### **Table of Contents**

**State/Territory Name: AZ** 

State Plan Amendment (SPA) #: 21-0012

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

May 17, 2022

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

RE: Arizona SPA 21-0012

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0012. This amendment, effective October 1, 2021, authorizes the Arizona disproportionate share hospital (DSH) pool 1, 2, 1A, 2A and 4 payments, for the DSH state plan rate year ending 2022.

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 21-0012 is approved effective October 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.

Sincerely,

Rory Howe Director

Enclosures

CENTERS FOR MEDICARE AND MEDICALD SERVICES		OMB NO. 0938 0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-012	Arizona
FOR C 4 & M II IM P 11C 1	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
FOR: Centers for Medicare and Medicaid Services	SOCIAL SECURITY ACT (MEDICAID)	
	· · · · · · · · · · · · · · · · · · ·	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	September-30,-2021- October 1, 202	21
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 (Sevarate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR Part 447, Section 1923 of the Social Security Act	FFY 2022: \$0 109,116,106	
·	FFY 2023: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-A		
Page 65	Attachment 4.19-A	
1 age 03	Page 65	
	1 4 6 0 0 0	
10. SUBJECT OF AMENDMENΓ:		
Updates the State Plan to reflect DSH funding for FY 2022.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	TETED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	□ Offick, AS SPEC	THED.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
_ NO KEI ET KECEIVED WITHIN 43 DATO OF SOBRETTISE		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16 RETURN TO:	
	10/10/10/10/10/	
	Dana Flannowy	
	Dana Flannery	
	801 E, Jefferson, MD#4200	
	Phoenix, AZ 85034	
13. TYPED NAME:	+	
Dana Flannery		
14. TITLE:		
- 11		
Assistant Director		
G 1	-	
15. DATE SUBMITTED: September 27, 2021		
EOD DEGIONAL GERICE LICE ONLY		
FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED: 18. DATE APPROVED:		
September 27, 2021	18. DATE APPROVED:  May 17, 2022	
* *	100	
PLAN APPROVED – ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL:  REGIONAL OFFICIAL:		
October 1, 2021		TCIAL.
21. TYPED NAME: Roly Howe	22. TITLE: Director. Financial Management Grou	p :
23. REMARKS:		
Pen-and-ink changes made to Boxes 4, 6, and 7 by CMS with state concurrence.		
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# STATE OF ARIZONA METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES INPATIENT HOSPITAL CARE

## DSH Exhibit 3: AHCCCS

## Disproportionate Share Hospital Payment Methodology Pool Funding Amount

This Exhibit contains the amount of funding for six pools in the Arizona DSH pool methodology.

For State Plan Year (SPY) 2008 and 2009, funding will be allocated among six pools (pools 1, 1A, 2, 2A, 3, and 4). For SPY 2010, funding will be allocated among seven pools (pools 1, 1A, 2, 2A, 3, 4, and 5). Thereafter, the funding will be allocated among six pools (pools 1, 1A, 2, 2A, 4, and 5).

Pools 1, 1A, 2, 2A, and 3 - Non-governmentally-operated hospitals

The funding for pools 1 and 2 will be sufficient to provide an average payment amount of \$6,000 for all hospitals qualifying for both of the two pools. No hospital in pools 1 or 2 will receive less than \$5,000. Therefore, the amount of funding for pools 1 and 2 will be determined by multiplying the number of hospitals qualifying for pools 1 and 2 by \$6,000.

The funding for pools 1A, 2A and 3 (if applicable) will be derived by subtracting the total amount allocated for pools 1 and 2 from the amount of DSH authorized by the Legislature for non-governmentally operated hospitals. Beginning SPY 2011, these remaining funds will be split with 15% for Pool 1A and 85% for Pool 2A.

- For SPY 2018, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
- For SPY 2019, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
- For SPY 2020, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
- For SPY 2021, the funding for pools 1, 2, 1A, and 2A will be \$884,800.
- For SPY 2022, the funding for pools 1, 2, 1A, and 2A will be \$884,800.

#### Pool 4 – Governmentally-operated hospitals

The funding for pool 4 is the amount authorized by the Legislature for governmentally operated hospitals.

- For SPY 2018, the funding for pool 4 is \$142,293,400.
- For SPY 2019, the funding for pool 4 is \$142,293,400.
- For SPY 2020, the funding for pool 4 is \$142,293,400.
- For SPY 2021, the funding for pool 4 is \$142,293,400.
- For SPY 2022, the funding for pool 4 is \$142,293,400.

TN No. <u>21-0012</u> Supersedes TN No. 20-015

Approval Date: May 17, 2022 Effective Date: Oct. 1, 2021