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State/Territory Name: AZ

State Plan Amendment (SPA) #: 20-0017

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

April 12, 2022

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

RE: Arizona State Plan Amendment Transmittal Number 20-0017

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0017. This amendment, effective September 30, 2020, provides for reallocation of the Arizona disproportionate share hospital (DSH) pool 4 funds to pool 5, for the DSH state plan rate year ending 2020.

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 20-0017 is approved effective September 30, 2020. The CMS-179 and the amended plan page(s) are attached.

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

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 0 — 0 1 7</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 30, 2020

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 \$ 0

b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-A
Pg 67, ~~67(a)~~**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

**~~Attachment 4.19-A
Pg 67~~**

10. SUBJECT OF AMENDMENT

Updates the State Plan to detail the reallocation of excess Pool 4 fundings.

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

13. TYPED NAME
Dana Flannery

14. TITLE
Assistant Director

15. DATE SUBMITTED
9/30/2020

16. RETURN TO

**Dana Flannery
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
September 30, 2020

18. DATE APPROVED
April 12, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
September 30, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Rory Howe

22. TITLE
Director, Financial Management Group

23. REMARKS

Pen-and-ink changes made to Boxes 8 and 9 by CMS with state concurrence.

STATE OF ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL CARE

For SPY 2020, excess pool 4 funding not allocated due to OBRA limits will be reallocated to Pool 5 by December 31, 2021 or soon after the SPA is approved. The reallocation will be based proportionately according to the hospital's LOM scores, subject to each hospital's remaining OBRA limit. The amount to be reallocated to DSH pool 5 is \$18,122,533.

The participating Pool 5 hospitals that will receive the pool 4 funding reallocation are:

- Yuma Regional Medical Center