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State/Territory Name: AZ

State Plan Amendment (SPA) #: 23-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

November 21, 2023

Carmen Heredia, Director Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

RE: Arizona State Plan Amendment Transmittal Number 23-0018

Dear State Medicaid Director Heredia:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0018. This amendment, effective October 30, 2023, provides that rapid whole genome sequencing testing in an inpatient hospital setting are paid at a fee schedule amount outside of the All Patient Refined Diagnosis Related Group (APR-DRG).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 23-0018 is approved effective October 30, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.

Sincerely,

Rory Howe Director

Enclosures

	1. TRANSMITTAL NUMBER	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	<u>23</u> – <u>0 0 1 8</u>	_AZ	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	PROGRAM IDENTIFICATION: TITLE 19 OF THE SOCIALSECURITY ACT		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/30/23		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amour a. FFY <u>24</u> \$ <u>114,115</u> 91,728 b. FFY: <u>25</u> \$ <u>114,115</u> 100,067		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Page 27(a)	8. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable) N/A	PED PLAN SECTION	
9. SUBJECT OF AMENDMENT This State Plan Amendment establishes a payment methodology for rapid whole genome sequencing (RWGS).			
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
	ex Demyan 11 E. Jefferson St., MD #4200 noenix, AZ 85034		
12. TYPED NAME Alex Demyan			
13. TITLE Assistant Director			
14. DATE SUBMITTED: 10/13/23			
FOR CMS USE ONLY			
16. DATE RECEIVED October 13, 2023	17. DATE APPROVED November 21, 2023		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIA	L	
October 30, 2023	Rory Howa		
20. TYPED NAME OF APPROVING OFFICIAL	21. TO LE OF APPROVING OFFICIAL		
Rory Howe	Director, Financial Management Group		
22. REMARKS			
Pen-and-ink change made to Box 6 by CMS with state concurrence.			

STATE OF ARIZONA METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES INPATIENT HOSPITAL CARE

XI. Hospital Rapid Whole Genome Sequencing (RWGS) Testing Reimbursement

Effective October 30, 2023 – July 30, 2026

Rapid whole genome sequencing testing provided in the inpatient hospital setting is excluded from the DRG payment. An additional payment for medically necessary RWGS will be made to a hospital when established clinical criteria is met. Costs associated with RWGS are to be billed separately from the inpatient episode. Hospital reimbursement will be made according to the Medicaid laboratory fee schedule. Rates for the period of October 30, 2023 – September 30, 2024 are posted at the following link: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

Approved: November 21, 2023

Effective: October 30, 2023