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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 14-06

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Room 714
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 19, 2014

Dawn Zekis
Acting Arkansas Medicaid Director
700 Main Street,
PO Box 1437
Little Rock, Arkansas 72203-1437

RE: SPA TN# AR 14-06

Dear Ms. Zekis:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 14-06. With the approval of TN 14-06, CMS has reviewed and approved the State's request to increase the Medicaid maximum reimbursement rate for the Mirena IUD and adding Medicaid coverage to include the Skyla IUD to long term family planning services under the Arkansas State Plan.

TN 14-06 is approved with an effective date of October 1, 2014, as requested. A signed and dated copy of the TN 14-06 summary is enclosed, along with the approved plan pages and their attachments.

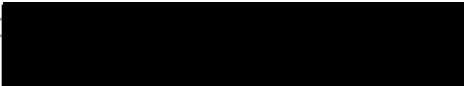
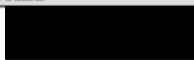
If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2014-006	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$344,714 b. FFY 2015 \$344,714	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1v		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same, Approved 12-30-13, TN 13-28	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to increase the Medicaid maximum reimbursement rate for the 52 mg Levonorgestrel-releasing Intrauterine Contraceptive System (Mirena IUD) and also expanding Medicaid coverage to include the 13.5 mg Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla IUD).			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Glenda Higgs	
13. TYPED NAME: Dawn Zekis			
14. TITLE: Interim Director, Division of Medical Services			
15. DATE SUBMITTED: June 9, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9 June, 2014		18. DATE APPROVED: 19 June, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

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

Revised: October 1, 2014

4.c. Family Planning Services

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 **October 1, 2014** and after, the **52 mg** Levonorgestrel-Releasing **Intrauterine Contraceptive System** is reimbursed based on 100% of the manufacturer's list price as of **November 18, 2013**. **Effective for claims with dates of service October 1, 2014 and after, the 13.5 mg Levonorgestrel-Releasing Intrauterine Contraceptive System is reimbursed based on 100% of the manufacturer's list price as of January 1, 2013.**

State: Arkansas
Date Received: 6/9/14
Date Approved: 6/19/14
Date Effective: 10/1/14
Transmittal Number: 14-06

TN: 14-06 Date Approved: 6-19-14
Supersedes TN: 13-28

Date Effective: 10-1-14