

June 23, 2025

Edwin Walaszek  
Division of Medicaid and Children's Health Operations  
U.S. Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: Arizona SPA # AZ-25-0003, Newborn Screening Program Rate Update**

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0003, Newborn Screening Program Rate Update. This SPA updates Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, Other Types of Care, page 5(c) for the newborn screening program rates in 2025 and 2026. The newborn screening program rate updates SPA will reserve a June 1, 2025 effective date.

**Tribal Consultation** on this SPA occurred on May 7, 2025:

[https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/5725\\_Tri-AgencyDeck-SanCarlosApacheHealthcare.pdf](https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/5725_Tri-AgencyDeck-SanCarlosApacheHealthcare.pdf)

**Public Notice for this SPA was posted on the following webpage:**

[https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/Public\\_Note\\_APR\\_DRG\\_Newborn\\_Rate\\_Changes\\_20250401.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/Public_Note_APR_DRG_Newborn_Rate_Changes_20250401.pdf)

The **Federal Fiscal Impact** of this SPA has been calculated as:

- FFY 2025: \$194,000
- FFY 2026: \$795,000

Arizona calculated the federal fiscal impact based upon FFY 2024 newborn enrollment data for newborn screening fee changes and applied the rate adjustment to estimate the fiscal impact of the change. As a result, for the 4 month period in FFY 2025, the federal impact was \$194,000 at the FMAP of 65.65%. For FFY 2026, the full year impact is \$795,000 at an FMAP of 64.34%, which incorporates the \$23 increase for the first 6 months of FFY 2026 followed by an additional \$17 increase for the last 6 months of FFY 2026.

Sincerely,



Kyle Sawyer

Assistant Director, Public Policy and Strategic Planning

Arizona Health Care Cost Containment System (AHCCCS)

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

1. TRANSMITTAL NUMBER <b>250003</b>	2. STATE <b>AZ</b>
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3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**June 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR § 440.130; 42 CFR § 441.56; 42 CFR § 440.345; Section 1902(e)(4) of the Social Security Act; Section 1902(a)(10)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY: 2025 \$ 194,000  
b. FFY: 2026 \$ 795,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, page 5(c)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.19-B, page 5(c)

9. SUBJECT OF AMENDMENT  
Newborn Screening Program Rate Updates

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


15. RETURN TO  
Kyle Sawyer  
801 E. Jefferson St., MD #4200  
Phoenix, AZ 85034

12. TYPED NAME  
Kyle Sawyer

13. TITLE  
Assistant Director, Public Policy and Strategic Planning

14. DATE SUBMITTED: June 23, 2025

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE OF ARIZONA  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

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Rate Update:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates are effective for services provided on or after ~~June~~April 1, 2025. All rates are published at:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>

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No. 25-000~~32~~

Approved:

Effective: ~~June~~April 1, 2025

TN

Supersedes TN No. ~~25-0002 24-0025~~