

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 Andrew Allison or Marilyn Strickland
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8292 FAX NO. 682-2480 E-MAIL andy.allison@arkansas.gov or
marilyn.strickland@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?

Official Notice #003-12 & Section I 2-12

2. What is the subject of the proposed rule?

Medicaid and other participating private payors are launching a statewide multi-payor web-based Provider Portal on July 1st as part of the overall Payment Improvement Initiative. Providers that are designated as eligible principle accountable providers (PAPs) must report a limited set of clinical metrics for each patient. Medicaid will use these metrics to track and monitor the quality of care for each episode.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.

If yes, please provide the federal rule, regulation, and/or statute citation.

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 X No ___ 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 Yes ___ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 ___ No X 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 purpose of the proposed rule is that Medicaid is launching a statewide mutli-payor Provider Portal on July 1, 2012 which will be implemented in order for providers to report on a limited set of clinical metrics for specific patients. A clarification will be added to the provider manual stating that Arkansas Medicaid providers must abide by the rules and regulations described in official notices specific to their programs.

The proposed rule is necessary for providers to report on a limited set of clinical metrics for each patient so that the metrics can be used for tracking and monitoring each episode of care for that provider. It is also necessary to clarify that when an official notice is distributed to providers it is understood that the provider will abide by the notice.

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 X No ___.

If yes, please complete the following:

Date: April 5, 2012

Time: 9:30 – 11:30 a.m.

Place: Blue Flame Room, 400 East Capitol, Little Rock, AR

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

April 14, 2012

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

July 1, 2012

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 Tommy Carlisle & Tom Show

TELEPHONE NO. 682-0422 FAX NO. 682-2480 EMAIL: thomas.carlisle@arkanas.gov

TELEPHONE NO. 682-2483 FAX NO. 682-2480 EMAIL: tom.show@arkanas.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 – Official Notice #003-12 & Section I 2-12

- 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 _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

- 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.

Current Fiscal Year (SFY 2012)

Next Fiscal Year

\$125,000 State
 -0- Federal
 \$125,000 Total

ECONOMIC IMPACT STATEMENT
(As Required under Arkansas Code § 25-15-301)

Department: Arkansas Department of Human Services (DHS)
Division: Medical Services
Person Completing this Statement: Tom Show
Telephone Number: 501-682-2483 **Fax Number:** 501-682-3889
EMAIL: Tom.Show@Arkansas.gov

Short Title of this Rule: Medicaid Principle Accountable Providers (PAP) “On-boarding” Enrollment, Training and Data Entry

(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.

Providers identified by DHS as PAPs for the initial grouping of episode-based payment scheduled for a July 1, 2012 launch date

(2) A description of how small businesses will be adversely affected.

Medicaid and other participating private payors are launching a statewide multi-payor web-based Provider Portal on July 1, 2012 as part of the overall Payment Improvement Initiative. Providers that are designated as eligible PAPs will be required to report a limited set of clinical metrics for each patient.

PAPs must: obtain a username and password for the system; and, enter data within 2 months of the date of service for each patient. To support this, Medicaid will contact eligible PAPs by May 1st with details on how to access and use the system, and will schedule in-person “on-boarding” training appointments with providers across the state.

(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.

Although the dollar amount of this additional requirement cannot be easily determined, there should be a nominal commitment of PAP office staff time involved in the on-boarding process.

(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.

The cost to the agency for providing these on-boarding services through June 30, 2012 is \$125,000. No financial benefit will be incurred by the agency as of June 30, 2012.

(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

Summary for
Official Notice #003-12 & Section I 2-12

Medicaid, along with participating private payors, is launching a statewide multi-payor Provider Portal on July 1st as part of the overall Payment Improvement Initiative. Providers that are designated as principle accountable providers will be required to report on a limited set of clinical metrics for each patient. These metrics will initially be used for reporting purposes to track and monitor the quality of care for each episode; in the future, some of these metrics may be used to determine payments to providers.

Data must be entered within 2 months of the date of service for each patient. It is the responsibility of each provider to obtain a username and password for the system.



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



OFFICIAL NOTICE

TO: Health Care Providers – All Providers

DATE: July 1, 2012

SUBJECT: Multi-Payor Web-based Provider Portal

PROPOSED

Medicaid and other participating private payors are launching a statewide multi-payor web-based Provider Portal on July 1st as part of Arkansas' Payment Improvement Initiative. The initiative is expected to establish new payment incentives and formulas for a wide variety of health care episodes beginning with conditions such as congestive heart failure, pregnancy and birth, upper respiratory infection, and others. To receive full payment for these episodes, providers that are designated as an eligible principle accountable provider (PAP) must report a limited set of clinical metrics for their patients. Medicaid will use these metrics to track and monitor the content and/or quality of care for each episode. Use of the portal is expected to vary across different types of episodes.

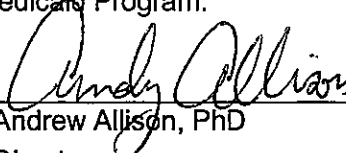
PAPs must: obtain a username and password for the system; and, enter data within 2 months of the date of service for each patient. To support this, Medicaid will contact eligible PAPs by May 1st with details on how to access and use the system, and will schedule in-person onboarding appointments with providers across the state. This onboarding visit will result in you having a connection to the statewide health information exchange, the State Health Alliance for Records Exchange (SHARE), which will enable you to submit the data required. This connectivity to SHARE will also provide the technical infrastructure that will enable medical professionals to securely share patient information in a HIPAA-compliant environment.

As part of the Arkansas Payment Improvement Initiative, Medicaid and other participating payors held a series of public workgroups over the past year to obtain feedback on potential quality indicators to inform the selection of metrics for use in the Provider Portal. Additional details regarding the Payment Improvement Initiative will be provided in the upcoming cross-episode workgroups on March 26th and 28th. More information on the multi-payor portal is available at <http://humanservices.arkansas.gov/director/Pages/APII.aspx>.

If you have questions regarding this notice, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-683-4120 (Local); 1-800-482-5850, extension 3-4120 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: www.medicaid.state.ar.us. Thank you for your participation in the Arkansas Medicaid Program.

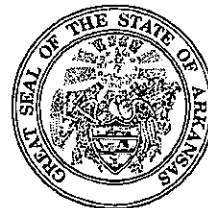


Andrew Allison, PhD
Director



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – All Providers
DATE: July 1, 2012
SUBJECT: Provider Manual Update Transmittal Sect-2-12

PROPOSED

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Row 1: 142.100, 10-8-10, 142.100, 7-1-12

Explanation of Updates

Section 142.100 is updated to clarify wording and to indicate that Arkansas Medicaid providers must abide by the rules and regulations described in official notices specific to their programs.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Handwritten signature of Andrew Allison, PhD, Director

TOC not required

142.100 General Conditions

7-1-12

- A. Each provider must be licensed, certified or both, as required by law, to furnish all medical assistance that may be reimbursed under each applicable Medicaid provider manual.
- B. Providers must adhere to all applicable standards for professional conduct and quality care.
- C. Providers (both individuals and the agents of enrolled entities) are presumed to have read and understand each applicable Medicaid provider manual and related official notice, and must comply therewith.
- D. All services provided must be medically necessary. The beneficiary is not liable for a claim or portion of a claim when the Medicaid Program, either directly or through a designee, determines that the services were not medically necessary.
- E. Services will be provided to qualified beneficiaries without regard to race, color, national origin or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.
- F. Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract, such as:
1. Change of address (**View or print form DMS-673 – Address Change Form.**)
 2. Change in members of group, professional association or affiliations*
 3. Change in practice or specialty*
 4. Change in Federal Employer Identification Number (FEIN)*
 5. Retirement or death of provider*
 6. Complete change of ownership (**View or print form DMS-0688 – Provider Change of Ownership Information Form.**)
 7. Change in Ownership Control (5% or more) or Conviction of Crime (**View or print form DMS-675 – Ownership and Conviction Disclosure.**)
 8. Disclosure of Significant Business Transactions (**View or print form DMS-689 – Disclosure of Significant Business Transactions.**)

PROPOSED

*Changes in items two (2) through five (5) above may be properly addressed through a letter of explanation with the provider's original signature or an approved electronic signature and the appropriately corrected pages of the provider application document. (**View or print form DMS-652 – Provider Application Form.**)

- G. Except for Medicaid-covered services and other professional services furnished in exchange for the provider's usual and customary charges, a Medicaid provider may not knowingly give, offer, furnish, provide or transfer money, services or any thing of value for less than fair market value to any Medicaid beneficiary, to anyone related to any Medicaid beneficiary within the third degree or any person residing in the household of a beneficiary.

This rule does not apply to:

1. Pharmaceutical samples provided to a physician at no cost or to other comparable circumstances where the provider obtains the sample at no cost and distributes the samples without regard to Medicaid eligibility.
2. Provider actions taken under the express authority of state or federal Medicaid laws or rules or the provider's agreement to participate in the Medicaid Program.

TOC not required

142.100

General Conditions

407-81-4012

- A. Each provider must be licensed, certified or both, as required by law, to furnish all medical assistance goods or services that may be reimbursed under each applicable Medicaid provider manual by the Arkansas Medicaid Program.
- B. Providers must adhere to all applicable standards for professional conduct and quality care.
- C. Providers (both individuals and the agents of enrolled entities) are presumed to have read and understand each applicable Medicaid provider manual and related official notice, and must comply therewith. It is the responsibility of each provider to read the complete Arkansas Medicaid provider manual provided by DMS and to abide by the rules and regulations specified in the manual.
- D. All services provided must be medically necessary. The beneficiary is not liable for a claim or portion of a claim when the Medicaid Program, either directly or through a designee, determines that the services were not medically necessary.
- E. Services will be provided to qualified beneficiaries without regard to race, color, national origin or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.
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 - 3. Change in practice or specialty*
 - 4. Change in Federal Employer Identification Number (FEIN)*
 - 5. Retirement or death of provider*
 - 6. Complete change of ownership (View or print form DMS-0688 – Provider Change of Ownership Information Form.)
 - 7. Change in Ownership Control (5% or more) or Conviction of Crime (View or print form DMS-675 – Ownership and Conviction Disclosure.)
 - 8. Disclosure of Significant Business Transactions (View or print form DMS-689 – Disclosure of Significant Business Transactions.)

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