Financial Management Group

January 20, 2022

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

RE: TN AZ-21-0020

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-21-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 10, 2021. This plan amendment updates the fee schedule rates for all AZ non-institutional services, other than Outpatient hospital services, paid via fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 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 and Medicaid Services**

**TO: REGIONAL ADMINISTRATOR**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. **TRANSMITTAL NUMBER:** 21-020  
2. **STATE:** Arizona

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

4. **PROPOSED EFFECTIVE DATE:** October 1, 2021

5. **TYPE OF PLAN MATERIAL (Check One):**
- [ ] NEW STATE PLAN  
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  
- [X] 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:**
   - FFY 2022: $759,050  
   - FFY 2023: $728,143

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 **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**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, 2021.

11. **GOVERNOR’S REVIEW (Check One):**
    - [X] 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, AZ 85034

13. **TYPED NAME:** Dana Flannery

14. **TITLE:** Assistant Director

15. **DATE SUBMITTED:** November 10, 2021

#### FOR REGIONAL OFFICE USE ONLY

17. **DATE RECEIVED:** November 10, 2021

18. **DATE APPROVED:** January 20, 2022

19. **EFFECTIVE DATE OF APPROVED MATERIAL:** October 1, 2021

20. **SIGNATURE OF REGIONAL OFFICIAL:** Todd McMillion

21. **TYPED NAME:** Todd McMillion

22. **TITLE:** Director, Division of Reimbursement Review
23. REMARKS:
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 are effective for services provided on or after October 1, 2021. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/