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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 20-0009

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 10, 2020

Ms. Dawn Stehle
Deputy Director for Health and Medicaid Director
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, Arkansas 72201-4608

RE: Arkansas TN 20-0009

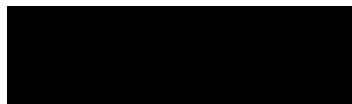
Dear Ms. Stehle:

We have reviewed the proposed Arkansas State Plan Amendment (SPA) to Attachment 4.19-B AR#20-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 14, 2020. The Arkansas Department of Human Services (DHS) proposes to increase ambulance service rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. 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

2 0 0 0 0 9

2. STATE

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

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 2020 \$ 798,487

b. FFY 2021 \$ 3,202,893

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19- B,Page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Same, Approved 05- 05- 2009 N 09- 04

10. SUBJECT OF AMENDMENT

Rate increase for ambulance services

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

Janet Mann

14. TITLE

Director, Division of Medical Services

15. DATE SUBMITTED

May 14, 2020

16. RETURN TO

Office of Rules Promulgation

PO Box 1437, Slot S295

Little Rock, AR 72203-1437

Attn: Alexandra Rouse

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

6/10/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

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

Revised: July 1, 2020

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

a. Transportation

- (1) The agency's ground transportation fee schedule rates are published on the agency's website. A uniform rate for these services is paid to all governmental and non-governmental providers unless otherwise indicated in the state plan.

Ground Ambulance: Services are reimbursed based on the lesser of the amount billed or the Title XIX (Medicaid) charge allowed.

Effective for claims with dates of service on or after March 1, 2009, the Arkansas Medicaid maximum mileage reimbursement rates are established for the Basic Life Support (BLS), Intermediate Life Support (ILS), and Advanced Life Support (ALS) ground ambulance services by using 86% of the Medicare rural base rate as of February 20, 2009, for the same services.

Effective for claims with dates of service on or after July 1, 2020, the Arkansas Medicaid maximum reimbursement rate for covered ambulance procedure codes increased based upon a routine rate study performed by DHS and its actuary.

- (2) The agency's air transportation fee schedule rates were set as of July 1, 2008, and are effective for services on or after that date. All air transportation fee schedule rates are published on the agency's website (www.medicaid.state.ar.us). A uniform rate for these services is paid to all governmental and non-governmental providers unless otherwise indicated in the state plan.

Air Ambulance: Reimbursement for jet fixed wing, turboprop fixed wing, piston fixed wing, and rotary wing air ambulance services is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charges allowed.

The Air Ambulance service maximum reimbursement rates effective July 1, 2008, and after were developed as follows:

- Rotary wing, helicopter pick-up, and per mile rates were calculated by using 85% of Medicare Urban Rates as of 5/1/08 for the same services.
- Piston fixed wing, Turbo Prop fixed wing, and Jet fixed wing mileage rates were calculated by using 85% of Medicare Urban Rates as of 5/1/08 for the same services.
- Piston fixed wing, Turbo Prop fixed wing, and Jet fixed wing hourly rates were calculated by inflating the current rates by the change in the Consumer Price Index-All Urban Consumers (CPIU – not seasonally adjusted, U.S. city average, all items) between December 1, 2000 and April 1, 2008. This hourly reimbursement rate of medical personnel and medical equipment is only for time while the aircraft is in the air, on the runway for takeoff and landing, boarding and disembarking patient and crew, and taxiing.

Effective for dates of service occurring 7/1/2008 and after, reimbursement rate maximums for the turboprop fixed wing aircraft will be \$6.54 per mile and \$215.70 per hour, the maximums for piston propelled fixed wing aircraft will be \$6.54 per mile and \$50.32 per hour and the maximums for jet propelled aircraft will be \$6.54 per mile and \$215.70 per hour. Effective for 7/1/2008 and after, reimbursement rate maximums for helicopter rotary wing aircraft will be \$17.43 per mile and \$2,462.25 per pick up (one way).

The hourly reimbursement rate is for medical personnel and medical equipment and is only for time while the aircraft is in the air, on the runway for takeoff and landing, boarding and disembarking patient and crew, and taxiing. The per mile rate is to cover the cost of transportation equipment, the salary of the pilot, and non-medical supplies.

TN: 20-0009

APPROVAL: June 10, 2020

EFFECTIVE: July 1, 2020

SUPERSEDES: 09-004