

EXHIBIT E

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
 DIVISION Division of Medical Services
 DIVISION DIRECTOR Andrew Allison, PhD
 CONTACT PERSON Ward Hanna
 ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
 PHONE NO. 320-6201 FAX NO. 682-2480 E-MAIL ward.hanna@arkansas.gov
 NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland
 PRESENTER E-MAIL marilyn.strickland@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?
 State Plan Amendment #2012-003; Section I 7-12 and Section V 11-12
2. What is the subject of the proposed rule?
 In accordance with the 1902(a)(77), 1902(a)(39) and 1902(kk) of the Social Security Act the provider enrollment and screening processes are being revised to bring the Arkansas Medicaid Program in compliance with federal regulations regarding screening processes and enrollment fees.
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No ____.
If yes, please provide the federal rule, regulation, and/or statute citation.
 42 CFR 455 Subpart E
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
 Yes ____ No X.
 If yes, what is the effective date of the emergency rule? _____
 When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes _____ No _____

5. Is this a new rule? Yes ____ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No _____ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The enrollment and screening processes are being revised to bring the Arkansas Medicaid Program in compliance with new federal regulations that require that States impose and collect an enrollment fee on each institutional provider of medical or other item services or suppliers who are not previously enrolled in Medicare and to conduct pre and post enrollment on site visits based on moderate and high risk categories.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes _____ No X
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

April 16, 2013

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

July 1, 2013

12. Do you expect this rule to be controversial? Yes ____ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT

TELEPHONE NO. 682-8489 FAX NO. 682-2480 EMAIL: sharon.jordan@arkansas.gov

To comply with Act 1104 of 1995, 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 #2012-003; SECTION I 7-12 AND SECTION V 11-12

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

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes X No _____.

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue \$ 36,948
Federal Funds \$110,845
Cash Funds _____
Special Revenue _____
Other (Identify) _____
Total \$147,794

General Revenue \$ 39,982
Federal Funds \$119,946
Cash Funds _____
Special Revenue _____
Other (Identify) _____
Total \$159,928

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party 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 the agency to implement this rule? Is this the cost of the program or grant? Please explain.

The numbers below outline the projected annual expenses to administer this program. FY 2013 projected annual expenses (\$379,760) minus FY 2013 projected annual receipts (\$231,967) will equal the total costs for the program. The same formula is used for the Next Fiscal Year.

Current Fiscal Year

Next Fiscal Year

\$379,760

\$395,142

Summary for State Plan Amendment #2012-003;
Section I 7-12 and Section V 11-12

The purpose of the proposed rule is to comply with 1902(a)(77), 1902(a)(39) and 1902(kk) of the Social Security Act which implements new screening methods and imposes an enrollment fee on institutional providers who are not already enrolled in Medicare. Pre-enrollment and post enrollment on-site visits will be made based on moderate and high risk categories of providers.

ECONOMIC IMPACT STATEMENT

(As Required under Arkansas Code 25-15-301)

Department: Arkansas Department of Human Services

Division: Medical Services

Person Completing this Statement: Ward Hanna

Telephone Number: 501-320-6201 Fax Number: (501) 682-8304

EMAIL: ward.hanna@arkansas.gov

Short Title: Provider Screening and Enrollment

- (1) The type or types of small businesses that will be directly affected by the proposed rule, bear the cost of the proposed rule, or directly benefit from the proposed rule.
Institutional providers of medical services will be charged the fee. Those providers not required to pay the fee include: Individual physicians or non-physician practitioners; physician or non-physician practitioner group practices; providers enrolled in Medicare or another state's Medicaid or Children's Health Insurance Program; and providers that have paid the application fee to a Medicare contractor or another state. 33,670 providers are enrolled in Arkansas Medicaid. 2,164 of the total are expected to pay the fee.
- (2) A description of how small businesses will be adversely affected.
The enrollment fee for FY 2013 is \$523. The fee is assessed upon enrollment every five (5) years.
- (3) A reasonable determination of the dollar amounts the proposed rule will cost small businesses in terms of fees, administrative penalties, reporting, recordkeeping, equipment, construction labor, professional services, revenue loss, or other costs associated with compliance.
Approximately \$523 every five (years). The fee is adjusted by the federal government annually.
- (4) A reasonable determination of the dollar amounts of the costs to the agency of implementing the proposed rule, as well as the financial benefit to the agency of implementing the rule.
Staffing and related costs to administer the program is \$379,760.
- (5) Whether and to what extent alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses and why such alternatives are not being proposed.
Not Applicable.
- (6) A comparison of the proposed rule with federal and state counterparts.
Not Applicable