Financial Management Group

March 11, 2021

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

RE: TN 20-0026

Dear Director Snyder:

We have reviewed the proposed Arizona State Plan Amendment (SPA) to Attachment 4.19-B AZ-20-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 17, 2020. This plan amendment updates Arizona Other Provider rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 2. STATE
2020  Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)
☐ NEW STATE PLAN  ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN  ☑ AMENDMENT

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
a. FFY 2021 $16,519,300
b. FFY 2022 $16,519,300

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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
Updates the State Plan Other Provider rates, effective October 1, 2020.

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
Dana Flannery
801 E. Jefferson, MD#4200
Phoenix, Arizona  85034

13. TYPED NAME
Dana Flannery

14. TITLE
Assistant Director

15. DATE SUBMITTED
12/17/2020

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO
Todd McMillion
Director, FMG Division of Reimbursement Review

17. DATE RECEIVED
12/17/2020

18. DATE APPROVED
3/11/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL
Todd McMillion

21. TYPED NAME
Todd McMillion

22. TITLE
Director, FMG Division of Reimbursement Review

23. REMARKS
01/21/2021: State concurs with pen and ink change to Box 7: FY22 from "$16,519,300" to "$15,676,900."

Instructions on Back
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, 2020 and are effective for services provided on or after that date. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/.

Effective for dates of service September 1, 2020 through September 30, 2020, AHCCCS is implementing a 10% rate increase to the FFS fee schedules identified above for in-office vaccination codes, and administration codes related to influenza.

TN No. 20-026
Supersedes Approval Date: 03/11/2021 Effective Date: October 1, 2020
TN No. 20-020