Table of Contents

State/Territory Name: Arizona

State Plan Amendment (SPA) #: 19-0007

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
Financial Management Group

May 13, 2020

Jami Snyder, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

RE: Arizona SPA 19-0007

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0007. This amendment, effective September 30, 2019, updates the Arizona disproportionate share hospital (DSH) pool 5 payment amount and participant list, for the DSH state plan rate year ending 2019.

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 19-0007 is approved effective September 30, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

Kristin Fan
Director

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

**1. TRANSMITTAL NUMBER**: 19007

**2. STATE**: Arizona

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

**4. PROPOSED EFFECTIVE DATE**:
   - July 1, 2019
   - September 30, 2019

**5. TYPE OF PLAN MATERIAL (Check One)**
   - NEW STATE PLAN
   - AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - AMENDMENT (Separate transmittal for each amendment)

**6. FEDERAL STATUTE/REGULATION CITATION**
   - 42 CFR Part 447

**7. FEDERAL BUDGET IMPACT**
   - FFY 2019: $17,759,830.13
   - FFY 2020: N/A

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
   - Attachment 4.19-A
   - Page 66-67

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
   - Attachment 4.19-A
   - Page 66

**10. SUBJECT OF AMENDMENT**

   Updates the State Plan to reflect DSH Pool 5 funding and participating hospitals for FY 2020.

**11. GOVERNOR’S REVIEW (Check One)**
   - GOVERNOR’S OFFICE REPORTED NO COMMENT
   - OTHER, AS SPECIFIED

**12. SIGN**: [Redacted]

**13. TYPED NAME**: Dana Hearn

**14. TITLE**: Assistant Director

**15. DATE SUBMITTED**: September 30, 2019

**16. RETURN TO**: Dana Hearn
   - 801 E. Jefferson, MD#4200
   - Phoenix, Arizona 85034

**17. DATE RECEIVED**: September 30, 2019

**18. DATE APPROVED**: 05/13/20

**19. EFFECTIVE DATE OF APPROVED MATERIAL**: September 30, 2019

**20. TYPED NAME**: [Redacted]

**21. TYPED NAME**: Kristin Fan

**22. TITLE**: Director, Financial Management Group

**23. REMARKS**

Pen-and-ink changes made to Boxes 4, 7, and 8 by CMS with state concurrence on 5/8/2020.
Pool 5
The funding for pool 5 is specified below.

- For SPY 2018, the funding for Pool 5 is the FY 2018 Arizona DSH allotment total computable amount minus $143,178,200.
- For SPY 2019, the funding for Pool 5 is the FY 2019 Arizona DSH allotment total computable amount minus $143,178,200.

For SPY 2018, the pool 5 hospitals are:

- Benson Hospital
- Holy Cross Hospital
- Kingman Regional Medical Center
- Little Colorado Medical Center
- Mt. Graham Regional Medical Center
- Northern Cochise Community Hospital
- Page Hospital
- Yuma Regional Medical Center
- Canyon Vista Medical Center
- Banner Payson Medical Center

For SPY 2019, the pool 5 hospitals are:

- Benson Hospital
- Holy Cross Hospital
- Kingman Regional Medical Center
- Little Colorado Medical Center
- Mt. Graham Regional Medical Center
- Northern Cochise Community Hospital
- Page Hospital
- Yuma Regional Medical Center
- Canyon Vista Medical Center
- Banner Payson Medical Center

Upon reconciliation, Pool 5 funds will be recouped due to changes in hospital qualification or payment limits; Pool 5 overpayments are not redistributed to other hospitals.