

State/Territory Name: Arkansas

State Plan Amendment (SPA) AR-26-0006

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

June 9, 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-26-0006

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-26-0006, which was submitted to CMS on March 23, 2026. The purpose of this plan amendment is to increase the Medicaid administration fee for immunization and RSV monoclonal antibody administration services from \$13.14 to \$19.54.

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 June 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


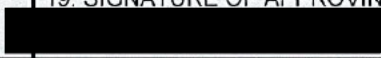
If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or via email at Robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact 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 <u>2 6 — 0 0 0 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 6/1/2026	
5. FEDERAL STATUTE/REGULATION CITATION Section 1928 of the SSA; 42 CFR 441.600-441.615		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>8,050</u> b. FFY <u>2027</u> \$ <u>32,802</u>	
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, Page 2.1	
9. SUBJECT OF AMENDMENT The proposed amendment to the Arkansas Medicaid State Plan updates the administration fee rate paid to Vaccines for Children (VFC) providers, in order to comply with the State of Arkansas's Act 634 of 2025. If approved, the proposed amendment increases the administration fee from the current rate of \$13.14 to a new rate of \$19.54.			
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 Policy & Rules 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 3/20/2026			
FOR CMS USE ONLY			
16. DATE RECEIVED 3/23/2026		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2026		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

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

Revised: June 1, 2026

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 at:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>
- 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 at:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

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 at:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>

For dates of service on or after June 1, 2026, the administration fee for an immunization or monoclonal antibody for protection against respiratory syncytial virus (RSV) disease in infants and toddlers is \$19.54, which represents 100 percent of the maximum administration fee established for Arkansas under the Vaccines for Children (VFC) Program, as published in the Federal Register, Vol. 77, No. 215, November 6, 2012 (Table 1—Regional Maximum Administration Fee by State, p. 66690), available at <https://www.govinfo.gov/content/pkg/FR-2012-11-06/pdf/2012-26507.pdf>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of immunization and monoclonal antibody administration services.