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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 20-0020

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 16, 2020

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

Re: Arizona State Plan Amendment (SPA) 20-0020

Dear Ms. Snyder:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0020. This amendment proposes to update the rates for vaccine administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arizona's Medicaid SPA Transmittal Number 20-0020 is approved effective September 1, 2020.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

Digitally signed by James
Scott -S
2020.12.16 18:13:38
0'

James G. Scott, Director
Division of Program Operations

cc: Alex Demyan
Mohamed Arif

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

1. TRANSMITTAL NUMBER <u>2 0 - 0 2 0</u>	2. STATE Arizona
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2020
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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 2020 \$ 108,700 \$7058 b. FFY 2021 \$ 108,700 \$84,700
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 66b, 96 Attachment 4.19-B Pages 1(a) and 5c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Page 66b, 96 Attachment 4.19-B Pages 1(a) and 5c
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10. SUBJECT OF AMENDMENT

Updates the State Plan to reflect a rate increase for vaccination and vaccination administration codes, and to change the VFC administration rate.

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 	16. RETURN TO Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034
13. TYPED NAME Dana Flannery	
14. TITLE Assistant Director	
15. DATE SUBMITTED 9/30/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2020	18. DATE APPROVED December 15, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2020.12.16 18:14:19 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations Medicaid and CHIP Operations Group

23. REMARKS
Pen and ink changes made to Boxes 7, 8, and 9 with state concurrence.

State/Territory: ARIZONA

Citation

- 4.19 (m) Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immunization Program
- 1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric (C)(ii) of vaccine as stated in 1928(c)(20)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
- The Act (ii) The State:
- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
 - sets a payment rate below the level of the regional maximum established by the DHHS Secretary. The state's payment rate is \$15.43.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
- 1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

State: ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Rate Updates

Notwithstanding the methods and rates as otherwise described, for claims with dates of service between April 1, 2011 and September 30, 2011, all payments for outpatient hospital services will be reduced by 5% of the payment that would otherwise have been made under the methodology in effect as of October 1, 2010, as described above.

For claims with dates of service effective from October 1, 2011 to September 30, 2015, all payments for outpatient hospital services will be reduced by 5% under the methodology in effect as of October 1, 2011. For claims with dates of service effective October 1, 2015 to September 30, 2016, all payments for outpatient hospital services will be made using the methodology in effect as of September 30, 2015 resulting in a year to year 0% aggregate impact on Outpatient Hospital Rates. For claims with dates of service effective on or after October 1, 2019, outpatient hospital services will be made according to the AHCCCS fee schedule located on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>. These fees were updated October 1, 2019 for a 0% aggregate impact.

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.

State: ARIZONA
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 were set as of October 1, 2019 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.