

TOC Required**217.220 Other Contraceptive Methods****12-01-21**

Additional contraceptive methods covered by Medicaid are:

- A. Contraceptive implant systems, their implantations and removal,
- B. Intrauterine devices (IUD) and
- C. Depo-Provera injections

TOC Required

214.333 Contraception 12-01-21

- A. Prescription and Non-Prescription Contraceptives
 - 1. Medicaid covers birth control pills and other prescription contraceptives as a family planning prescription benefit.
 - 2. Medicaid covers non-prescription contraceptives as a family planning benefit when a physician writes a prescription for them.
- B. Contraceptive Implant Systems.
 - 1. Medicaid covers the contraceptive implant systems, including implants and supplies.
 - 2. Medicaid covers insertion, removal and removal with reinsertion.
- C. Intrauterine Device (IUD)
 - 1. Medicaid pays for IUDs as a family planning benefit.
 - 2. Alternatively, Medicaid reimburses physicians that supply the IUD at the time of insertion.
 - 3. Medicaid pays physicians for IUD insertion and removal.
- D. Medroxyprogesterone Acetate
Medicaid covers medroxyprogesterone acetate injections for birth control.
- E. Sterilization
 - 1. All adult (21 or older) male or female Medicaid beneficiaries who are mentally competent are eligible for sterilization procedures as long as they remain Medicaid-eligible.
 - 2. Medicaid covers Occlusion by Placement of Permanent Implants. Coverage includes the procedure, the implant device and follow-up procedures as specified in Section 252.430.
 - 3. Refer to Sections 252.430 through 252.431 of this manual for family planning procedure codes and billing instructions for family planning services.

TOC Required**215.250****Contraception****12-01-21**

- A. Prescription and Non-Prescription Contraceptives
 - 1. Medicaid pays for birth control pills and other prescription contraceptives as a family planning prescription benefit.
 - 2. Medicaid pays for non-prescription contraceptives as a family planning benefit, when a certified nurse-midwife writes a prescription for them.
- B. Contraceptive Implant Systems
 - 1. Medicaid covers the contraceptive implant systems, including implants and supplies.
 - 2. Medicaid covers insertion, removal and removal with reinsertion.
- C. Intrauterine Devices (IUDs)
 - 1. Medicaid pays for IUDs as a family planning benefit.
 - 2. Alternatively, Medicaid reimburses physicians, nurse practitioners, certified nurse-midwives and clinics who supply the IUD at the time of insertion.
 - 3. Medicaid pays physicians, nurse practitioners, certified nurse-midwives and clinics for IUD insertion and removal.
- D. Medroxyprogesterone Acetate
 - 1. Medicaid covers medroxyprogesterone acetate injections for birth control.

TOC Required

216.513 Contraception 12-01-21

- A. Prescription and Non-Prescription Contraceptives
 - 1. Medicaid covers birth control pills and other prescription contraceptives as a family planning prescription benefit.
 - 2. Medicaid covers non-prescription contraceptives as a family planning benefit when a physician writes a prescription for them.
- B. Contraceptive Implant Systems
 - 1. Medicaid covers the contraceptive implant systems, including implants and supplies. However, the Arkansas Medicaid family planning Aid Category 69 (FP-W) does not cover this device. However, Medicaid covers the removal of this device.
 - 2. Medicaid covers insertion, removal and removal with reinsertion.
- C. Intrauterine Device (IUD)
 - 1. Medicaid pays for IUDs as a family planning benefit.
 - 2. Alternatively, Medicaid reimburses hospitals that supply the IUD at the time of insertion.
 - 3. Medicaid pays hospitals for IUD insertion and removal.
 - 4. Outpatient Global Surgery rules apply. See Section 272.160.
- D. Medroxyprogesterone Acetate

Medicaid covers medroxyprogesterone acetate injections for birth control.
- E. Sterilization
 - 1. All adult (21 or older) male or female Medicaid beneficiaries who are mentally competent are eligible for sterilization procedures as long as they remain Medicaid-eligible.
 - 2. Medicaid covers Occlusion by Placement of Permanent Implants. Coverage includes the procedure, the implant device and follow-up procedures as specified in Section 216.515.
 - 3. Refer to Section 216.514 of this manual for Medicaid policy regarding sterilization.
 - 4. Refer to Sections 216.100, 216.130-216.132, 216.510-216.515, and 216.540-216.550 of this manual for family planning procedure codes and billing instructions for family planning services.

243.500

Contraception

12-01-21

- A. Prescription and Non-Prescription Contraceptives
 - 1. Medicaid covers birth control pills and other prescription contraceptives as a family planning prescription benefit.
 - 2. Medicaid covers non-prescription contraceptives as a family planning benefit when a physician writes a prescription for them.
- B. Contraceptive Implant Systems
 - 1. Medicaid covers the contraceptive implant systems, including implants and supplies.
 - 2. Medicaid covers insertion, removal and removal with reinsertion.
- C. Intrauterine Device (IUD)
 - 1. Medicaid pays for IUDs as a family planning benefit.
 - 2. Alternatively, Medicaid reimburses physicians that supply the IUD at the time of insertion.
 - 3. Medicaid pays physicians for IUD insertion and removal.
- D. Medroxyprogesterone Acetate

Medicaid covers medroxyprogesterone acetate injections for birth control.
- E. Sterilization
 - 1. All adult (21 or older) male or female Medicaid beneficiaries who are mentally competent are eligible for sterilization procedures as long as they remain Medicaid-eligible.
 - 2. Medicaid covers Occlusion by Placement of Permanent Implants. Coverage includes the procedure, the implant device and follow-up procedures as specified in Section 292.553.
 - 3. Refer to Section 251.290 of this manual for Medicaid policy regarding sterilization.
 - 4. Refer to Sections 292.550 through 292.553 of this manual for family planning procedure codes and billing instructions for family planning services.

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

Revised: December 1, 2021

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 December 1, 2021, 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 as of December 1, 2021. 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 Fee Schedule](#).

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** 501-682-8155 **EMAIL:** Jason.Callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE State Plan Amendment 2021-0004 Long-Acting Reversible Contraceptives (LARCs); Physician 1-21; Hospital 3-21; CNM 2-21; Nursepra 3-21; Rurlhlth 2-21

- 1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

- 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No

- 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency’s statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- er (a) What is the cost to implement the federal rule or regulation?

<u>Current Fiscal Year</u>		<u>Next Fiscal Year</u>	
General Revenue	\$ _____	General Revenue	\$ _____
Federal Funds	\$ _____	Federal Funds	\$ _____
Cash Funds	_____	Cash Funds	_____

Special Revenue _____
 Other (Identify) _____
 Total \$ _____

Special Revenue _____
 Other (Identify) _____
 Total \$ _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue \$ 68,190
 Federal Funds \$ 613,709
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$ 681,899

General Revenue \$ 116,897
 Federal Funds \$ 1,052,073
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$ 1,168,970

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 68,190

\$ 116,897

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose; **Reimbursement for IUD's and LARC's will be based on Wholesale Acquisition Costs.**
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; **Reimburse providers for cost of the device.**
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs; **Reimbursement is less than cost.**
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **NONE**
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **None at this time.**
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and **N/A**
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
- (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives. **The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.**