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State/Territory Name: Arkansas

State Plan Amendment (SPA) AR-25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 8, 2025

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: TN AR-25-0003

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arkansas state plan amendment (SPA) to Attachment 4.19-B AR-25-0003, which was submitted to CMS on April 16th, 2025. This plan amendment unbundles and increases rates for prenatal, delivery and postpartum professional services by 70%.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.Bromwell@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

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 5 — 0 0 0 3	2. STATE A R
		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 July 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(5), 1905(a)(6), and 1905(a)(17) of the Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 6,763,787 b. FFY 2026 \$ 26,328,759	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ATTACHMENT 4.19-B Page 2.1		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B pg. 2.1; Approved 11/17/20; TN# 20-0023	

9. SUBJECT OF AMENDMENT

Prenatal, Delivery, and Postpartum professional fee rate change

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

1. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Elizabeth Pitman

13. TITLE

Director, Division of Medical Services

14. DATE SUBMITTED

04/16/25

15. RETURN TO

Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

Attn: Mac Golden

FOR CMS USE ONLY

16. DATE RECEIVED

April 16th, 2025

17. DATE APPROVED

July 8, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Pen and ink change to block 5 from [blank] to 1905(a)(5), 1905(a)(6), and 1905(a)(17) of the Act authorized via email on 6/30/2025.

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

Revised: July 1, 2025

5. **Physician Services (Continued)**

- F. For dates of service beginning January 1, 2021, the maximum reimbursement rate for evaluation and management codes are increased by 3 percent of the 7/1/2020 fee-for-service rate for each of these codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of evaluation and management services. The agency's fee schedule rate was set as of January 1, 2021, and is effective for services provided on or after that date. All rates are published on the [agency's website](#).
- G. For dates of service beginning July 1, 2025, the reimbursement rates for obstetrical care to include prenatal care, delivery, and postpartum care are increased by seventy percent. The increase is based on an analysis of private pay rates from state fiscal years 2023 and 2024, Arkansas Blue Cross Blue Shield and Centene. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. All rates are published on the [agency's website](#).

Effective for dates of service on or after July 1, 2020, the immunization administration fee for influenza will be based on the 2020 Medicare flu vaccine administration fee. All other immunization administration fees will be based on Medicare's 2020 physician fee schedule for the State of Arkansas. The rate is paid to all governmental and non-governmental providers, unless otherwise specified in the state plan. All rates are published at the [agency's website](#).