

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 15-0008

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

November 20, 2015

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

RE: AR SPA #15-0008

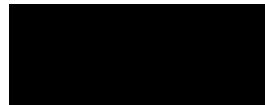
Dear Ms. Stehle:

We have reviewed the Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) AR 15-0008, which is being submitted to change the reimbursement methodology for Medicare crossover claims for hospitals.

Based on the information submitted, we have approved the amendment AR 15-0008 for incorporation into the official Arkansas State Plan with an effective date change of January 1, 2016. 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: Seth Blomeley
Camille Johnson
Craig Cloud

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2015-008	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2016	
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:		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$(13,408,700) b. FFY 2017 \$(17,794,610)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Pages 2 & 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same, Approved 01-23-15, TN 14-17	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to change Medicaid Reimbursement for Inpatient Hospital Services Covered by Medicare Part A Programs (Medicare Crossover Claim).			
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	
13. TYPED NAME: Dawn Stehle		Attention: Seth Blomeley	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: August 31, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 31 August, 2015		18. DATE APPROVED: 20 November, 2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 Jan 2016		20. SIGNAT  FFICIAL:	
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

QMBs:	*Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance	Inpatient Hospital services only
Other Medicaid Recipients	*Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance	Inpatient Hospital services only
Dual Eligible (QMB Plus)	*Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance	Inpatient Hospital services only

State: Arkansas
Date Received: 8-31-15
Date Approved: 11-20-15
Date Effective 1 January, 2016
Transmittal Number: AR 15-008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSASMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CAREPayment of Medicare Part A and Part B Deductible/Coinsurance

*The payment of the Medicare Part A deductible and coinsurance for inpatient 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 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 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 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:

<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
State: Arkansas Date Received: 8-31-15 Date Approved: 11-20-15 Date Effective 1 January, 2016	\$20.00 (payable to provider) – Medicare Complete HMO