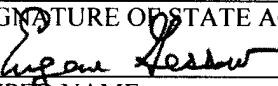
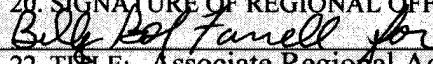


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2010-010	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 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 440.100		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$-0- b. FFY 2011 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 4c Attachment 3.1-B, Page 4d Attachment 4.19-B, Page 3b Attachment 4.19-B, Page 4b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 4c, Approved 5-14-09, TN 09-05 Attachment 3.1-B, Page 4d, Approved 5-14-09, TN 09-05 Attachment 4.19-B, Page 3b, Approved 3-21-08, TN 07-25 Attachment 4.19-B, Page 4b, Approved 4-15-02, TN 02-09	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan is being amended to add & clarify language that dentures for 1) Medicaid eligible beneficiaries age 21 & over and 2) Medicaid eligible beneficiaries under age 21 whose eligibility is based on "pregnant woman aid category" are provided through a contract price established through competitive bidding. This language was inadvertently not included in the coverage & reimbursement State Plan pages submitted with approved Adult Dental (SPA #2009-005). Reference to the contract was included in the newspaper notice.			
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: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards	
13. TYPED NAME: Eugene I. Gessow			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: August 13, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 13 August, 2010		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 4c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

September 1, 2010

CATEGORICALLY NEEDY

10. Dental Services

Refer to Attachment 3.1-A, Item 4.b. (16) for information regarding dental services for EPSDT eligible children under age 21.

Dental services are available for Medicaid beneficiaries age 21 and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries age 21 and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of \$500 for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

All dentures, whether full or partial, must be provided by the one dental lab under contract with the Arkansas Medicaid Program to manufacture dentures. For adults, there is lifetime limit of one set of dentures. This policy applies to both:

- Medicaid eligible beneficiaries age 21 and over and
- Medicaid eligible beneficiaries under 21 whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>8-13-10</u>	
DATE APPL'D	<u>11-9-10</u>	
DATE EFF	<u>9-1-10</u>	
HCFA 179	<u>10-10</u>	

SUPERSEDES: TN- 09-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 4d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: September 1, 2010

MEDICALLY NEEDY

10. Dental Services

Dental services are available for Medicaid beneficiaries age 21 and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries age 21 and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of \$500 for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

All dentures, whether full or partial, must be provided by the one dental lab under contract with the Arkansas Medicaid Program to manufacture dentures. For adults, there is lifetime limit of one set of dentures. This policy applies to both:

- Medicaid eligible beneficiaries age 21 and over and
- Medicaid eligible beneficiaries under 21 whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

Refer to Attachment 3.1-B, Item 4.b. (16) for information regarding dental services for EPSDT eligible children under age 21.

SUPERSEDES: TN- 09-05

STATE	<u>Arkansas</u>
DATE REC'D.	<u>8-13-10</u>
DATE APP'VD	<u>11-9-10</u>
DATE EFF	<u>9-1-10</u>
HQTA 179	<u>10-10</u>

A

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

Revised: September 1, 2010

9. Clinic Services (Continued)

(5) End-Stage Renal Disease (ESRD) Facility Services

Reimbursement is made at the lower of: (a) the provider's actual charge for the service or (b) the allowable fee from the State's ESRD fee schedule based on reasonable charge.

The Medicaid maximum is based on the 50th percentile of the Arkansas Medicare facility rates in effect March 1, 1988. Rates will be reviewed annually.

After discussion with CMS, it was determined that the Arkansas Medicare 75th percentile is considered the norm for Arkansas Medicare reimbursement. Since the State reimburses at Arkansas Medicare's 50th percentile, the reimbursement rates will not exceed Arkansas Medicare on the aggregate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers training in peritoneal self-dialysis for beneficiaries with end-stage renal disease.

Reimbursement for peritoneal self-dialysis and training has been established as follows.

The Arkansas Medicaid maximum allowable daily fee for training in continuous ambulatory peritoneal dialysis (CAPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$12.00 per day. This is the same methodology used by Medicare to calculate their CAPD training reimbursement rate.

The Arkansas Medicaid maximum allowable daily fee for training in continuous cycling peritoneal dialysis (CCPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$20.00 per day. This is the same methodology used by Medicare to calculate their CCPD training reimbursement rate.

10. Dental Services

Refer to Attachment 4.19-B, Item 4.b.(18).

The agency's rates were set as of November 21, 2007 and are effective for services on or after that date. All rates are published on the agency's website (www.medicaid.state.ar.us). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services. Reimbursement rate maximums are calculated at 95% of the 2007 Delta Dental Plan of Arkansas Inc.'s Premier rates. Upon CMS approval, the reimbursement rates calculated under this method will be submitted to the United States District Court for the Eastern District of Arkansas (case of Arkansas Medical Society v. Reynolds) for its approval.

Dentures - Based on contract price established through competitive bidding.

Medicaid dental rates will be adjusted as follows. The Division of Medical Services and the Arkansas State Dental Association shall meet on two year cycles beginning January 1, 2007, to evaluate the dental rates considering the factors set out in 42 U.S.C. Section 1396a(a)(30)(A) and shall review Delta Dental's then current Premier rates, identify rate adjustment to be made, and agree on the implementation methodology and date.

STATE	ARKANSAS
DATE RECD	8-13-10
DATE APP'D	11-9-10
DATE EFF	9-1-10
HCFA 179	10-10

SUPERSEDES: TN- 07-25

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

Revised: September 1, 2010

12. Prescribed drugs, dentures, prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)
- b. Dentures
- Refer to Attachment 4.19-B, **Item 10**
- c. Prosthetic Devices
- (1) Eye Prostheses - Refer to Attachment 4.19-B, Item 4.b.(13).
 - (2) Hearing Aids - Refer to Attachment 4.19-B, Item 4.b.(12).
 - (3) Ear Molds - Refer to Attachment 4.19-B, Item 4.b.(14).
 - (4) Pacemakers and Internal Surgical Prostheses - Reimbursed at 80% of invoice price.
 - (5) Hyperalimentation - Reimbursement according to the lower of the amount billed or the Title XIX maximum charge allowed.

SUPERSEDES: TN- 02-09

STATE <u>Arkansas</u>	A
DATE REC'D <u>8-13-10</u>	
DATE APP'VD <u>11-9-10</u>	
DATE EFF <u>9-1-10</u>	
HCFA 179 <u>10-10</u>	