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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 23-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 6, 2023

Janet Mann
Director of Health and Medicaid Director
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) AR-23-0016

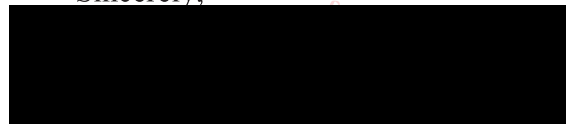
Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0016. This amendment proposes update the Third Party Liability attestation in the Arkansas Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title XIX of the Social Security Act Section 1902(a)(25). This letter is to inform you that Arkansas Medicaid SPA AR-23-0016 was approved on November 6, 2023, with an effective date of November 1, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at Lee.Herko@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

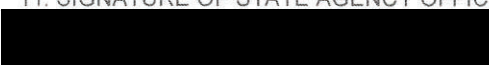
cc: Elizabeth Pittman
Anita Castleberry
Lisa Teague
Jack Tiner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 6</u>	2. STATE <u>A R</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 11/01/2023	
5. FEDERAL STATUTE/REGULATION CITATION 1902(a)(25)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 69-1 4.22-B Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW 4.22-B supersedes TN 92-0013	

9. SUBJECT OF AMENDMENT
Update to Third Party Liability attestation in Arkansas Medicaid State Plan

10. GOVERNOR'S REVIEW (Check One)

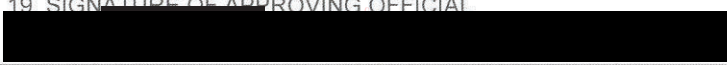
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden
12. TYPED NAME Elizabeth Pitman	
13. TITLE Director, Division of Medical Services	
14. DATE SUBMITTED 8/11/2023	

FOR CMS USE ONLY

16. DATE RECEIVED August 11, 2023	17. DATE APPROVED November 6, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
State approved pen and ink change on November 6, 2023 to update the CMS 179 to add page number 4.22-B to section 7 and TN 92-0013 to supersedes plan section 8.

November 2023

State/Territory: ARKANSAS

Citation

**Section 1902(a)(25)(E)
42 CFR 433.139(b)(3)(i)**

(1) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.

**Section 1902(a)(25)(F)
42 CFR 433.139(b)(3)(ii)**

(2) For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State will make payment for such services without regard to third party liability up to 100 days that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State Title IV-D agency, and seek reimbursement from such liable third party to the extent of legal liability.

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

**Section 1902(a)(25)(E)
42 CFR 433.139(b)(3)(i)**

(3) The State shall make payment without regard to third party liability for pediatric preventive services unless a Determination related to cost-effectiveness and access to care that warrants cost avoidance up to 90 days has been made.

Section 1902(a)(25)(E)

(4) The State will use standard coordination of benefits cost avoidance when processing claims for prenatal services, labor and delivery, and postpartum care claims.

Transmittal Number: AR-23-0016
Supersedes Transmittal Number: NEW

Approval Date: November 6, 2023
Effective Date: November 1, 2023

Revised: November 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

Requirements for Third Party Liability –
Payment of Claims

If the provider bills the Medicaid Program, he/she must certify either:

- (1) that he/she has not billed the known third party due to medical support enforcement, or
- (2) that he/she has billed the known third party but has not received payment or denial from the third party within 30 days from the date of service.

Claims submitted for payment with certification that the provider attempted to collect from the third party are extracted and written to a report produced monthly. The report is reviewed monthly using a random sampling of 10% based on the total number of claims reported. Follow-up activity is performed with the third party to ensure that payment has not been made within 30 days of the provider's date of service.

The Agency does not use threshold amounts for any cases other than Tort/Casualty cases to determine whether to seek reimbursement from a liable third party. Threshold amounts vary from \$25.00 to \$100.00 depending on the type of service. Total TPL program expense divided by the number of claims recovered (monthly figures are used) are utilized in this calculation. This limit is determined annually.

A timeframe of six months is allocated for the allowed amount on individual claims to be collected for comparison with the threshold level of each valid third party source's coverage areas. If the cumulative or individual allowed amount total exceeds the threshold level then each applicable third party source is pursued.

Medicare claims are reflected in Arkansas' MMIS as cost avoidance.

The State makes payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services (EPSDT), without regard to third party liability and seeks reimbursement from any liable third party to the extent of such legal liability.

For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State makes payment for such services without regard to third party liability up to 100 days that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State Title IV-D agency, and seeks reimbursement from such liable third party to the extent of legal liability.

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

The State makes payment without regard to third party liability for pediatric preventive services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance up to 90 days has been made.

The State will use standard coordination of benefits cost avoidance when processing claims for prenatal services, labor and delivery, and postpartum care claims.