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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 21-0021

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

December 17, 2021

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

RE: TN AZ-21-0021

Dear Director Snyder:

We have reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-21-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 10, 2021. This plan amendment updates the state plan rates for vaccines under the Pediatric Immunization Program.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL	21-021	Arizona			
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TIT				
	SOCIAL SECURITY ACT (MEDICA	AID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2021				
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
5. TYPE OF PLAN MATERIAL (Check One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
42 CFR Part 447	FFY 2022: \$14,711				
	FFY 2023: \$14,112	EDED DI ANI ADAMIAN			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS				
D ((1)	OR ATTACHMENT (If Applicable):				
Page 66b	Page 66b				
	1 450 000				
10. SUBJECT OF AMENDMENT:					
Updates the State Plan Rates for Vaccines Under the Pediatri	c Immunization Program, effective	October 1, 2021.			
11. GOVERNOR'S REVIEW (Check One):	CTHER AS SPEC	SIEIED.			
☐ 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, AZ 85034				
13. TYPED NAME:	1				
Dana Flannery					
14. TITLE:	1				
Assistant Director					
15. DATE SUBMITTED:	7				
November 10, 2021					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: November 10, 2021	18. DATE APPROVED: December 17, 2021				
PLAN APPROVED – ON					
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OF	FICIAL:			
October 1, 2021					
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursemen	nt Daviery			
23. REMARKS:	Director, Division of Remodisemen	It ICCVICW			

STATE OF ARIZONA

<u>Citation</u>				
1928(c)(2) of The Act	4.19(m)	Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immunization Program		
		(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.	
		(ii)	The State:	
			X 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:	

TN No. <u>21-021</u> Supersedes TN No. <u>20-020</u> Approval Date 12/17/2021 Effective Date: October 1, 2021