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State/Territory Name: Arkansas

State Plan Amendment (SPA) AR-25-0009

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

May 20, 2026

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-25-0009

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-25-0009, which was submitted to CMS on September 30, 2025. This plan amendment revises reimbursement for certain dental services, including oral and maxillofacial surgery, pediatric dental services, and services for adults with special needs.

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 September 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 solid 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 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

September 1, 2025

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

1905(a)(10) and 42 CFR 440.1

7. FEDERAL BUDGET IMPACT

a. FFY 2025 \$ \$2,383,734

b. FFY 2026 \$ \$27,897,165

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 1p1
Attachment 4.19-B, Page 1pp1
Attachment 4.19-B, Page 3b
Attachment 4.19-B, Page 3b(0.5)
Attachment 4.19-B, Page 4b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

NEW
NEW
Attachment 4.19-B, Page 3b (TN 10-0010)
NEW
Attachment 4.19-B, Page 4b (TN 10-0010)

10. SUBJECT OF AMENDMENT

Dental Rates and Annual Limit Increase

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

13. TYPED NAME

Elizabeth Pitman

14. TITLE

Director, Division of Medical Services

15. DATE SUBMITTED

09/30/2025

16. RETURN TO

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

Attn: Mac Golden

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

9/30/25

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

9/1/25

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

DRR, Director

23. REMARKS

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

September 1, 2025

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(17)(a) Dental Services, continued:

Beginning on or after September 1, 2025, reimbursement rates for oral and maxillofacial surgeons' dental services, including anesthesia; pediatric dental services, including anesthesia; and dental services for adults with special needs, including anesthesia; and excluding orthodontic services, are set to sixty (60) percent of the fiftieth percentile for national fees as determined by the 2025 edition of the National Dental Advisory Service (NDAS) Comprehensive Fee Report adjusted for Arkansas. To derive Arkansas's adjustment factor of 0.8145, the State identified and averaged the zip code multipliers for Arkansas as published in the NDAS to reflect differences in the median rates for ZIP codes representing geographic areas within the state.

The rates were calculated per CDT service code:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, currently 0.8145) x 0.60 ×
(NDAS-Reported National 50th Percentile Fee for CDT Code X), as evidenced by:
Medicaid Rate for D0120 = 0.8145 x 0.60 × \$72 = \$35.19

The State compared the new rates for affected services side-by-side to the existing fee schedule rates.

The State will review and update rates annually by using the most recent NDAS Comprehensive Fee Report and an updated Arkansas Adjustment factor according to the methodology established on September 1, 2025:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, updated for the year) x 0.60 ×
(Most current published NDAS-Reported National 50th Percentile Fee for CDT Code X)

Rates for the agency's dental fee schedule were set as of September 1, 2025, and are effective for services provided on or after that date. The fee schedule is based on sixty (60) percent of the fiftieth percentile of national fees from the National Dental Advisory Service (NDAS) Comprehensive Fee Report, adjusted for Arkansas, as described above. The State has in place a public process, which complies with the requirements of Section 1902(a)(30)(A) of the Social Security Act.

The agency's fee schedule is available to providers and the public and is published on the Medicaid agency's website at: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

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

September 1, 2025

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(17) Dental Services (Continued)

(b) Oral Surgeons (Continued)

Beginning on or after September 1, 2025, reimbursement rates for oral and maxillofacial surgeons' dental services, including anesthesia, are set to sixty percent (60%) of the fiftieth percentile for national fees as determined by the annual National Dental Advisory Service Comprehensive Fee Report adjusted for Arkansas. To derive Arkansas's adjustment factor of 0.8145, the State identified and averaged the zip code multipliers for Arkansas as published in the NDAS to reflect differences in the median rates for ZIP codes representing geographic areas within the state.

The rates were calculated per CDT service code:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, currently 0.8145) x 0.60 x (NDAS-Reported National 50th Percentile Fee for CDT Code X), as evidenced by:

Medicaid Rate for D0120 = 0.8145 x 0.60 x \$72 = \$35.19

The State compared the new rates for affected services side-by-side to the existing fee schedule rates.

The State will review and update rates annually by using the most recent NDAS Comprehensive Fee Report and an updated Arkansas Adjustment factor according to the methodology established on September 1, 2025:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, updated for the year) x 0.60 x (Most current published NDAS-Reported National 50th Percentile Fee for CDT Code X)

Rates for the agency's dental fee schedule were set as of September 1, 2025, and are effective for services provided on or after that date. The fee schedule is based on sixty (60) percent of the fiftieth percentile of national fees from the National Dental Advisory Service (NDAS) Comprehensive Fee Report, adjusted for Arkansas, as described above. The State has in place a public process, which complies with the requirements of Section 1902(a)(30)(A) of the Social Security Act.

The agency's fee schedule is available to providers and the public and is published on the Medicaid agency's website at: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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

Revised: September 1, 2025

9. Clinic Services (Continued)

(5) End-Stage Renal Disease (ESRD) Facility Services

Reimbursement is made at the lower of: (a) the provider's actual charge for the service or (b) the allowable fee from the State's ESRD fee schedule based on reasonable charge.

The Medicaid maximum is based on the 50th percentile of the Arkansas Medicare facility rates in effect March 1, 1988. Rates will be reviewed annually.

After discussion with CMS, it was determined that the Arkansas Medicare 75th percentile is considered the norm for Arkansas Medicare reimbursement. Since the State reimburses at Arkansas Medicare's 50th percentile, the reimbursement rates will not exceed Arkansas Medicare on the aggregate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers training in peritoneal self-dialysis for beneficiaries with end-stage renal disease.

Reimbursement for peritoneal self-dialysis and training has been established as follows.

The Arkansas Medicaid maximum allowable daily fee for training in continuous ambulatory peritoneal dialysis (CAPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$12.00 per day. This is the same methodology used by Medicare to calculate their CAPD training reimbursement rate.

The Arkansas Medicaid maximum allowable daily fee for training in continuous cycling peritoneal dialysis (CCPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$20.00 per day. This is the same methodology used by Medicare to calculate their CCPD training reimbursement rate.

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

September 1, 2025

10. Dental Services

Refer to Attachment 4.19-B, Item 4.b. (17a).

The agency's rates were set as of November 21, 2007 and are effective for services on or after that date. All rates are published on the agency's website at: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services. Reimbursement rate maximums are calculated at 95% of the 2007 Delta Dental Plan of Arkansas Inc.'s Premier rates. Upon CMS approval, the reimbursement rates calculated under this method will be submitted to the United States District Court for the Eastern District of Arkansas (case of Arkansas Medical Society v. Reynolds) for its approval.

Beginning on or after September 1, 2025, reimbursement rates for oral and maxillofacial surgeons' dental services, including anesthesia; pediatric dental services, including anesthesia; and dental services for adults with special needs, including anesthesia; and excluding orthodontic services, are set to sixty percent (60%) of the fiftieth percentile for national fees as determined by the annual National Dental Advisory Service Comprehensive Fee Report adjusted for Arkansas. To derive Arkansas's adjustment factor of 0.8145, the State identified and averaged the zip code multipliers for Arkansas as published in the NDAS to reflect differences in the median rates for ZIP codes representing geographic areas within the state.

The rates were calculated per CDT service code:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, currently 0.8145) x 0.60 x (NDAS-Reported National 50th Percentile Fee for CDT Code X), as evidenced by:

$$\text{Medicaid Rate for D0120} = 0.8145 \times 0.60 \times \$72 = \$35.19$$

The State compared the new rates for affected services side-by-side to the existing fee schedule rates.

The State will review and update rates annually by using the most recent NDAS Comprehensive Fee Report and an updated Arkansas Adjustment factor according to the methodology established on September 1, 2025:

Medicaid Rate for CDT Code X = (Arkansas Adjustment Factor, updated for the year) x 0.60 x (Most current published NDAS-Reported National 50th Percentile Fee for CDT Code X)

Rates for the agency's dental fee schedule were set as of September 1, 2025, and are effective for services provided on or after that date. The fee schedule is based on sixty (60) percent of the fiftieth percentile of national fees from the National Dental Advisory Service (NDAS) Comprehensive Fee Report, adjusted for Arkansas, as described above. The State has in place a public process, which complies with the requirements of Section 1902(a)(30)(A) of the Social Security Act.

The agency's fee schedule is available to providers and the public and is published on the Medicaid agency's website at: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

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

Revised: September 1, 2025

12. Prescribed drugs, dentures, prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)
- b. Dentures
- Based on contract price established through competitive bidding.
- c. Prosthetic Devices
- (1) Eye Prostheses - Refer to Attachment 4.19-B, Item 4.b.(13).
 - (2) Hearing Aids - Refer to Attachment 4.19-B, Item 4.b.(12).
 - (3) Ear Molds - Refer to Attachment 4.19-B, Item 4.b.(14).
 - (4) Pacemakers and Internal Surgical Prostheses - Reimbursed at 80% of invoice price.
 - (5) Hyperalimentation - Reimbursement according to the lower of the amount billed or the Title XIX maximum charge allowed.