

## Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 18-0010 NIRT

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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



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**Financial Management Group**

Ms. Dawn Stehle  
State Medicaid Director  
Arkansas Department of Health and Human Services  
Division of Medical Services  
P.O. Box 1437  
Little Rock, Arkansas 72203-1437

**JUL 25 2018**

RE: AR 18-010

Dear Ms. Stehle:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 18-010. This amendment proposes to delete Hysterectomy, Appendectomy, Uncomplicated Pediatric Pneumonia and Urinary Tract Infection Episodes of Care.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Based on the information provided by the State, Medicaid State plan amendment 18-010 is approved effective July 1, 2018. We are enclosing the CMS-179 and the amended plan pages.



If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2018-010	2. STATE ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION		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: July 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.200		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 0 b. FFY 2019 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Please see attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Please see attached	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to remove four "financial" (subject to gain and risk sharing) Episodes of Care. The four episodes of care are: hysterectomy, urinary tract infection, appendectomy, and uncomplicated pediatric pneumonia. These four episodes of care have been reconfigured and will report cost and quality information not subject to gain or risk sharing.			
11. GOVERNOR'S REVIEW (Check One):			
<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: Rose M. Naff		Attention: Dave Mills	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: 5-15-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 15, 2018		18. DATE APPROVED: JUL 25 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <del>Bill Brooks</del> Kristin Fan		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:  Director, FMC			

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2018-010**

**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 1aaaaaaa

Attachment 4.19-B, Page 9aaa

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

Attachment 4.19-A, Page 11g  
Approved 07-13-16, TN 16-01

Attachment 4.19-B, Page 1aa(3)  
Approved 07-13-16, TN 16-01

Attachment 4.19-B, Page 1aaaaaaa  
Approved 07-13-16, TN 16-01

Attachment 4.19-B, Page 9aaa  
Approved 07-13-16, TN 16-01

State: Arkansas	
Date Received: May 15, 2018	
Date Approved: JUL 25 2018	
Date Effective: July 1, 2018	JUL 01 2018
Transmittal Number: 18-010	

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

Revised: July 1,  
2018

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://medicaid.mmis.arkansas.gov/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 Received: May 15, 2018
Date Approved: JUL 25 2018
Date Effective: July 1, 2018 JUL 01 2018
Transmittal Number: 18-010

TN No: 18-010	APPROVAL DATE: 7-25-2018	EFFECTIVE DATE: 07/1/2018
SUPERSEDES TN: 16-01		

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

Revised: July 1,  
2018

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://medicaid.mmis.arkansas.gov/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
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TN No: 18-010	APPROVAL DATE: 7-25-2018	EFFECTIVE DATE: 07/1/2018
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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE**

Revised: July 1,  
2018

2.b. Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic (continued)

**A. ALTERNATE PAYMENT METHODOLOGY TO 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://medicaid.mmis.arkansas.gov/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 October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Episodes
- (2) Acute Exacerbation of Asthma Episodes

Effective for dates of service on or after March 14, 2014, 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

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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

Revised: July 1,  
2018

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://medicaid.mmis.arkansas.gov/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

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- (1) Congestive Heart Failure (CHF) Episodes

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