

## Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-14

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) 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**

December 12, 2012

Our Reference: SPA-AR-12-14

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

Dr. Andrew Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-14. Effective February 1, 2013, this State plan amendment allows the state to add Congestive Heart Failure and Total Joint Replacement to its Episode of Care (EOC) physician incentive program.

Transmittal Number 12-14 is approved with an effective date of February 1, 2013, as requested. A copy of the HCFA-179, Transmittal No. 12-14 dated September 21, 2012 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 box redacting the signature of Bill Brooks.

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

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		<b>1. TRANSMITTAL NUMBER:</b>  <div style="text-align: center;">2012-014</div>	<b>2. STATE</b>  <div style="text-align: center;">ARKANSAS</div>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		<b>4. PROPOSED EFFECTIVE DATE</b>  <div style="text-align: center;">February 1, 2013</div>	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b>  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>		<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2013                \$(36,669) b. FFY 2014                \$(45,444)	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Please see attached listing		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Please see attached listing	
<b>10. SUBJECT OF AMENDMENT:</b> The Arkansas Title XIX State Plan has been amended to add Congestive Heart Failure (CHF) episodes and Total Joint Replacement episodes.			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div> <input type="checkbox"/> OTHER, AS SPECIFIED:         </div> </div>			
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>  <div style="background-color: black; width: 150px; height: 30px; margin: 10px auto;"></div>		<b>16. RETURN TO:</b>  Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attention: LeAnn Edwards	
<b>13. TYPED NAME:</b> Andrew Allison, PhD			
<b>14. TITLE:</b> Director, Division of Medical Services			
<b>15. DATE SUBMITTED:</b> September 21, 2012			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED:</b> <div style="text-align: center;">9/21/12</div>		<b>18. DATE APPROVED:</b> <div style="text-align: center;">12/12/12</div>	
PLAN APPROVED - ONE COPY ATTACHED			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> <div style="text-align: center;">2-1-13</div>		<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b>  <div style="background-color: black; width: 150px; height: 30px; margin: 10px auto;"></div>	
<b>21. TYPED NAME:</b> <div style="text-align: center;">Bill Brooks</div>		<b>22. TITLE:</b> <div style="text-align: center;">Associate Regional Administrator Div of Medicaid &amp; Children's Health</div>	
<b>23. REMARKS:</b>  <div style="height: 100px;"></div>			

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2012-014**

**8. Number of the Plan  
Section or Attachment**

Attachment 4.19-A, Page 11g

Attachment 4.19-B, Page 1aa(3)

Attachment 4.19-B, Page 2a(4)

Attachment 4.19-B, Page 9aaa

Attachment 4.19-B, Page 10bbb

**9. Number of the Superseded Plan  
Section or Attachment**

Attachment 4.19-A, Page 11g  
Approved 09-07-12, TN 12-10

Attachment 4.19-B, Page 1aa(3)  
Approved 09-07-12, TN 12-10

Attachment 4.19-B, Page 2a(4)  
Approved 09-07-12, TN 12-10

Attachment 4.19-B, Page 9aaa  
Approved 09-07-12, TN 12-10

Attachment 4.19-B, Page 10bbb  
Approved 09-07-12, TN 12-10

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

ATTACHMENT 4.19-A  
Page 11g

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
INPATIENT HOSPITAL SERVICES

February 1, 2013

1. Inpatient Hospital Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Congestive Heart Failure (CHF) Episodes
- (2) Total Joint Replacement Episodes

SUPPLEMENTAL 12-16

STATE	<u>Arkansas</u>
DATE REC'D	<u>9-21-12</u>
DATE APPV'D	<u>12-12-12</u>
DATE EFF	<u>2-1-13</u>
NOFA 179	<u>12-14</u>

A

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

ATTACHMENT 4.19-B  
Page 1aa(3)

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

February 1, 2013

2.a. Outpatient Hospital Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Congestive Heart Failure (CHF) Episodes
- (2) Total Joint Replacement Episodes

STATE	ARKANSAS
DATE REC'D	9-21-12
DATE APPV'D	12-12-12
DATE EFF	2-1-13
INDEX 179	12-14

12-10

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

ATTACHMENT 4.19-B  
Page 2a(4)

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

February 1, 2013

5. Physicians' Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Acute Ambulatory Upper Respiratory Infection (URI) Episodes
- (2) Perinatal Care Episodes
- (3) Attention Deficit Hyperactivity Disorder (ADHD) Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Congestive Heart Failure (CHF) Episodes
- (2) Total Joint Replacement Episodes

STATE	Arkansas
DATE REC'D	9-21-12
DATE APPV'D	12-12-12
DATE EFF	2-1-13
HCFA 179	12-14

12-10

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

ATTACHMENT 4.19-B  
Page 9aaa

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

February 1, 2013

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.  
(Continued)

e. Emergency Hospital Services (Continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY  
(CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes

STATE	Arkansas
DATE REC'D	9-21-12
DATE APPV'D	12-12-12
DATE EFF	2-1-13
NO. 179	12-14

12-10



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

ATTACHMENT 4.19-B  
Page 10bbb

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

February 1, 2013

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.  
(Continued)

f. Critical Access Hospitals (CAH) (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY  
(CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes

STATE	<u>Arkansas</u>
DATE REC'D	<u>9-21-12</u>
DATE APPV'D	<u>12-12-12</u>
DATE EFF	<u>2-1-13</u>
NOGA 179	<u>12-14</u>

12-10