

# Division of Medical Services

## Rate Review Plan



# Rate Review Objective

- Ensure Rates are Sufficient and Support Access to Quality Care
- Provide Payment Transparency and Comply with Access Rule Requirements: **42 CFR §447.203(b)**
- Maintain Budget Neutrality and Medicaid Sustainability

# Rate Review Approach

- Select Provider Types for Review
- Review Claim Utilization Data from the Prior Year
- Select Procedure Codes that Account for Approximately 70% of Utilization for Review
- Identify Six Medicaid States of Similar Size and Demographics (**Kansas, Mississippi, Missouri, Nevada, New Mexico and Oklahoma**), Medicare and Arkansas Blue Cross Blue Shield for Rate Benchmarking, where Applicable

# Rate Review Approach (Cont.)

- Conduct Provider Surveys
  - Request Provider Input on comparison states and codes list
  - Request Cost Information – Have Costs Increased or Decreased
  - Request information on payor mix
- Review Arkansas Medicaid Reimbursements for Care or Service
- Analyze Utilization and Access to Care, including network adequacy.
- Analyze Quality Indicators

# Rate Reviews Excluded

- The following Rate Reviews were Excluded from this Plan because they have existing Standard Rate Setting Methodologies:
  - Therapeutic Communities & Residential Community Reintegration (Last RR Completed 9/2021)
  - Federally Qualified Health Centers (Last RR Completed 5/2022)
  - Rural Health Clinics (Last RR Completed 5/2022)
  - Intermediate Care Facilities for IDD
  - Skilled Nursing Facilities
  - Assisted Living Facilities
- Hospital (Acute Care Inpatient; Psychiatric Hospital; Rehabilitation Inpatient; Hospital Outpatient) were also excluded because there is ongoing analysis and discussion with our Actuaries and the Arkansas Hospital Association



# Exclusive PASSE HCBS Services

- Because these services are paid exclusively through the PASSE model, they will be on a separate rate review track.
- Services to be looked at include:
  - CES Waiver services
  - HCBS services for children's behavioral health
- The goal of this review is to set a standard baseline for what the service is worth.
- The review is anticipated to start on March 1, 2025.



# Rate Review Project Plan

The Following Sides will detail the Rate Review Project. This will include the following elements:

- Task ID
- Task Name (Type of Provider Services)
- Start Date
- Projected End Date
- Current Status
- Last Revised

# Rate Review Project Plan – Phase 1

## Phase 1

| Task ID | Task Name   | Start Date | Projected End Date | Current Status                               | Last Revised |
|---------|---|------------|--------------------|--|--------------|
| 1.1     | Dental (Last RR Completed 3/2020)*  | 10/11/2024 | 1/31/2025          | Report Completed                             | 7/1/2025     |
| 1.2     | Personal Care/ARChoices Attendant & Respite Care (Last RR Completed 8/2020); Independent Choices Personal Care (Last RR Completed 8/2020); ARChoices - except Attendant & Respite Care (Rate Review Completed 3/2023) | 1/2/2025   | 7/31/2025          | Report in Progress-<br>Final Draft in Review | 7/16/2025    |

\*Started early as part of Medicaid's transition from Managed care to FFS.





# Rate Review Project Plan – Phase 2

## Phase 2

| Task ID | Task Name  | Start Date | Projected End Date | Current Status                                | Last Revised |
|---------|--|------------|--------------------|---|--------------|
| 2.1     | EIDT & ADDT (Last RR Completed 7/2020)                                   | 4/1/2025   | 7/31/2025          | Report In Progress-<br>Pending Survey Results | 7/16/2025    |
| 2.2     | Ambulance (Last RR Completed 7/2019, UPL completed between rate reviews) | 4/1/2025   | 8/15/2025          | Report In Progress-<br>Pending Survey Results | 7/16/2025    |

\*Started early as part of Medicaid's transition from Managed care to FFS.



# Rate Review Project Plan – Phase 3

## Phase 3

| Task ID | Task Name  | Start Date | Projected End Date | Current Status   | Last Revised |
|---------|--|------------|--------------------|--|--------------|
| 3.1     | Durable Medical Equipment<br>(Last RR Completed 7/2021, for<br>Prosthetics only) | 7/1/2025   | 9/30/2025          | Report Process Initiated-<br>Researching-and Provider<br>Survey Under<br>Development | 7/16/2025    |
| 3.2     | Home Hospice (Last RR<br>Completed 10/2019)                                      | 7/1/2025   | 9/30/2025          | Report Process Initiated-<br>Researching-and Provider<br>Survey Under<br>Development | 7/16/2025    |

# Rate Review Project Plan – Phase 4

## Phase 4

| Task ID | Task Name   | Start Date | Projected End Date | Current Status | Last Revised |
|---------|---|------------|--------------------|----------------|--------------|
| 4.1     | Physician: Primary Care, Non-Primary Care, Nurse Anesthetist, Nurse Midwife, Nurse Practitioner and Physician Assistant | 10/1/2025  | 12/31/2025         | Pending        | 7/16/2025    |
| 4.2     | Global OB/GYN   | 10/1/2025  | 12/31/2025         | Pending        | 7/16/2025    |



# Rate Review Project Plan – Phase 5

## Phase 5

| Task ID | Task Name   | Start Date | Projected End Date | Current Status | Last Revised |
|---------|---|------------|--------------------|----------------|--------------|
| 5.1     | Chiropractor (Last RR Completed 3/2021)                               | 1/2/2026   | 3/31/2026          |                |              |
| 5.2     | Physical, Speech, & Occupational Therapies (Last RR Completed 6/2021) | 1/2/2026   | 3/31/2026          |                |              |

# Rate Review Project Plan – Phase 6

## Phase 6

| Task ID | Task Name  | Start Date | Projected End Date | Current Status | Last Revised |
|---------|--|------------|--------------------|----------------|--------------|
| 6.1     | Home Health Services (Last RR Completed 12/2022) | 4/1/2026   | 6/30/2026          |                |              |
| 6.2     | Lab & Radiology (Last RR Completed 12/2022)      | 4/1/2026   | 6/30/2026          |                |              |

# Rate Review Project Plan – Phase 7

## Phase 7

| Task ID | Task Name  | Start Date | End Date  | Current Status | Last Revised |
|---------|--|------------|-----------|----------------|--------------|
| 7.1     | Audiology (Last RR Completed 12/2022)              | 7/1/2026   | 9/30/2026 |                |              |
| 7.2     | End Stage Renal Disease (Last RR Completed 8/2022) | 7/1/2026   | 9/30/2026 |                |              |



# Rate Review Project Plan – Phase 8

## Phase 8

| Task ID | Task Name  | Start Date | End Date   | Current Status | Last Revised |
|---------|--|------------|------------|----------------|--------------|
| 8.1     | Ambulatory Surgical Centers<br>(Last RR Completed 6/2022)    | 10/1/2026  | 12/31/2026 |                |              |
| 8.2     | Counseling and Crisis Services<br>(Last RR Completed 8/2022) | 10/1/2026  | 12/31/2026 |                |              |

# Rate Review Project Plan – Phase 9

## Phase 9

| Task ID | Task Name  | Start Date | Projected End Date | Current Status | Last Revised |
|---------|--|------------|--------------------|----------------|--------------|
| 9.1     | Private Duty Nursing (Rate Review Completed 2/2023, updated 2/2024 ) | 1/4/2027   | 3/31/2027          |                |              |
| 9.2     | Optometry/Vision (Rate Review Completed 2023)                        | 1/4/2027   | 3/31/2027          |                |              |





# Rate Review Project Plan – Phase 10

## Phase 10

| Task ID | Task Name   | Start Date | Projected End Date | Current Status | Last Revised |
|---------|---|------------|--------------------|----------------|--------------|
| 10.1    | Pharmacy (Rate Review Completed 3/2023)               | 4/1/2027   | 6/30/2027          |                |              |
| 10.2    | Target Case Management (Rate Review Completed 3/2023) | 4/1/2027   | 6/30/2027          |                |              |



# Rate Review Project Plan – Phase 11

## Phase 11

| Task ID | Task Name  | Start Date | End Date  | Current Status | Last Revised |
|---------|--|------------|-----------|----------------|--------------|
| 11.1    | Developmental Therapy Services (Rate Review Completed 3/2023)                      | 7/1/2027   | 9/30/2027 |                |              |
| 11.2    | Autism Services (Waiver and Applied Behavioral Analysis, Last Completed Fall 2024) | 7/1/2027   | 9/30/2027 |                |              |



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