ARKANSAS REGISTER



Transmittal Sheet

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	www.sos.arkansas.gov	
For Office Use Only: Effective Date	Code Number	
Name of Agency Department of Human	n Services	
Department Division of Medical Servi	ces	
Contact Mac E. Golden	E-mail_Mac.E.Golden@dhs.arkansas.gov_Phone_	501.320.6383
Statutory Authority for Promulgating Rul	es Arkansas Code §§ 20-76-201, 20-77-1	
Rule Title: Long Acting Rever	rsible Contraceptive Rate Increase	
Intended Effective Date (Check One)		Date
Emergency (ACA 25-15-204)	Legal Notice Published	October 7, 2022
10 Days After Filing (ACA 25-15-204)	Final Date for Public Comment	November 5, 2022
Other 01-01-2023 (Must be more than 10 days after filing date.)	Reviewed by Legislative Council	December 16, 2022
(Must be more than 10 days after filing date.)	Adopted by State Agency	January 01, 2023
Electronic Copy of Rule e-mailed from: (Require	ed under ACA 25-15-218)	
9	gue@dhs.arkansas.gov	12-19-2022
Contact Person	E-mail Address	Date
I Hereby Cert	ON OF AUTHORIZED OFFICER ify That The Attached Rules Were Adopted rkansas Administrative Act. (ACA 25-15-201 et. seq.)	
S. Cla	beld Figure Signature	
501-244-2944	elizabeth.pitman@dhs.arkansas.g	
Phone Number Director, Division	E-mail Address of Medical Services	
	Title	
December 19, 20	22 Date	

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

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATESOTHER TYPES OF CARE

Revised: January 1, 2023

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 one hundred percent (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 rates, 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. Long-Acting Reversible Contraceptives (LARCs)

Effective for claims with dates of service January 1, 2014 and after, the intrauterine device (IUD) is reimbursed based on one hundred percent (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 fifty-two milligrams (52) mg Levonorgestrel-Releasing Intrauterine Contraceptive System is reimbursed based on one hundred percent (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 one hundred percent (100%) of the manufacturer's list price as of January 1, 2013.

Effective for claims with dates of service **January 1, 2023,** and after, the reimbursement of Food and Drug Administration approved Long-Acting Reversible Contraceptives (LARCs) to include the IUD and contraceptive implants, will be based on Wholesale Acquisition Cost **plus six percent (6%).** Reimbursement will also apply to replacement of LARCs per manufacturer recommendations, or sooner if medically necessary. Reimbursement information can be found at the following Physician FeeSchedule.

TN: 22-0021 Effective: 01/01/23 Supersedes TN: 21-0004 Approved: December 14, 2022