

Table of Contents

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,

A black rectangular redaction box covering the signature of Bill Brooks.

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

Enclosure

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

Revised: July 1, 2013

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 (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 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