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**State/Territory Name: Arkansas** 

State Plan Amendment (SPA) #: 13-10

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

November 22, 2013

Our Reference: SPA-AR-13-10

Dr. Andrew Allison State Medicaid Director Arkansas Department of Health and Human Services P.O. Box 1437 Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-10. Act 1352 of the 2013 Arkansas General Assembly established reimbursement for Ambulatory Surgery Centers (ASC) based on 80% of the Medicare ASC procedure code reimbursement rates. Reimbursement is based on the lesser of the provider's actual charges for the service, or the Title XIX maximum, with rates effective for dates of service beginning July 1, 2013. In accordance with the Act, Implantable Devices which are not bundled as part of the appropriate procedure code will be reimbursed at a pass-through cost, if the combined documented cost of the appropriate implantable devices is greater than 50% of the appropriate Medicaid maximum procedure code reimbursement rate.

Transmittal Number 13-10 is approved with an effective date of July 1, 2013, as requested. A copy of the HCFA-179, Transmittal No. 13-10 dated September 3, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL			
	2013-010	ARKANSAS	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT		
	SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2013		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CED Section 447 205	a. FFY 2014 \$406,000 b. FFY 2015 \$1,622,000		
42 CFR Section 447.205 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable):		
	OK ATTACHMENT (ij Applicable).		
Attachment 4.19-B, Page 3aa	Attachment 4.19-B, Page 3aa, Approved 7-13-99, TN 98-22		
10. SUBJECT OF AMENDMENT:			
The Arkansas Title XIX State Plan has been amended to change the reimbursement methodology for Ambulatory Surgery Center's per Act			
1352 of the 2013 Arkansas General Assembly.			
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
	1		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Division of Medical Services		
	PO Box 1437, Slot S295		
13. TYPED NAME:	Little Rock, AR 72203-1437		
Andrew Allison, PhD	, and the second		
14. TITLE:	Attention: Glenda Higgs		
Director, Division of Medical Services			
15. DATE SUBMITTED:			
September 3, 2013  FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 18. DATE APPROVED:			
3 September, 2013	November 22, 2013		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		FICIAL:	
1 July, 2013	. , ,		
21. TYPED NAME:	22. TITLE: Associate Regional Admir		
Bill Brooks	Division of Medicaid & C	hildren's Health	
23. REMARKS:			

FORM HCFA-179 (07-92)

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

ATTACHMENT 4.19-B PAGE 3aa

July 1, 2013

Revised:

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

- 9. Clinic Services (Continued)
  - (2) Family Planning Clinic Services

Payment based on reasonable negotiated rate.

(3) Maternity Clinic Services

Payment based on reasonable negotiated rate.

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

(4) Ambulatory Surgical Center Services

Act 1352 of the 2013 Arkansas General Assembly established reimbursement for Ambulatory Surgery Centers based on 80% of the Medicare Ambulatory Surgery Center procedure code reimbursement rates. Reimbursement is based on the lesser of the provider's actual charges for the service or the Title XIX (Medicaid) maximum. These rates are effective for dates of service beginning July 1, 2013. All rates are published on the agency's website (<a href="www.medicaid.state.ar.us">www.medicaid.state.ar.us</a>). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Ambulatory Surgical Center services. Medicaid will follow Medicare procedure code updates.

In accordance with the Act, Implantable Devices which are not bundled as part of the appropriate procedure code will be reimbursed at a pass-through cost; if the combined documented cost of the appropriate implantable devices is greater than 50% of the appropriate Medicaid maximum procedure code reimbursement rate. If multiple devices are included for one patient, then the total provided devices' cost is calculated and then compared to the appropriate procedure code. The implantable devices' reimbursement provision is also effective for dates of service beginning July 1, 2013. These implantable devices are listed in the provider manual which can be found on the agency's website at

https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/asc.aspx.

State: Arkansas

Date Received: 9/3/13 Date Approved: 11/22/13 Date Effective: 7/1/13

Transmittal Number AR 13-10

SUPERCEDES: 98-22