STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 4.19-B Page 2d(1)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Revised: August 01, 2024

- 7. Home Health Services (continued)
 - c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (Continued)
 - (1) Medical Supplies (continued)

Effective August 1, 2024, specialized formula and associated supplies prescribed for enteral nutrition will be reimbursed at the lesser of one hundred percent (100%) of the non-rural Medicare rate for Arkansas, or eighty percent (80%) of the Arkansas Blue Cross Blue Shield rates with the minimum threshold set at eighty percent (80%) of the Medicare rate.

The applicable fee schedule of rates at any given time are published on the agency's website (Fee Schedules - Arkansas Department of Human Services). A uniform rate for these services is paid to all governmental and nongovernmental providers unless otherwise approved in the state plan.

TN: 24-0017 Approved: December 10, 2024 Effective: 08/01/24

Supersedes: None - New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 4.19-B Page 2e(1)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Revised: August 1, 2024

- 7. Home Health Services (continued)
 - c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (Continued)
 - (2) Durable Medical Equipment (DME) (continued)

Effective August 1, 2024, equipment prescribed for administering enteral nutrition will be reimbursed at the lesser of one hundred percent (100%) of the non-rural Medicare rate for Arkansas, or eighty percent (80%) of the Arkansas Blue Cross Blue Shield rates with the minimum threshold set at eighty percent (80%) of the Medicare rate.

The applicable fee schedule of rates **at any given time** are published on the agency's website (Fee Schedules - Arkansas Department of Human Services). A uniform rate for these services is paid to all governmental and nongovernmental providers unless otherwise approved in the state plan.

TN: 24-0017 Approved: December 10, 2024 Effective: 08/01/24

Supersedes: None - New

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

	PARTMENT
	ARD/COMMISSION
PER	SON COMPLETING THIS STATEMENT
TEL.	EPHONE NOEMAIL
email	omply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and lit with the questionnaire, summary, markup and clean copy of the rule, and other documents. se attach additional pages, if necessary.
TITI	LE OF THIS RULE
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 no, please explain:
	(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 reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and
	(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.
4.	If the purpose of this rule is to implement a <i>federal</i> rule or regulation, please state the following:

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

Current Fiscal Year	Next Fiscal Year
General Revenue	General Revenue
Federal Funds	Federal Funds
Cash Funds	Cash Funds
Special Revenue	Special Revenue
Other (Identify)	Other (Identify)
Total	Total
(b) What is the additional cost of the st	rate rule?
Current Fiscal Year	Next Fiscal Year
General Revenue	General Revenue
Federal Funds	Federal Funds
Cash Funds	Cash Funds
Special Revenue	Special Revenue
Other (Identify)	Other (Identify)
Total	Total
	al year to any private individual, private entity, or private aded, or repealed rule? Please identify those subject to the l. Next Fiscal Year
\$	\$
What is the total estimated cost by fisca implement this rule? Is this the cost of is affected.	\$al year to a state, county, or municipal government to the program or grant? Please explain how the government
What is the total estimated cost by fisca implement this rule? Is this the cost of	\$

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;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (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:
- (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;
- (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;
- (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
- (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.

FINANCIAL IMPACT STATEMENT ADDENDUM

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 X 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;

Department of Human Services, Division of Medical Services is changing the rate methodology for reimbursing specialized formula, hyperalimentation (enteral) formula, and associated supplies. Arkansas Medicaid also will cover specific supplies for hyperalimentation providers not currently covered (Bolus Syring and Gravity Bags). The revision is necessary to ensure reimbursement is enough to cover costs, thereby retaining an adequate number of providers to ensure access to address beneficiaries' needs.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Revise covered specialized formula, hyperalimentation (enteral) formula, and associated supply rates within the Medicaid State Plan to reflect the lesser of one hundred percent (100 %) of Medicare non-rural rates for Arkansas, or eighty percent (80%) of Blue Cross Blue Shield rates, with a minimum threshold set at eighty percent (80%) of the Medicare non-rural rate in compliance with the access rule published at CFR 447.203 (C)(1).

- (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:

N/A

(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;

N/A

(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;

N/A

(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.