150 N. 18th Avenue Phoenix, AZ 85007 602.417.4000 KATIE HOBBS
GOVERNOR
KRISTEN CHALLACOMBE

INTERIM DIRECTOR

September 30, 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-25-0020, Long-Term Care (LTC) and Rehabilitation Rates

Dear Mr. Walaszek:

Enclosed is State Plan Amendment (SPA) # AZ-25-0020, Long-Term Care (LTC) and Rehabilitation Rates. This SPA updates these state plan rates effective October 1, 2025.

Tribal Consultation occurred for this SPA on August 7, 2025.

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2025/08072025Presentation.pdf

The public notice period for this SPA closed on August 30, 2025, and no comments were received. Public Notice for this SPA was posted on the following

webpage: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/Preliminary Public Notice Raze Changes 20251001.pdf

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

FFY 2026: \$5,200FFY 2027: \$5,200

Explanation of Federal Fiscal Impact:

The state has projected the federal fiscal impact for FFY 2026 and FFY 2027 using the actual expenditure data from FFY 2024 and incorporating rate changes that occurred in FFY 2025. Using the estimated FFY 2025 expenditures, the state applied the rate changes for FFY 2026 to estimate the fiscal impact for FFY 2026. The FMAP used in FFY 2024 is 64.34%. The FFY 2027 estimate was assumed to be the same as FFY 2027; however, the FMAP for FFY 2027 was 64.18%.

If there are any questions about the enclosed SPA, please contact Ryan Melson at Ryan.Melson@azahcccs.gov or 602-417-7309.

Sincerely,

Kyle Sawyer

Kyle Samp

Assistant Director, Public Policy and Strategic Planning

Arizona Health Care Cost Containment System (AHCCCS)

	1. TRANSMITTAL NUMBER	2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL OF	_			
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE O	E THE COCIAL		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECLIDITY ACT			
	XIX	XXI		
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amou	ints in WHOLE dollars)		
3. I EDENAL STATUTE/NEGOLATION STATION	`			
	b. FFY\$\$			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable)	DED PLAN SECTION		
O CURLICATION AMENDMENT				
9. SUBJECT OF AMENDMENT				
10. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTTEN, ASSECTED.			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
	DETURN TO			
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO			
12. TYPED NAME				
12. TYPED NAME				
13. TITLE				
14. DATE SUBMITTED				
FOR CMS USE ONLY				
	7. DATE APPROVED			
PLAN APPROVED - ONE				
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	9. SIGNATURE OF APPROVING OFFICI	AL		
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL			
22. REMARKS				

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

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, 20245, and are effective for dates of admission on and after that date. https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/LTACrehab.html

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. The rural cost-to-charge ratio applies to all other hospitals.

AHCCCS rates were set as of October 1, 20245, and are effective for dates of admission on and after that date. AHCCCS rates and outlier thresholds for payments to rehabilitation hospitals are published on the agency's website at https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/LTACrehab.html

TN No. <u>24-001925-0020</u> Supersedes TN No. <u>24-001923-0023</u>	Approved:	Effective: October 1, 2024 <u>5</u>