

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 24-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

September 5, 2024

Janet Mann
Deputy Secretary and Medicaid Director
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

RE: TN 24-0012

Dear Janet Mann:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arkansas state plan amendment (SPA) to Attachment 4.19-A AR 24-0012, which was submitted to CMS on July 17, 2024. This plan amendment implements the process for cost settlement reopening to ensure federal claiming can be completed within the same rules and timelines as Medicare

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Diana Dinh at 670-290-8857 or via email at Diana.Dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 2

2. STATE

A R

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CF R447 Subpar C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollar)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19-A, page 25

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

New

9. SUBJECT OF AMENDMENT

Hospital Cost Report Reopening

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. RETURN TO

Elizabeth Pitman

13. TITLE

Director, Division of Medicaid Services

14. DATE SUBMITTED

7/17/2024

15. RETURN TO

Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

Attn: MacGolden

FOR CMS USE ONLY

16. DATE RECEIVED

July 17, 2024

17. DATE APPROVED

September 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

FMG, Director

22. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
INPATIENT HOSPITAL SERVICES

October 1, 2024

7. Cost Settlement Reopening Process

The state will compute interim payments for providers and subsequently reconcile the interim payments with final payments for which providers are eligible based on billed claims. The interim payment methodology is not a prepayment prior to services being furnished but represents interim payments for services furnished that are subject to final reconciliation.

A medical facility administrator or an identified facility representative such as the cost report preparer, DHS representative, a Medicare Administrative Contractors (MAC) representative, or a relevant contract representative may request a hospital cost report reopening by writing to the Reimbursement Unit of the Division of Medical Services. The request must be received no later than three (3) years after the date of the determination (Notice of Program Reimbursement ("NPR") or Revised NPR) or decision that is the subject of the reopening. This request must reflect a reimbursement impact that totals a cumulative amount of at least \$10,000 increase due to new and material issues within the individual cost report. Each issue cited must be reviewed and determined as new and material to be counted in the cumulative total.

Any cost reports reopened due to unforeseen and unavoidable events that are between two (2) and three (3) years after the NPR was issued and which result in a payment above the interim payments will qualify for an exception under 45 CFR 95.19(a).