### **Table of Contents**

## State/Territory Name: Arkansas

# State Plan Amendment (SPA) #: 13-28

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 30, 2013

Our Reference: SPA-AR-13-28

Dr. Andrew Allison State Medicaid Director Arkansas Department of Health and Human Services P.O. Box 1437 Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-28. The Arkansas Title XIX State Plan has been amended to increase the Medicaid maximum reimbursement rate for the ParaGard Intrauterine Copper Contraceptive Intrauterine Device (IUD). Arkansas is approved to increase the current rate for this IUD from \$344 to \$598, which is 100% of the manufacturer's list price as of April 15, 2011.

Transmittal Number 13-28 is approved with an effective date of January 1, 2014, as requested. A copy of the HCFA-179, Transmittal No. 13-28 dated October 9, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks Associate Regional Administrator Division of Medicaid and Children's Health

Enclosure

	1 TD ANGLUTT AL NUR OED	OMB NO. 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2013-028	ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$171,450 b. FFY 2015 \$228,600	
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTIC
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Page 1v	Attachment 4.19-B, Page 1v, Approved	09-07-10, TN 10-05
0. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to increase the Med Copper Contraceptive IUD. 1. GOVERNOR'S REVIEW (Check One): ⊠ GOVERNOR'S OFFICE REPORTED NO COMMENT	licaid maximum reimbursement rate for the form of the	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		ITIED.
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Services	
3. TYPED NAME:	_ PO Box 1437, Slot S295	
Andrew Allison, PhD	Little Rock, AR 72203-1437	
4. TITLE:	Attention: Glenda Higgs	
Director, Division of Medical Services	88-	
5. DATE SUBMITTED:		
Detober 9, 2013 FOR REGIONAL OF	FICE USE ONLY	
7. DATE RECEIVED:	18. DATE APPROVED:	
October 9, 2013	December 30, 2013	
PLAN APPROVED – ONE		
9. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATU DFI	FICIAL:
1. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Admir Division of Medicaid & Cl	
<ol> <li>REMARKS: This SPA was originally transmitted to CMS as AR 13-014. SPA was ren 4.</li> </ol>	umbered as 13-028 to avoid duplicate nur	nbers with MAGI SP4

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

#### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -**OTHER TYPES OF CARE Revised:**

January 1, 2014

**Family Planning Services** 4.c.

> Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. State developed fee schedule rates are the same for both public and private providers.

1. The Title XIX (Medicaid) maximum for Family Planning services is 100% of the current physician Medicaid maximum.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rate, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

2. Intrauterine Devices (IUDs)

> Effective for claims with dates of service January 1, 2014 and after, the intrauterine device (IUD) is reimbursed based on 100% of the manufacturer's list price as of April 15, 2011. Effective for claims with dates of service July 1, 2010 and after, the levongestrel releasing IUD is reimbursed based on 100% of the manufacturer's list price as of May 5, 2010.

State: Arkansas Date Received: 10/9/13 Date Approved: 12/30/13 Date Effective: 1/1/2014 Transmittal Number: 13-28