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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 20-0023

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
Dear Ms. Stehle:

We have reviewed the proposed Arkansas State Plan Amendment (SPA) to Attachment 4.19-B transmittal notice 20-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 14, 2020. The Arkansas Department of Human Services (DHS) proposes to increase physicians’ evaluation and management codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. 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 Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
## Transmittal and Notice of Approval of State Plan Material

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

### 1. Transmittal Number
20-0023

### 2. State
Arkansas

### 3. Program Identification: Title XIX of the Social Security Act (Medicaid)

### 4. Proposed Effective Date
January 1, 2021

### 5. Type of Plan Material (Check One)

- [ ] New State Plan
- [ ] Amendment to be Considered as New Plan
- [x] Amendment

### Complete Blocks 6 thru 10 if this is an amendment (Separate transmittal for each amendment)

### 6. Federal Statute/Regulation Citation
42 CFR 440

### 7. Federal Budget Impact

- **a. FFY 2021:** $1,556,379
- **b. FFY 2022:** $2,075,172

### 8. Page Number of the Plan Section or Attachment
Attachment 4.19-B, Page 2.1

### 9. Page Number of the Superseeded Plan Section or Attachment (If Applicable)
Same; Approved 05-08-20; TN 20-0005

### 10. Subject of Amendment
Increase unit reimbursement rate for physicians' evaluation and management codes by three (3.0%) percent

### 11. Governor's Review (Check One)

- [x] Governor's Office Reported No Comment
- [ ] Comments of Governor's Office Enclosed
- [ ] No Reply Received Within 45 Days of Submittal
- [ ] Other, as specified

### 12. Signature of State Agency Official

#### 13. Typed Name
Janet Mann

#### 14. Title
Director, Division of Medical Services

#### 15. Date Submitted
10-14-20

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

Attn: Mac Golden

### For Regional Office Use Only

#### 17. Date Received
10/14/2020

#### 18. Date Approved
11/17/2020

**Plan Approved - One Copy Attached**

#### 19. Effective Date of Approved Material
1/1/2021

#### 20. Signature of Regional Official

#### 21. Typed Name
Todd McMillion

#### 22. Title
Director, Division of Reimbursement Review

#### 23. Remarks
Pen and ink change requested 11/17/2020

*Instructions on Back*
5. Physician Services (Continued)

F. For dates of service beginning January 1, 2021, the maximum reimbursement rate for evaluation and management codes are increased by 3 percent of the 7/1/2020 fee-for-service rate for each of these codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of evaluation and management services. The agency’s fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the agency’s website, (http://medicaid.mmis.arkansas.gov/).

Effective for dates of service on or after July 1, 2020, the immunization administration fee for influenza will be based on the 2020 Medicare flu vaccine administration fee. All other immunization administration fees will be based on Medicare’s 2020 physician fee schedule for the State of Arkansas. The rate is paid to all governmental and non-governmental providers, unless otherwise specified in the state plan. All rates are published at the agency’s website, (http://medicaid.mmis.arkansas.gov/).