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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 14-17

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

January 23, 2014

Ms. Dawn Stehle
Arkansas Medicaid Director
700 Main Street,
PO Box 1437
Little Rock, Arkansas 72203-1437

CMS Reference: AR SPA # 14-0017 (Medicaid crossover)

Dear Ms. Stehle:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number AR 14-017, dated December 18, 2014. This state plan amendment requests a rate methodology for Medicare crossover claims, providing benefits for co-pays and deductibles for certain populations that are dually eligible.

Based on the information submitted, we have approved the amendment AR 14-017 for incorporation into the official Arkansas State Plan with an effective date change of October 1, 2014. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.


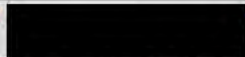
If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,



Bill Brooks
Associate Regional Administrator

cc: Glenda Higgs

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2014-017	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(n)(1) through (3)		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$26,226,436 b. FFY 2016 \$26,226,436	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same, Approved 5-16-13, TN 13-04	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to change Medicaid Reimbursement for Inpatient and Outpatient Hospital Services Covered by Medicare Part A and Medicare Part B Programs (Medicare Crossover Claims). Effective for all claims and claim adjustments with dates of service on and after October 1, 2014, the Division of Medical Services (DMS) will pay the Medicare Part A and B coinsurance and deductibles portions of Medicare services related to inpatient and outpatient Hospital services.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: Glenda Higgs	
13. TYPED NAME: Dawn Stehle			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: December 18, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 18 December, 2014		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2014		20. SIGNATURE  CIAL:	
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

State/Territory: ARKANSAS

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Other Medicaid Recipients	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

Dual Eligible (QMB Plus)	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

- (1) The Medicaid agency will use the Medicare all-inclusive payment rate for cost reimbursement of FQHC encounter coinsurance. The Medicaid agency will cost settle for the coinsurance percentage. The Medicaid agency will cost settle for the coinsurance percentage of the FQHC Medicare encounter cost after the final encounter cost has been determined by the Medicare intermediary.
- (2) **Effective for dates of service on or after September 1, 1999, the State will make copayments for Medicare/Medicaid recipients who are enrolled in a Medicare HMO. The service categories and maximum copayment amount are:**

<u>Service</u>	<u>Maximum Copayment</u>
Emergency Room	\$25.00 (payable to facility)
Physician/Chiropractor/Podiatrist (excluding Psychiatry/Psychology - see below)	\$ 5.00 (payable to physician/ chiropractor/podiatrist)
Occupational, Physical and Speech Therapy	\$ 5.00 (payable to facility)
Psychiatrist/Psychologist	50% (payable to provider) – Medi-Pak HMO
	\$20.00 (payable to provider) – Medicare Complete HMO