



December 19, 2023

Blake Holt 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 # 23-0025, Other Provider Rates

Dear Mr. Holt:

Enclosed is State Plan Amendment (SPA) # 23-0025, Other Provider Rates. This SPA updates the state plan Other Provider rates, with an effective date of October 1, 2023.

Tribal Consultation and Public Notice Requirements for this SPA have been fulfilled and the corresponding documentation is provided below:

Tribal Consultation (August 29, 2023):

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2023/08292023QuarterlyTC_Prese ntation.pdf

Public Notice:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/Final Public Notice Rate Changes 20231001.pdf

The Fiscal Impact of this SPA has been calculated as:

FFY 2024: \$4,168,500 FFY 2025: \$4,089,200

To arrive at this calculation, Arizona took actual FFY 2022 utilization and applied the implemented rate changes from FFY 2023 and the proposed FFY 2024 rate changes to calculate the total anticipated expenditures for FFY 2024 and FFY 2025. Arizona assumed an FMAP of 72.53% for FFY 2024 and an FMAP of 71.15% for FFY 2025. As a result, the federal component is slightly different between the two years. The amounts are for FFS only and are the FFP portion only.

If there are any questions about the enclosed SPA, please contact Maxwell Seifer at maxwell.seifer@azahcccs.gov or 602-417-4722.

Sincerely.

Alex Demyan **Assistant Director**

Arizona Health Care Cost Containment System (AHCCCS)

CENTERS FOR MEDICARE & MEDICARD SERVICES	•
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE 2. STATE AZ
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. 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 October 1, 2023
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 24 \$ 4,168,500 b. FFY: 25 \$ 4,089,200
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: page 5c	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.15-b. page 50	Attachment 4.19-B: page 5c
9. SUBJECT OF AMENDMENT Updates the state plan Other Provider Rates, effective October 1, 20	023.
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	OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Alex Demyan 801 E. Jefferson St., MD #4200 Phoenix, AZ 85034
12. TYPED NAME Alex Demyan	
13. TITLE Assistant Director	
14. DATE SUBMITTED: December 19, 2023	
FOR CMS U	ISE ONLY
16. DATE RECEIVED	17. DATE APPROVED
PLAN APPROVED - ON	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
22. REMARKS	

State: <u>ARIZONA</u> METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

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, 20232. All rates are published at: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

TN No. <u>23-0025</u>22-0023

Supersedes TN No. <u>22-0023</u><u>21-020</u> Approved: _____ Effective: <u>October 1, 2023</u>2