

EXHIBIT F

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

DEPARTMENT/AGENCY Arkansas Department of Health
DIVISION Public Health Practice
DIVISION DIRECTOR John Senner.
CONTACT PERSON Lynda Lehing
ADDRESS ADH, 4815 West Markham, Little Rock, AR 72205
PHONE NO. 661-2231 FAX NO. 661-2544 E-MAIL lynda.lehing@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Lynda Lehing
PRESENTER E-MAIL lynda.lehing@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? Inpatient & Emergency Department Hospital Submittal Guides

2. What is the subject of the proposed rule? Hospital guidelines for data submission.

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

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
If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes No
If yes, a copy of the repealed rule is to be included with your completed questionnaire.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
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.
Ark. Code Ann. § 20-7-301 et seq

7. What is the purpose of this proposed rule? Why is it necessary?
Statewide data collection was approved by the General Assembly as Act 670 of 1995. This Statute specifies "the State Board of Health shall prescribe and enforce such rules and regulations as may be necessary to carry out the purpose of this subchapter, including the manner in which data are collected, maintained, compiled and disseminated..." The purpose of this amendment is to update the data submission guidelines to be in line with industry standards. The Data Submittal Guides provide Arkansas hospitals with information regarding the requirements of submitting hospital discharge data to the state of Arkansas. Hospital inpatient and emergency department data is necessary in assessing community health, injury surveillance, health policy and planning, quality improvement as well as strategic planning.

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).
www.healthy.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes No
If yes, please complete the following:
Date: 5/30/13
Time: 9:30 AM
Place: 4815 W. Markham St., Little Rock, AR 72205 Room 2508

10. When does the public comment period expire for permanent promulgation? (Must provide a date.) 5/30/13

11. What is the proposed effective date of this proposed rule? (Must provide a date.) 10/1/14

12. Do you expect this rule to be controversial? Yes No
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.

There may be comments from the Arkansas hospitals. There has been correspondence with the hospitals concerning the Data Submittal Guide updates and we do not anticipate any opposition.

Advance Care Hospital - Fort Smith
Advance care Hospital of White County - Searcy
Allegiance Hospital of NLR - Jacksonville
Allegiance Specialty Hospital of Little Rock, LLC - Little Rock
Ameris of Arkansas, LLC -Blytheville
Ameris Of Osceola - Oceola
Arkansas Children's Hospital - Little Rock
Arkansas Department of Corrections - Pine Bluff
Arkansas Methodist Hospital - Paragould
Arkansas State Hospital - Little Rock
Arkansas Surgical Hospital - NLR
BHC Pinnacle Pointe Hospital, Inc. - Little Rock
Baptist Health - Extended Care - Little Rock
Baptist Health - North Little Rock
Baptist Health Hospital - Little Rock
Baptist Health Rehabilitation - Heber Springs & Little Rock
Baptist Health Medical Center - Arkadelphia
Baxter Regional Medical Center - Mountain Home
Board of Governors of Dallas Co. Medical Center - Fordyce
UAMS - Little Rock
Bradley Co. Medical Center - Warren
Chicot Memorial Hospital - Lake Village
CMS Jonesboro Rehabilitation - Jonesboro
Community Medical Center of IZARD, Calico Rock
Conway Regional Medical Center - Conway
Conway Regional Rehabilitation Hospital - Conway
Crittenden Hospital - West Memphis
Crossett Health Foundation - Crossett
De Queen Medical Center - DeQueen
De Witt Hospital - Dewitt
Delta Memorial Hospital - Dumas
Drew Memorial Hospital - Monticello
Eureka Regional Health - Eureka Springs
Five Rivers Medical Center- Pocahontas
Forrest City Medical Center - Forrest City
Fulton Co. Hospital - Salem
Health Properties of Booneville - Booneville
Healthsouth of Ft. Smith, Inc. - Fort Smith
Hot Spring Co. Medical Center - Malvern
Hot Spring National Park Hospital - HotSprings
Hot Springs Rehabilitation Center - Hot Springs
Howard Memorial Hospital - Nashville
Jefferson Hospital Association - Pine Bluff
John Ed Chambers Memorial Hospital - Danville
Johnson Regional Medical Center - Clarksville
Lawrence Memorial Hospital - Walnut Ridge
Leo N. Levi National Arthritis Hospital - Hot Springs
Little River Memorial Hospital - Ashdown
Magnolia City Hospital - Magnolia
McGehee-Desha Co. Hospital- McGehee
Medical Center of South Arkansas - El Dorado
Medcath of Little Rock, LLC (Arkansas Heart Hospital) - Little Rock
Mena Hospital - Mena

Mercy Hospital of Berryville - Berryville
National Healthcare of Newport, Inc. - Newport
North Arkansas Regional Medical Center - Harrison
Northeast Arkansas Baptist Memorial Health - Jonesboro
Northwest Arkansas Rehabilitation Association - Fayetteville
Ouachita Co. Medical Center - Camden
Ozark Health - Clinton
Ozarks Community Hospital of Gravette - Gravette
Ozark Regions Health System - Berryville
Phillips Hospital - Helena
Physicians Seicialty Hospital - Helena
Piggott Community Hospital - Piggott
Pike Co. Memorial Hospital - Murfeesboro
QHG of Springdale, Inc. - Bentonville
QHG of Sprindale, Inc - Springdale
Regency Hospital of NW Medical Center - Fayetteville
Regency Hospital of Springdale - Springdale
River Valley Medical Center - Dardenelle
Russellville Holdings, LLC - Reussellville
Saline Co. Medical Center- Benton
Select Speciality Hospital - Fort Smith
Select Speciality Hospital - Little Rock
Signature Medical Park Hospital - Hope
Siloam Springs Memorial Hospital- Siloam Springs
Southeast Rehabilitation Hosptial - Lake Village
Sparks Health System, Fort Smith
Springwoods Behavioral Health Services - Fayetteville
St. Anthony's Hospital Association - Morrilton
St. Bernard's Community Hospital - Wynne
St. Bernard's Hospital - Jonesboro
St. Edward Health Facilities of Franklin County - Ozark
St. Edward Health Facilities of Scott County - Waldron
St. Edward Health Facilities of Logan County - Paris
St. Edward Mercy Health Network - Fort Smith
St. Joseph's Mercy Health Center - Hot Springs
St. Joseph's Mercyh Helth Center at Healthpark - Hot Springs
St. Mary - Rogers Meorial Hospital - Rogers
St. Vincent Infirmiry Health System - LR
St. Vincent Medical Center, North - Sherwood
St. Vincent Rehabilitation Hospital - Sherwood
Stuttgart Regional Medical Center - Stuttgart
Texarkana Behavioral Associates, LC - Fayetteville
Texarkanas Behavioral Health, LC - Fort Smith
The Bridgeway - NLR
UHS of Benton - Benton
United Methodist Behavioral Health Systems - Maumelle
Van Buren H. M. A., Inc. - Van Buren
Vista Health Texarkana - Texarkana
Washington Regional Medical Center - Fayetteville
White County Medical Center - Searcy
White River Medical Center - Mountain View
Women's Center of Northwest Arkansas - Johnson
Arkansas Hospital Association - Little Rock

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION Public Health Practice
PERSON COMPLETING THIS STATEMENT Lynda Lehing
TELEPHONE NO. 661-2231 **FAX NO.** 661-2544 **EMAIL:** lynda.lehing@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 Inpatient and Emergency Department Data Submittal Guides

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Does this proposed, amended, or repealed rule affect small businesses? Yes 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

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____
Total 0

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____
Total 0

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

\$ 0

Next Fiscal Year

\$ 0

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

\$ 0

Next Fiscal Year

\$ 0