

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3362.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 2, 2013.

[R13-180]

PREAMBLE

- | <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| Article 3 | New Article |
| R9-22-301 | Reserved |
| R9-22-302 | Reserved |
| R9-22-303 | New Section |
| R9-22-502 | Amend |
| R9-22-703 | Amend |
| R9-22-1407 | Amend |
| R9-22-1501 | Amend |
| R9-22-1910 | New Section |
| R9-22-2007 | Amend |
- 2. Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
Authorizing statute: A.R.S. § 36-2903.01
Implementing statute: A.R.S. § 36-2903(A)
- 3. The effective date of the rule:**
November 30, 2013
- 4. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**
Notice of Rulemaking Docket Opening: 19 A.A.R. 1455, May 31, 2013
Notice of Proposed Rulemaking: 19 A.A.R. 1409, May 31, 2013
- 5. The agency's contact person who can answer questions about the rulemaking:**
Name: Mariaelena Ugarte
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Office of Administrative Legal Services
701 E. Jefferson St.
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov
Web site: www.azahcccs.gov
- 6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an**

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explanation about the rulemaking:

42 CFR 435.914 requires the Administration to provide Prior Quarter (PQ) eligibility. PQ eligibility is when a person who applies for AHCCCS may also qualify in any one of the three previous months prior to application. A.R.S. § 36-2903 (A) provides reimbursement responsibility for care provided during an eligibility period. Currently, the Administration is waived from providing PQ eligibility. The waiver does not require the Administration to provide eligibility in any of the three previous months prior to application, and this waiver expires December 31, 2013. Therefore, the Administration will begin to process eligibility for the PQ period effective January 1, 2014.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon when implementing PQ eligibility.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

9. A summary of the economic, small business, and consumer impact:

The Administration anticipates a potential moderate economic impact on the implementing agency, small businesses and consumers. The extended eligibility period associated with PQ is estimated to result in payment of approximately \$13.5 million for covered services provided during PQ in calendar year 2014. Approximately 500,000 members are anticipated to qualify for PQ given legislative approval of the Governors Medicaid Restoration Plan. AHCCCS estimates a substantial reduction in payments associated with PQ eligibility during SFY 2014 attributable to increased AHCCCS enrollment and less churn in eligibility.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

No significant changes were made between the proposed rulemaking and the final rulemaking. Technical and grammatical changes have been made.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

The following comment was received as of the close of the comment period of July 1, 2013.

On June 6, 2013, received the following written comment from Alexa Lawrence, Elder Law Benefits Processor with JacksonWhite Elder Law Attorneys.

If prior quarter is initiated in January 2014, would ALTCS pay for long term care services three months prior to the application month (such as in a nursing home) OR will it only cover acute care services three months prior to the application month?

Will it be mandatory for the applicant to provide financial information for the three months prior to the application month OR can they opt out of prior quarter coverage?

Administration's response:

It is not mandatory to apply for prior quarter eligibility. The first available month for PQ eligibility would be no earlier than January 2014 for eligibility applications initiated Feb. 2014. The applicant must be both financially and medically eligible in each of the prior quarter months in order to be approved for ALTCS in those months. Both nursing facility services and acute care services could potentially be covered depending upon what information/services are provided.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters are applicable.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rule is not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

None

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14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION**

ARTICLE 3. ~~REPEALED~~ GENERAL ELIGIBILITY REQUIREMENTS

Section

R9-22-301. Reserved

R9-22-302. Reserved

R9-22-303. ~~Repealed~~ Prior Quarter Eligibility

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS

Section

R9-22-502. Pre-existing Conditions

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

R9-22-703. Payments by the Administration

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

Section

R9-22-1407. Deceased Applicants

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

Section

R9-22-1501. General Information

ARTICLE 19. FREEDOM TO WORK

Section

R9-22-1910. ~~Repealed~~ Prior Quarter Eligibility

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM

Section

R9-22-2007. Effective and End Date of Eligibility

ARTICLE 3. ~~REPEALED~~ GENERAL ELIGIBILITY REQUIREMENTS

R9-22-301. Reserved

R9-22-302. Reserved

R9-22-303. ~~Repealed~~ Prior Quarter Eligibility

A. Prior Quarter eligibility shall be effective no earlier than January 1, 2014. An applicant may be eligible during any of the three months prior to application if the applicant:

1. Received one or more covered services described in 9 AAC 22, Article 2 and Article 12, and 9 AAC 28, Article 2 during the month; and
2. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.

B. The Prior Quarter requirements do not apply to:

1. Qualified Medicare Beneficiaries
2. KidsCare

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS

R9-22-502. Pre-existing Conditions

- A. ~~Except as otherwise provided in Article 2 of this Chapter, a contractor shall be responsible for providing the full scope of covered services to each member from the effective date of eligibility until the termination of enrollment or transfer of the member to another contractor.~~ A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. No change

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-703. Payments by the Administration

- A. No change
- B. No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - 2. No change
 - a. No change
 - b. No change
 - 3. No change
 - a. No change
 - b. No change
 - 4. No change
- C. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - 3. No change
 - 4. No change
 - 5. No change
- D. No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - 2. No change
 - 3. No change
- E. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - i. No change
 - j. No change
 - k. No change
 - l. No change
 - m. No change
 - n. No change
 - o. No change
 - 3. No change
 - a. No change

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- b. No change
- c. No change
- d. No change
- e. No change
- f. No change
- g. No change
- h. No change
- i. No change
- j. No change
- k. No change

4. No change

- a. No change
- b. No change
- c. No change
- d. No change

5. No change

F. No change

- 1. No change
- 2. No change
- 3. No change
- 4. No change

G. No change

H. Prior quarter reimbursement. A provider shall:

- 1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
- 2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
- 3. Accept payment received by the Administration as payment in full.

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

R9-22-1407. Deceased Applicants

- A. No change
- B. The Administration or Administration's designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant, ~~if the application is filed in the same month as the applicant's death.~~

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED

R9-22-1501. General Information

- A. No change
 - 1. No change
 - 2. No change
- B. No change
- C. No change
- D. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - 7. No change
- E. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - 3. No change
 - a. No change
 - b. No change

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- F. Eligibility effective date. Eligibility is effective on the first day of the month that all eligibility requirements are met, ~~but no earlier than the month of application.~~ including the period described under R9-22-303.
- G. No change
 - 1. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
- H. No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - 4. No change
 - 5. No change
 - 6. No change
- I. No change
- J. No change
 - 1. No change
 - 2. No change
 - 3. No change
- K. No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - 2. No change
 - 3. No change
 - a. No change

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- i. No change
- ii. No change
- b. No change
- c. No change
- d. No change
- e. No change
- f. No change
- L. No change
 - 1. No change
 - 2. No change
 - 3. No change
- M. No change

ARTICLE 19. FREEDOM TO WORK

R9-22-1910. ~~Repealed~~ Prior Quarter Eligibility

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM

R9-22-2007. Effective and End Date of Eligibility

A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.

The effective date of eligibility is the later of:

- 1. The first day of the month in which a application is made; or
- 2. The first day of the first month the woman meets all the eligibility requirements in this Article.

- B. No change**
 - 1. No change
 - 2. No change
 - 3. No change

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3362.) The Governor's Office authorized the notice to proceed through the rulemaking process on June 13, 2012.

[R13-181]

PREAMBLE

- | | |
|---|----------------------------------|
| <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action:</u> |
| R9-22-712.01 | Amend |
| R9-22-712.20 | Amend |
| R9-22-712.30 | Amend |
| R9-22-712.40 | Amend |
- 2. Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
 Authorizing statutes: A.R.S. § 36-2903.01(F)
 Implementing statute: A.R.S. § 36-2903.01(G)
- 3. The effective date of the rule:**
 November 30, 2013
- 4. Citations to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**

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Hospital Rate notices:

Notice of Proposed Exempt Rulemaking: 18 A.A.R. 1644, July 6, 2012

Notice of Exempt Rulemaking: 18 A.A.R. 1914, August 10, 2012

Notice of Rulemaking Docket Opening: 19 A.A.R. 943, May 3, 2013

Notice of Proposed Rulemaking: 19 A.A.R. 912, May 3, 2013

5. The agency's contact person who can answer questions about the rulemaking:

Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson St.
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov
Web site: www.azahcccs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

This rulemaking readopts amendments to rules regarding hospital reimbursement that were originally adopted as exempt rules under the authority provided by Arizona Laws 2011, Ch. 31, § 34. Arizona Laws 2012, Ch. 299, § 7, provided that rules adopted under that exempt authority expire December 31, 2013, but allows the agency to continue program changes reflected in those exempt rules if the agency has specific statutory authorization. As part of Arizona Laws 2013, Ch. 202, §3, the agency is authorized by statute to readopt the provisions originally adopted.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

A study was not referenced or relied upon.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. A summary of the economic, small business, and consumer impact:

The aggregate expenses are driven by a various amount of factors, such as utilization and enrollment. This rule keeps in place reductions that were put in place beginning October 1, 2011; therefore, holding the entire variables constant, the estimated impact of this rulemaking relative to last year is \$0. The estimated impacts of last year's change are a 5% reduction of Outpatient payments for FFY2010 estimated at \$34.4 million and a 5% reduction of Inpatient payments for FFY2010 estimated at \$78.6 million.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

No significant changes were made between the proposed rulemaking and the final rulemaking.

The Administration has removed the repromulgation of exempt rules published:

Notice of Proposed Exempt Rulemaking: 17 A.A.R. 2456, December 9, 2011

Notice of Exempt Rulemaking: 18 A.A.R. 212, January 27, 2012

The change made between the proposed rulemaking and the final rulemaking was the removal of the copayment change. This removal was necessary since the Administration's waiver will expire December 31, 2013, and the Administration will not be able to enforce copayment on childless adults as described under R9-22-711 and R9-22-101.

In addition, where "No change" is listed, the subsection for each section was added indicating "No change" as well. The text of some subsections has been removed and replaced with "No change" to simplify understanding where changes to the rules were made and to make the rulemaking more concise.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

No comments were received as of the close of the comment period of June 3, 2013.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

Notices of Final Rulemaking

No other matters are applicable.

- a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**
Not applicable
- b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**
Not applicable
- c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**
Not applicable

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:
None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:
Not applicable.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION**

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

- R9-22-712.01. Inpatient Hospital Reimbursement
- R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule
- R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped Fee-for-service Schedule
- R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.01. Inpatient Hospital Reimbursement

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons with admissions on and after October 1, 1998, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHCCCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

- 1. No Change
 - a. No Change
 - b. No Change
 - i. No Change
 - ii. No Change
 - iii. No Change
 - iv. No Change
 - v. No Change
- 2. No Change
 - a. No Change

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- i. No Change
 - ii. No Change
 - iii. No Change
 - iv. No Change
 - b. No Change
 - c. No Change
 - d. No Change
3. No Change
 - a. No Change
 - b. No Change
 - c. No Change
 - i. No Change
 - ii. No Change
 - iii. No Change
 - iv. No Change
 - v. No Change
 - vi. No Change
 - vii. No Change
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the state-wide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates annually through September 30, 2011.
6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
 - a. No Change
 - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011, as described under A.R.S. § 36-2903.01. ~~For the rate year effective inpatient hospital admissions with begin dates of service on and after October 1, 2011 to September 30, 2012,~~ AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
 - c. No Change
 - i. No Change
 - ii. No Change
 - iii. No Change
 - d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
 - i. No Change
 - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 ~~through September 30, 2012,~~ the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR ~~as described in subsection (6)(b), as of August 31, 2011.~~
 - iii. ~~In addition, for~~ For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011, by an additional percentage equal to the total percent increase reported on the charge master.
 - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
7. No Change
8. No Change
9. No Change
10. No Change
11. No Change
12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

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R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule

- A. No Change
 - 1. No Change
 - 2. No Change
 - 3. No Change
 - 4. No Change
 - 5. No Change
 - 6. No Change
 - 7. No Change
 - 8. No Change
 - 9. No Change
 - a. No Change
 - b. No Change
 - c. No Change
 - 10. No Change
 - 11. No Change
- B. For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-Service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually ~~in accordance with R9-22-712.40(C)~~.
 - 1. No Change
 - 2. No Change
- C. No Change

R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update

- A. Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under ~~R9-22-712.40(E)(2)~~ R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B. No Change
- C. Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, ~~through September 30, 2011~~, AHCCCS shall adjust outpatient fee schedule rates:
 - 1. No Change
 - 2. No Change
- D. Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- ~~D.E.~~ Rebase. AHCCCS shall rebase the outpatient fees every five years.
- ~~E.F.~~ Statewide CCR.:
 - 1. No Change
 - 2. No Change

Notices of Final Rulemaking

million, for covered services provided during PQ in calendar year 2014. AHCCCS estimates a substantial reduction in payments associated with PQ eligibility during SFY 2014 attributable to increased AHCCCS enrollment and less churn in eligibility.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

No significant changes were made between the proposed rulemaking and the final rulemaking. Technical and grammatical changes have been made.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

The following comment was received as of the close of the comment period of July 1, 2013.

On June 6, 2013, received written comment from Alexa Lawrence, Elder Law Benefits Processor with JacksonWhite Elder Law Attorneys.

If prior quarter is initiated in January 2014, would ALTCS pay for long term care services three months prior to the application month (such as in a nursing home) OR will it only cover acute care services three months prior to the application month?

Will it be mandatory for the applicant to provide financial information for the three months prior to the application month OR can they opt out of prior quarter coverage?

Administration's response:

It is not mandatory to apply for prior quarter eligibility. The first available month for PQ eligibility would be no earlier than January 2014 for eligibility applications initiated Feb. 2014. The applicant must be both financially and medically eligible in each of the prior quarter months in order to be approved for ALTCS in those months. Both nursing facility services and acute care services could potentially be covered depending upon what information/services are provided.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters are applicable.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rule is not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

ARTICLE 4. ELIGIBILITY AND ENROLLMENT

Section
R9-28-401.01. General

ARTICLE 4. ELIGIBILITY AND ENROLLMENT

Notices of Final Rulemaking

R9-28-401.01. General

- A.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - 7. No change
- B.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - 7. No change
 - 8. No change
 - a. No change
 - b. No change
 - 9. No change
 - 10. No change
 - 11. No change
 - 12. No change
- C.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
- D.** No change
 - 1. No change
 - 2. No change
- E.** No change
- F.** Eligibility effective date. Eligibility is effective the first day of the month that all eligibility requirements are met ~~but no earlier than the month of application.~~ including the period described under R9-22-303.
- G.** No change
 - 1. No change
 - a. No change
 - b. No change
 - 2. No change
 - a. No change
 - b. No change
 - c. No change
- H.** No change

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 29. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
MEDICARE COST SHARING PROGRAM

[R13-183]

PREAMBLE

1. **Article, Part, or Section Affected (as applicable) Rulemaking Action:**
R9-29-210 Amend
2. **Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
Authorizing statute: A.R.S. § 36-2972
Implementing statute: A.R.S. § 36-2972
3. **The effective date of the rule:**
November 30, 2013
4. **Citations to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**
Notice of Rulemaking Docket Opening: 19 A.A.R. 1457, May 31, 2013
Notice of Proposed Rulemaking: 19 A.A.R. 1415, May 31, 2013
5. **The agency's contact person who can answer questions about the rulemaking:**
Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson St.
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov
Web site: www.zahcccs.gov
6. **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**
42 CFR 435.914 requires the Administration to provide Prior Quarter (PQ) eligibility. PQ eligibility is when a person who applies for AHCCCS may also qualify in any one of the three previous months prior to application. A.R.S. § 36-2903(A) provides reimbursement responsibility for care provided during an eligibility period. Currently, the Administration is waived from providing PQ eligibility. The waiver does not require the Administration to provide eligibility in any of the three previous months prior to application, and this waiver expires December 31, 2013. Therefore, the Administration will begin to process eligibility for the PQ period effective January 1, 2014.
7. **A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
A study was not referenced or relied upon when implementing PQ eligibility.
8. **A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable.
9. **A summary of the economic, small business, and consumer impact:**
The Administration anticipates a moderate economic impact on the implementing agency, small businesses and consumers. The extended eligibility period associated with PQ is estimated to result in payment of approximately \$557,400, for covered services provided during PQ in calendar year 2014.
AHCCCS estimates a substantial reduction in payments associated with PQ eligibility during SFY 2014 attributable to increased AHCCCS enrollment and less churn in eligibility.

Notices of Final Rulemaking

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

No significant changes were made between the proposed rulemaking and the final rulemaking. Technical and grammatical changes have been made.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

The following comment was received as of the close of the comment period of July 1, 2013.

On June 6, 2013, received written comment from Alexa Lawrence, Elder Law Benefits Processor with JacksonWhite Elder Law Attorneys.

If prior quarter is initiated in January 2014, would ALTCS pay for long term care services three months prior to the application month (such as in a nursing home) OR will it only cover acute care services three months prior to the application month?

Will it be mandatory for the applicant to provide financial information for the three months prior to the application month OR can they opt out of prior quarter coverage?

Administration's response:

It is not mandatory to apply for prior quarter eligibility. The first available month for PQ eligibility would be no earlier than January 2014 for eligibility applications initiated Feb. 2014. The applicant must be both financially and medically eligible in each of the prior quarter months in order to be approved for ALTCS in those months. Both nursing facility services and acute care services could potentially be covered depending upon what information/services are provided.

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

No other matters are applicable.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The rule is not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

None

14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 29. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
MEDICARE COST SHARING PROGRAM

ARTICLE 2. ELIGIBILITY

Section

R9-29-210. Effective Date of Eligibility

ARTICLE 2. ELIGIBILITY

R9-29-210. Effective Date of Eligibility

A. QMB. The effective date of eligibility is the first day of the month following the month in which AHCCCS makes the eligibility decision.

Notices of Final Rulemaking

- B. ~~SLMB. The effective date of eligibility is the first day of the first month AHCCCS determines the person is eligible under this Article, but no earlier than the first day of the month of application. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the prior quarter period.~~
- C. ~~QI-1. The effective date of eligibility is the first day of the first month AHCCCS determines the person is eligible under this Article, but no earlier than the first day of the month of application. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the prior quarter period and no earlier than the first day of the current calendar year. QI-1 members are entitled to receive cost sharing assistance through the end of the calendar year in which they qualified for the program.~~

NOTICE OF FINAL RULEMAKING

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 2. DEPARTMENT OF WEIGHTS AND MEASURES

Editor's Note: The following Notice of Final Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3362.) The Governor's Office authorized the notice to proceed through the rulemaking process on April 2, 2013.

[R13-185]

PREAMBLE

1. **Articles, Parts, and Sections Affected (as applicable)** **Rulemaking Action**

R20-2-708	Amend
R20-2-709	Amend
R20-2-718	Amend
R20-2-751	Amend
R20-2-752	Amend
Table A	Amend
2. **Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. § 41-2065(A)(4)
Implementing statute: A.R.S. §§ 41-2065(A)(16) and 41-2083
3. **The effective date for the rules:**

November 30, 2013

 - a. **If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**

Not applicable
 - b. **If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason or reasons the agency selected the later effective date as provided in A.R.S. § 41-1032(B):**

Not applicable
4. **Citation to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**

Notice of Rulemaking Docket Opening: 19 A.A.R. 1601, June 14, 2013
Notice of Proposed Rulemaking: 19 A.A.R. 1590, June 14, 2013
5. **The agency's contact person who can answer questions about the rulemaking:**

Name:	Michelle Wilson
Address:	Department of Weights and Measures 4425 W. Olive Ave., Suite 134 Glendale, AZ 85302
Telephone:	(602) 771-4933
Fax:	(623) 939-7825
E-mail:	mwilson@azdwm.gov

Notices of Final Rulemaking

Web site: www.azdwm.gov

6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:

The rulemaking makes minor clerical corrections and a technical correction related to a correlation equation in a test method used by refiners to test and certify Arizona Cleaner-Burning Gasoline (CBG). The Arizona Cleaner Burning Gasoline (CBG) program is a control measure used to reduce pollution from mobile sources in the Phoenix metropolitan area and is relied on in the area to reduce ozone, carbon monoxide (CO), and particulate matter (PM) formation.

The test methods used by refiners are specified in R20-2-759. Previously there was an expectation that a new equation for vapor pressure (referred to as the CARB correlation equation) would become effective once Arizona's Revised State Implementation Plan (SIP) was approved by the Environmental Protection Agency (EPA). However, it was determined by EPA that it could not approve the SIP revision because the revision would create a new fuel, which is prohibited by federal law.

The disapproval of the use of the vapor pressure CARB correlation equation resulted in a technical error in the current CBG rule, which instructs refiners to use an equation that is not allowed under the SIP. The Department sent a letter to the refiners notifying them of the inconsistency and the requirement to use the previously-required vapor pressure equation, referred to as the ASTM equation. This rulemaking corrects the inconsistency in the rule to require refiners certifying Arizona CBG to use the ASTM equation for vapor pressure test methods.

Changes are made to R20-2-708 and R20-2-751 to make the rules consistent with A.R.S. §§ 41-2083(D) and 41-2122(A), which limit the volatility of gasoline to 9 pounds psi from and after September 30 through March 31 of each year in a county with more than 1,200,000 persons and any portion of a county contained in Area A. Other minor changes are made to correct typographical errors and clarify requirements.

After this rulemaking is approved, the Department will submit the amended R20-2-708, R20-2-751, R20-2-752, and Table A to the EPA as part a revision of the SIP.

The Department was authorized by Steven Killian, Policy Advisor for the Governor, on April 2, 2013, to proceed with this rulemaking.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review any study relevant to this rulemaking.

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. A summary of the economic, small business, and consumer impact:

Most of the economic impact from the rulemaking is the cost to the Department to make the clerical and technical corrections and eliminate the inconsistencies with statute. Refiners are already using the correct correlation equation because the Department instructed them to do so and because they are required to comply with federal and state law. The rulemaking adds greater flexibility for registered suppliers regarding the time for submitting quarterly reports to the Department. Owners of motor-fuel dispensing sites may incur minor costs to ensure that labels on each motor-fuel dispenser are accurate. However, this rulemaking modifies labeling requirements to reflect language currently used at most motor-fuel dispensing sites.

10. A description of any changes between the proposed rulemaking, including supplemental notices, and the final rulemaking:

No changes were made between the proposed and final rules.

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to comments:

The Department received no public comments about the rulemaking. No one attended the oral proceeding that occurred on July 19, 2013.

12. All agencies shall list any other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

Under A.R.S. § 41-2083(C) and (H), the director of the Department is required to consult with the director of the Department of Environmental Quality regarding the rules. This consultation has occurred. Under the state's implementation plan, changes regarding Arizona CBG will have to be submitted to the EPA for approval.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

No permit is required.

Notices of Final Rulemaking

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Federal law regarding the SIP is at 40 CFR Part 51. This rulemaking ensures that the rules are consistent with the state's EPA-approved SIP. The rules are no more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact on the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

No materials are incorporated by reference.

14. Whether the rule was previously made, amended, or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

None of the rules was previously made by emergency rulemaking.

15. The full text of the rules follows:

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 2. DEPARTMENT OF WEIGHTS AND MEASURES

ARTICLE 7. MOTOR FUELS AND PETROLEUM PRODUCTS

Section

R20-2-708.	Gasoline Ethanol Blends
R20-2-709.	Retail Oxygenated Fuel Labeling
R20-2-718.	Requirements for Production, Transport, Distribution, and Sale of Biofuels
R20-2-751.	Arizona CBG Requirements
R20-2-752.	General Requirements for Registered Suppliers
Table A.	Arizona Department of Weights and Measures Test Methods for Arizona CBG and AZRBOB

ARTICLE 7. MOTOR FUELS AND PETROLEUM PRODUCTS

R20-2-708. Gasoline Ethanol Blends

A. No change

B. No change

1. No change

a. No change

i. No change

ii. No change

b. No change

i. No change

ii. No change

2. No change

a. No change

b. Within the CBG-covered area during April ~~and October~~.

3. No change

a. No change

i. No change

ii. The minimum test temperature at which the vapor/liquid ~~ratio~~ ratio is equal to 20 is waived;

b. No change

c. No change

i. No change

ii. The minimum test temperature at which the vapor/liquid ~~ratio~~ ratio is equal to 20 is waived.

4. No change

C. No change

R20-2-709. Retail Oxygenated Fuel Labeling

A. No change

Notices of Final Rulemaking

- B. No change
- C. In the CBG-covered area and area B, the owner or operator of a motor fuel dispensing site shall ensure that a label displayed on each face of each motor fuel dispenser contains the following statement: "This gasoline is oxygenated with fuel ethanol and will reduce carbon monoxide emissions from motor vehicles ~~in the winter.~~" The statement may be printed on the label required in subsection (B) or on a separate label. If the statement is printed on a separate label, the label shall be displayed next to the label required in subsection (B).
- D. No change
 - 1. No change
 - 2. No change
 - 3. No change

R20-2-718. Requirements for Production, Transport, Distribution, and Sale of Biofuels

- A. No change
 - 1. No change
 - a. A producer, supplier, or person required to register with the EPA under 40 CFR 80, Subpart K or M, shall register with the Director, using a form prescribed by the Director, before producing or supplying biofuel or biofuel blend in Arizona.
 - b. No change
 - c. No change
 - i. No change
 - ii. No change
 - d. No change
 - 2. No change
 - a. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - b. No change
 - 3. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - c. No change
 - d. No change
- B. No change
 - 1. No change
 - a. No change
 - i. No change
 - ii. No change
 - iii. No change
 - b. No change
 - 2. No change
 - a. No change
 - b. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change

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- 4. No change
 - a. No change
 - b. No change
- 5. No change
 - a. No change
 - b. No change
 - c. No change
 - i. No change
 - ii. No change
 - iii. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
- 6. No change
 - a. No change
 - b. No change
 - c. No change
- C. No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - 2. No change
 - a. No change
 - i. No change
 - ii. No change
 - iii. No change
 - b. No change
 - 3. No change
 - 4. No change
 - a. No change
 - b. No change
 - c. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - vii. No change
 - viii. No change
 - ix. No change
 - d. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - 5. No change
 - a. No change
 - b. No change
 - 6. No change
 - a. No change
 - b. No change
 - c. No change
 - i. No change
 - ii. No change

Notices of Final Rulemaking

- iii. No change
- d. No change
- e. No change
- f. No change
- g. No change
- 7. No change
- 8. No change
 - a. No change
 - b. No change
 - c. No change

- D.** No change
 - 1. No change
 - 2. No change

R20-2-751. Arizona CBG Requirements

- A.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. A gasoline ethanol blend in the CBG-covered area is subject to the 1 psi vapor pressure waiver, as described in R20-2-708(B), during April and October only.
 - 7. No change
 - a. No change
 - i. No change
 - ii. No change
 - b. No change
 - c. No change
 - 8. No change
- B.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
 - 7. No change
 - a. No change
 - b. No change
 - c. No change
- C.** No change
 - 1. No change
 - 2. No change
 - 3. No change
- D.** No change
 - 1. No change
 - 2. No change
- E.** No change
 - 1. No change
 - 2. No change
- F.** No change
- G.** No change
- H.** No change

Notices of Final Rulemaking

1. No change
 2. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 3. No change
 4. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - c. No change
 - d. No change
 - i. No change
 - ii. No change
- I.** No change
1. No change
 2. No change
 3. No change
 4. No change
 - a. No change
 - b. No change
- J.** No change
- K.** No change
1. No change
 2. No change
 3. No change
- L.** No change
1. No change
 - a. No change
 - b. No change
 2. No change
 - a. No change
 - i. No change
 - ii. No change
 - b. No change
 - c. No change
 - d. No change
 3. No change
 - a. No change
 - b. No change
 4. No change
- M.** No change
- N.** No change
- O.** No change
1. No change
 2. No change
- P.** No change
1. No change
 2. No change
 3. No change
- Q.** No change
- R20-2-752. General Requirements for Registered Suppliers**
- A.** No change
 - B.** No change
 - C.** No change
 1. No change

Notices of Final Rulemaking

- a. No change
- b. No change
- c. No change
- d. No change
- e. No change
- 2. No change
- 3. No change
- D.** No change
- E.** No change
- F.** No change
 - 1. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - i. No change
 - ii. No change
 - iii. No change
 - d. No change
 - e. No change
 - 4. No change
 - a. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - vii. No change
 - b. No change
 - c. Submits to the Director a quarterly report on or before the 15th day of January, April, July, and October of each year that includes, for each sample of Arizona CBG or AZRBOB analyzed under subsection (F):
 - i. No change
 - ii. No change
 - d. No change
- G.** No change
- H.** No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - i. No change
 - j. No change
 - 2. No change
 - a. No change
 - b. No change

Table A. Arizona Department of Weights and Measures Test Methods for Arizona CBG and AZRBOB

Notices of Final Rulemaking

Fuel Parameter	Units	EPA-approved Test Method	EPA-approved Reproducibility	CARB-approved Test Method	CARB-approved Reproducibility
Aromatics	V%	D5769-04			
	V%	D1319-02a (2003) ^A	1.65	D5580-00	1.4
Benzene	V%	D3606-99 (2007)	0.21	D5580-00	0.1409 (X) ^{1.133}
Olefins	V%	D1319-02a (2003)	0.32 (x) ^{0.5}	D6550-00 (2005) if correlated to D1319	0.32 (X) ^{0.5} ; Footnote 1
Oxygenates	W%	D5599-00	See test method	D4815-99 (2004)	See test method
	W%	D4815-99 (2004) ^B	See test method		
Vapor Pressure (Correlation Equation) Footnote 2	psi	D5191-01 (2007)	0.3	13 CCR Section 2297	0.21
Sulfur	wppm	D2622-98 (2005)		D5453-93	0.2217 (x) ^{0.92} wppm
				D2622-94 (modified)	10-30 wppm R=0.405 (x) > 30 wppm R =0.192 (x)
Distillation T50	deg F	D86-01 (2007b)	See test method	D86-99ae1	See test method
Distillation T90	deg F	D86-01 (2007b)	See test method	D86-99ae1	See test method

^A A refinery or importer may determine aromatics content using ASTM D1319-02a (2003) if the result is correlated to ASTM D5769-98 (2004).

^B A refinery or importer may determine oxygenate content using ASTM D4815-99 (2004) if the result is correlated to ASTM D5599-00 (2005).

Footnotes:

1. Replace the last sentence in ASTM D6550-00 (2005) Section 1.1 with the following: "The application range is from 0.3 to 25 mass percent total olefin, as defined in Section 2263(b), Title 13, California Code of Regulations. If olefin concentrations are not detected, substitute one-half of the detection limit."

2. When determining vapor pressure, the only correlation equation to be used is the CARB (vapor pressure = (0.972 X Ptot) - 0.715) equation 1 in ASTM D5191-07, Section 14.2, ASTM equation ((.965X)-A).