

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

ATTACHMENT 4.19-B
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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.

RECEIVED
12 DEC 2024
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Revised: [August 01, 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.