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# State/Territory Name: Arizona

# State Plan Amendment (SPA) #: 19-0019

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**

February 3, 2020

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

RE: Arizona SPA 19-0019

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0019. This amendment, effective October 1, 2019, updates the fee schedule for long term acute care and rehabilitation hospital inpatient rates.

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 19-0019 is approved effective October 1, 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,



Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERV		1. TRANSMITTAL NUMBER           _1_90_1           3. PROGRAM IDENTIFICATION: T	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE	
		October 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)			
	CONSIDE	RED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS A	N AMENDI	MENT (Separate transmittal for e	each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL STATUTE/REGULATION CITATION		-
42 CFR Part 447		a. FFY <u>2020</u> b. FFY2021	_ \$ <u>1,700</u> \$ 1,700
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	Г	9. PAGE NUMBER OF THE SUF OR ATTACHMENT (If Applica	
Attachment 4.19-A pg. 27		Attachment 4.19-A pg. 3	27
10. SUBJECT OF AMENDMENT		-	
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#### IX. PAYMENT TO LONG-TERM ACUTE CARE HOSPITALS

Effective October 1, 2015, long-term acute care hospitals are paid a per diem rate which will be an intensive care unit (ICU) rate, a surgery rate, or a routine rate. A hospital is eligible to receive an ICU rate or a surgery rate if the hospital is licensed by the Arizona Department of Health Services to provide ICU or surgical services.

The ICU rate applies to inpatient days associated on the claim with revenue codes in the ranges 200-204, 207-212, and 219. The surgery rate applies to inpatient days associated on the claim with revenue codes 360-369 in combination with valid procedure codes that are not on the AHCCCS excluded surgery procedures list. The routine rate applies to all other inpatient days.

An outlier is a hospital claim on which the covered charges exceed the outlier threshold, which will be an ICU threshold, a surgery threshold, or a routine threshold. The outlier thresholds for long-term acute care hospitals are the thresholds that were in effect for those hospitals on September 30, 2014. Outliers shall be reimbursed by multiplying covered charges by the outlier cost-to-charge ratio. The outlier ratios will be the Final Statewide Average Total Cost-to-Charge Ratios for LTCHs in the data file published by CMS as part of the Medicare Long-Term Care Hospital Prospective Payment System for the prior fiscal year. The urban cost-to-charge ratio applies to hospitals located in Maricopa County or Pima County, and to out-of-state hospitals. The rural cost-to-charge ratio applies to all other hospitals.

AHCCCS rates were set as of October 1, 2019, and are effective for dates of admission on and after that date. AHCCCS rates and outlier thresholds for payments to long-term acute care hospitals are published on the agency's website at <a href="https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/LTACrehab.html">https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/LTACrehab.html</a>

### X. PAYMENT TO REHABILITATION HOSPITALS

Effective October 1, 2015, rehabilitation hospitals are paid a statewide per diem rate.

An outlier is a hospital claim on which the covered charges exceed the outlier threshold. The outlier threshold for rehabilitation hospitals is the threshold that was in effect for those hospitals on September 30, 2014. Outliers shall be reimbursed by multiplying covered charges by the outlier cost-to-charge ratio. The outlier cost-to-charge ratios will be the Final Statewide Average Total Cost-to-Charge Ratios for LTCHs in the data file published by CMS as part of the Medicare Long-Term Care Hospital Prospective Payment System for the prior fiscal year. The urban cost-to-charge ratio applies to hospitals located in Maricopa County or Pima County, and to out-of-state hospitals.

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Approval Date: February 3, 2020