

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) AR-26-0003**

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



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**Financial Management Group**

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-26-0003

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-26-0003, which was submitted to CMS on February 9, 2026. This plan amendment to revise reimbursement for continuous glucose monitors (CGMs) and related diabetic supplies by clarifying that, effective May 1, 2026, DME medical claims will no longer be reimbursed at WAC plus the applicable professional dispensing fee and will instead revert to the Medicare non-rural rate for Arkansas, while pharmacy claim types will continue to be reimbursed at WAC plus the applicable professional dispensing fee.

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 May 1, 2026. 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](mailto:Robert.Bromwell@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 3</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 <b>May, 1 2026</b>		
5. FEDERAL STATUTE/REGULATION CITATION <b>1903(i)(10); 1927(e)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2026</u> \$ <u>\$1,932,671</u> b FFY <u>2027</u> \$ <u>\$4 724 840</u>		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B, page 2g</b> <b>Attachment 4.19-B, page 2g1 (New page)</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B, page 2g; Approved 3-19-24; TN #24-0006</b> <b>Attachment 4.19-B, page 2g1 (New Page)</b>		
9. SUBJECT OF AMENDMENT <b>Continuous Glucose Monitor (CGM) Billing amendment.</b>				
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				
12. TYPED NAME Elizabeth Pitman 13. TITLE Director, Division of Medical Services 14. DATE SUBMITTED 02/09/2026		15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden		
		<b>FOR CMS USE ONLY</b>		
		16. DATE RECEIVED 02/09/2026	17. DATE APPROVED	
		<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/01/2026		19. SIGNATURE OF APPROVING OFFICIAL		
20. TYPED NAME OF APPROVING OFFICIAL Todd Mcmillon		21. TITLE OF APPROVING OFFICIAL Director, DRR		
22. REMARKS  <b>Pen and ink change to blocks 7 and 8 authorized via email on 5/8/2026. Block 7 removed Attachment 4.19-B page 2g. Block 8 removed Attachment 4.19-B, page 2g; Approved 3-19-24; TN #-0006 and added Attachment 4.19-B, page 2g1 (New Page).</b>				

STATE OF ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE

May 01, 2026

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(7) DME/Continuous Glucose Monitors.

Procedure Codes and Rates.

- A. Effective for dates of service on or after January 1, 2022, reimbursement for Continuous Glucose Monitors (CGM) and related supplies is based on the Medicare non-rural rate for the State of Arkansas (effective as of July 28, 2021, and subject to change when Medicare rates are adjusted) for the allowable procedure codes. All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. Fee schedules can be found at: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>.
- B. Effective for dates of service on or after April 1, 2024, reimbursement for Continuous Glucose Monitors (CGM) and related Diabetic Supplies including patch type insulin pumps is based on Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee. Traditional insulin pumps will remain at the Medicare non-rural rate as stated in A above.
- C. Effective for dates of service on or after May 01, 2026, Wholesale Acquisition Cost (WAC) plus applicable professional dispensing fee is no longer applicable to Durable Medical Equipment (DME) medical claim types but remains in effect for pharmacy claim types. DME medical claims reimbursement reverts to Medicare non-rural rates as described in Paragraph 7(A).