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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: 2010-005 | 2. STATE ARKANSAS |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE July 1, 2010 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.20 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 68,785 b. FFY 2011 \$ 275,141 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1v | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 12-14-04, TN 04-03 | |
| 10. SUBJECT OF AMENDMENT: Medicaid reimbursement methodology for the Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena). | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | | 16. RETURN TO: | |
| 13. TYPED NAME: Eugene I. Gessow | | Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 | |
| 14. TITLE: Director, Division of Medical Services | | Attention: LeAnn Edwards | |
| 15. DATE SUBMITTED: June 28, 2010 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 28 June, 2010 | | 18. DATE APPROVED: 7 September, 2010 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2010 | | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's | |
| 23. REMARKS: | | | |

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2010

4.c. Family Planning Services

Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. **State developed fee schedule rates are the same for both public and private providers.**

1. The Title XIX (Medicaid) maximum for Family Planning services is 100% of the current physician Medicaid maximum.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rate, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

2. **Intrauterine Devices (IUDs)**

Reimbursement for the intrauterine device (IUD) is based on 100% of the manufacturer's list price as of July 1, 2003. **Effective for claims with dates of service July 1, 2010 and after, the levonorgestrel releasing IUD is reimbursed based on 100% of the manufacturer's list price as of May 5, 2010.**

SUPERSEDES: TN- 04-03

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| STATE | <u>Arkansas</u> | A |
| DATE REC'D. | <u>6-28-10</u> | |
| DATE APPVD | <u>9-7-10</u> | |
| DATE EFF | <u>7-1-10</u> | |
| HCFR 179 | <u>10-05</u> | |