provided on or after that date. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/.