

State of Arkansas
89th General Assembly
Regular Session, 2013

As Engrossed: S4/4/13
A Bill

HOUSE BILL 1968

By: Representative Westerman

By: Senator Irvin

For An Act To Be Entitled

AN ACT TO CREATE THE ACCESS TO CARE ACT; TO LOWER THE
COST OF CARE AND INCREASE ACCESS TO CARE FOR MEDICAID
PATIENTS; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE ACCESS TO CARE ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is amended to add an additional section to read as follows:

20-77-125. Ambulatory surgery centers – Medicaid reimbursement.

(a) As used in this section:

(1) "Ambulatory surgery center" means a distinct entity certified by Medicare as an ambulatory surgery center that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization;

(2) "Ambulatory Surgery Center Medicaid Procedure Code" means appropriate procedures that do not appear on the Medicare hospital inpatient only list or Medicaid hospital inpatient-only list and that are medically necessary and not solely for cosmetic treatment or surgery;

(3) "Ambulatory Surgery Center Medicaid Reimbursement Formula for Appropriate Implantable Devices" means appropriate implantable devices used during appropriate procedures is reimbursed at a pass-through cost if the combined cost of the appropriate implantable devices is greater than fifty percent (50%) of the reimbursement for the ambulatory surgery center Medicaid



procedure code;

(4) "Ambulatory Surgery Center Medicaid Reimbursement Rate for Appropriate Procedures" means eighty percent (80%) of Hospital Outpatient Procedure Department Medicare reimbursement for Ambulatory Surgery Center Medicaid Procedure Codes;

(5) "Appropriate implantable devices" means a device used during an appropriate procedure;

(6) "Appropriate procedure" means a procedure that is not on the Medicaid inpatient-only list or Medicare inpatient-only list;

(7) "Healthcare Financing Administration Common Procedure Coding System" means the coding system under the Centers for Medicare and Medicaid Services;

(8) "Hospital inpatient-only list" means procedures that should be performed on an inpatient basis for the Medicare population due to one (1) or more of the following reasons:

(A) The nature of the procedure;

(B) The need for at least twenty-four (24) hours of postoperative care; and

(C) The underlying physical condition of those patients most often having the particular procedure.

(9) "Hospital outpatient procedure department" means a hospital-based ambulatory surgery center that bills in accordance with the Outpatient Hospital Services Provider Guide; and

(10) "Relative Value Unit" means a service unit value measured in relation to the values of other services and involving a Current Procedural Terminology code that, when multiplied by the conversion factor and a geographical adjustment, creates the compensation level for a particular service.

(b) The purpose of this bill is to decrease the cost of Medicaid while increasing access to care to Arkansas's Medicaid population.

(c)(1) An appropriate procedure may be performed at an ambulatory surgery center or a hospital outpatient procedure department.

(2) If an appropriate procedure is performed at an ambulatory surgery center or at a hospital outpatient procedure department, the appropriate procedure and any appropriate implantable devices shall be billed using the Ambulatory Surgery Center Medicaid Procedure Codes and reimbursed

pursuant to the Ambulatory Surgery Center Medicaid Reimbursement Rate For Appropriate Procedures and the Ambulatory Surgery Center Medicaid Reimbursement Formula For Appropriate Implantable Devices.

(d) If an Ambulatory Surgery Center Medicaid Procedure Code is not on the Medicaid hospital inpatient only list but is on the Medicare hospital inpatient only list, the Ambulatory Surgery Center Medicaid Reimbursement Rate For Appropriate Procedures shall be eighty percent (80%) of the Medicare Hospital outpatient procedure department reimbursement for a comparable procedure, based on Relative Value Unit that is not on the Medicare hospital inpatient only list.

/s/Westerman

APPROVED: 04/18/2013