COMMENTS ON NF Assessment Amended Rules Rec'd as of 06/18/13

Ite	Rule	Comment	Comment	Analysis/
m	Cite	From		Recommendation
#	Line #			
1.	R9-28-	Kathleen	If they change the number of days for those paying a lower	The Administration will not make
	702 D4	Pagel	rate, it will require a new waiver. The way it is structured, if	any changes based on this comment.
			they cannot adjust the \$7.50 rate, any change in the lower tax	Any change in the tax rate for one or
			rate for high MA days providers or any change in the MA	both classes of facilities (high and
			patient day threshold will require a new waiver. A new	low Medicaid utilization) or any
			waiver is not required when either the tax rate is increased	change in the number of bed days
			(or decreased) equally or by the same percentage for all	that will distinguish the classes of
			providers. I suggest the language indicate that the tax rates in	facilities will require review and
			D2 and D3 and/or the number of annual Medicaid days used	approval by the federal government.
			in subsection (D)(3) will be modified each August 1, to	As such, the proposed modification
			achieve a slope of at least 1 applying the uniformity tax	will not achieve the stated purpose
			waiver test described in 42 CFR 433.68(e)(2). This language	(avoiding potential future review by
			would at least provides a possible opportunity to modify the	the federal government) and reduces
			model for updated days without having to obtain a new	the transparency and clarity of the
			waiver.	rule because it will not include the
				actual tax rates. If modified as
				proposed, the rule would merely
				reflect the method for calculating the
				rate rather than the actual rates. In
				addition, the suggested method of
				calculation could result in multiple
				outcomes that satisfy the test;
				therefore, the rule would not reflect
				the Administration's determination
	D0.00	IZ (11		of the actual future rate.
2.	R9-28-	Kathleen	A. On an annual basis, AHCCCS shall determine the total	Now under A1iii. The
	703	Pagel	funds available in the nursing facility assessment fund	Administration agrees to make
			available	changes to the formula to accurate reflect the total of the amounts
			for supplemental payments by:	
			3. Multiplying the appropriate federal matching assistance $(A(A))$ by the difference of subsections $(A)(1)$	collected by the assessment after the
			percentage (FMAP) by the difference of subsections (A)(1)	addition of federal financial

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			and (A)(2).	participation.
			A 3 Change this to read: dividing the result of (A)(1) and	
			(A)(2) by one minus the appropriate federal matching	
			assistance percentage (FMAP)	
			A. Payment by AHCCCS Contractors.	
			1. Before each payment year, AHCCCS the Administration	
			shall estimate the Net Nursing Facility Assessment Fund by:	
			a. Estimating the nursing facility assessments to be collected	
			in the upcoming assessment year,	
			b. Subtracting one percent of the total estimated assessments,	
			and	
			c. Multiplying the result of $(A)(1)(a)$ and $(A)(1)(b)$ by the	
			appropriate federal matching assistance percentage (FMAP).	
			1.C Change this to read: dividing the result of (A)(1)(a) and	
			(A)(1)(b) by one minus the appropriate federal matching	
			assistance percentage (FMAP)	
3.	R9-28-	Kathleen	C. All nursing facilities licensed in the state of Arizona shall	
	702	Pagel	be subject to the provider assessment except for:	
			1. A continuing care retirement community,	The Administration agrees with the
			2. A facility with 58 or fewer beds,	change of Universal to Uniform in
			3. A facility designated by the Arizona Department of Health	the UAR reference.
			Services as an Intermediate Care Facility for the Mentally	
			Retarded, or	The Administration agrees that all
			4. A tribally owned or operated facility located on a	timeframes should be 20 days,
			reservation.	changes made accordingly.
			(STATE VETERANS HOMES??)	
			D. The Administration shall calculate the prospective	The Administration has amended
			nursing facility provider assessment for qualifying nursing	the rule to exclude the Arizona
			facilities as follows:	Veterans' Homes from the
			1. AHCCCS The Administration shall utilize each nursing	assessment and the supplemental
			facility's Universal Accounting Report (UAR) submitted to	payment pursuant to Arizona Laws
			the Arizona Department of Health Services as of August 1st	2013, Chapter 37 which excludes the
			immediately preceding the assessment year. In addition, by	Arizona Veterans' Homes from the

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		August 1st each year, each nursing facility shall provide	definition of a nursing facility for		
		AHCCCS the Administration with any additional	purposes of Title 36, Chapter 29,		
		information necessary to determine the assessment. For any	Article 6 of the Arizona Revised		
		nursing facility that does not provide by August 1st the	Statutes.		
		additional information requested by AHCCCS the			
		Administration, AHCCCS the Administration shall			
		determine the assessment based on the information available.			
		4. The number of annual Medicaid days used in subsection			
		(D)(3) shall be recalculated each August 1, to achieve a slope			
		of at least 1 applying the uniformity tax waiver test described			
		in 42 CFR 433.68(e)(2). (if they change the number of days			
		for those paying a lower rate, it will require a new waiver).			
		The way it is structured, if they cannot adjust the \$7.50 rate,			
		any change in the lower tax rate for high MA days providers			
		or any change in the MA patient day threshold will require a			
		new waiver. A new waiver is not required when either the			
		tax rate is increased (or decreased) equally or by the same			
		percentage for all providers. I suggest the language indicate			
		that the tax rates in D2 and D3 and/or the number of annual			
		Medicaid days used in subsection (D)(3) will be modified			
		each August 1, to achieve a slope of at least 1 applying the			
		uniformity tax waiver test described in 42 CFR 433.68(e)(2).			
		This language would at least provides a possible opportunity			
		to modify the model for updated days without having to			
		obtain a new waiver			
		B. Each contractor must pay each facility the amount			
		computed within 20 calendar days of receiving the nursing			
		facility enhanced payment from the Administration. The			
		contractors must confirm each payment and payment date to			
		the Admin (All timeframes should be 20 days)			