

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

*The payment of the Medicare Part A and Part B deductible and coinsurance for inpatient and outpatient hospital services is based on the following.

- (1) If the Medicare payment amount equals or exceeds the Medicaid payment rate, the state is not required to pay the Medicare Part A and Part B deductible/coinsurance on a crossover claim.
- (2) If the Medicare payment amount is less than the Medicaid payment rate, the state is required to pay the Medicare Part A and Part B deductible/coinsurance on a crossover claim, but the amount of payment is limited to the lesser of the deductible/coinsurance or the amount remaining after the Medicare payment amount is subtracted from the Medicaid payment rate.

Coverage of a recipient's deductible and/or coinsurance liabilities as specified in this section satisfies the state's obligation to provide Medicaid coverage for services that would have been paid in the absence of Medicare coverage.

The payment of all other Part A and Part B deductible and coinsurance is based on the Medicare rate.

- (3) 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.
- (4) 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:

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STATE	AR Kansas
DATE REC'D	3-15-2013
DATE APP'D	5-10-2013
DATE EFF	7-1-2013
HCFA 179	13-01

<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

SUPERSEDES: TN- 99-15

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QMBs: Part A MR/SP Deductibles MR/SP Coinsurance

Part B MR/SP Deductibles MR/SP Coinsurance

Other Part A MR/SP Deductibles MR/SP Coinsurance

Medicaid Recipients Part B MR/SP Deductibles MR/SP Coinsurance

Dual Part A MR/SP Deductibles MR/SP Coinsurance

Eligible (QMB Plus) Part B MR/SP Deductibles MR/SP Coinsurance

STATE <u>Arkansas</u>	A
DATE REC'D <u>3-15-2013</u>	
DATE APP'VD <u>5-16-2013</u>	
DATE EFF <u>7-1-2013</u>	
HCFA 179 <u>13-04</u>	

SUPERSEDES: TN- 9152