

Title 23. Public Utilities and Regulated Industries
Chapter I. State Insurance Department, Department of Commerce
Subchapter B. Life, Health, and Accident
Part 102. Children's Preventive Health Care Reimbursement Levels

Codification Notes. This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"Section 2. Authority

This Rule is issued pursuant to the authority vested in the Commissioner under Ark. Code Ann. §§23-61-108, 23-76-125, 23-79-141 as amended by Act 685 of 1995, and 25-15-203, and other applicable provisions of Arkansas law."

"Section 4. Effective Date

The effective date of this Rule is July 1, 1997, upon signature of the Commissioner and statutory filing."

"Section 8. Severability

Any section or provision of this Rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this Rule."

Subpart 1. Generally

23 CAR § 102-101. Purpose.

The purpose of this part is to implement and coordinate insurers' compliance with Arkansas Code § 23-79-141, as amended by Acts 1995, No. 685.

Authority. Arkansas Code §§ 23-61-108, 23-76-125, 23-79-141.

23 CAR § 102-102. Applicability and scope.

(a) This part applies to every disability (health) insurer, hospital or medical service corporation, health maintenance organization, and fraternal benefit society licensed by the Insurance Commissioner and to each self-insured plan transacting disability insurance or providing disability coverage in this state that delivers, issues for delivery in this state, or renews, extends, or modifies disability policies, contracts, certificates, and plans providing hospital and medical coverage on an expense incurred, service, or prepaid basis and which contracts provide coverage for a family member of the insured person.

(b) This part does not apply to disability income, specified disease, Medicare supplement, hospital indemnity, or accident only policies.

Authority. Arkansas Code §§ 23-61-108, 23-76-125, 23-79-141.

23 CAR § 102-103. Definitions.

As used in this part:

(1) "Anticipatory guidance" shall include such things as:

(A) Visual evaluation (Titmus machine or other ophthalmological testing not required);

(B) Hearing evaluation (machine audiology test not required);

(C) Dental inspection for children under two (2) years of age; and

(D) A nutritional assessment;

(2) "Children's preventive healthcare services" means physician-delivered or physician-supervised services for eligible dependents from birth through age eighteen (18), with periodic preventive care visits, including medical history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards for the purposes of this part;

(3)(A) "Developmental assessment". A developmental assessment should be obtained by history and observation of the child or by one (1) recognized developmental test.

(B) This portion of the screening should include assessment of:

- (i) Eye-hand coordination;
- (ii) Gross motor function (walking, hopping, climbing);
- (iii) Fine motor skills (use of finger dexterity and hand usage);
- (iv) Speech development;
- (v) Daily living personal skills such as dressing, feeding, and grooming oneself;
- (vi) Behavioral development; and
- (vii) Proofs of mind with body integration;

(4)(A) "Lab test/immunizations". Laboratory procedures and immunizations should be performed as appropriate for the child's age.

(B) A hematocrit or hemoglobin test is recommended for children one (1) year of age and older, and a urinalysis is recommended for children five (5) years of age and older.

(C) Other laboratory procedures are to be performed if it is deemed appropriate by the child's age and/or health history (i.e., lead toxicity, sickle cell, tuberculin, pap smear);

(5)(A) "Medical history". A medical history is to be obtained from the parent, legal guardian, or other responsible adult who is familiar with the child's health history.

(B) The child's height and weight should also be recorded and compared with the ranges considered normal for children of that age;

(6) "Periodic preventive care visits" means routine tests and procedures performed for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice; and

(7) "Physical examination". A physical examination is to be performed to note obvious physical defects, including orthopedic, genital, skin, and other observable deviations.

Authority. Arkansas Code §§ 23-61-108, 23-76-125, 23-79-141.

23 CAR § 102-104. Reimbursement levels.

(a)(1) Pursuant to Arkansas Code § 23-79-141(f), as amended by Acts 1995, No. 685, reimbursement levels shall be approved by the Insurance Commissioner at minimum amounts equal to current Arkansas Medicaid reimbursement levels and thereafter shall comply with each and every future alteration in Medicaid's payment mechanisms.

(2) Further, these minimum reimbursement levels shall be provided for the services mandated under this section of the Arkansas Insurance Code, although payments under insurance policies and contracts exceeding these levels are permissible.

(3) For any pharmaceutical products for which reimbursement levels are not established under the Medicaid program in the State of Arkansas, benefits shall be reimbursed at minimum levels equal to the average wholesale price for said pharmaceutical products, as defined in the most current edition of the Drug Topics Annual Redbook.

(4) Reimbursement levels shall cover both the cost of pharmaceutical material and administration fees for providers administering vaccines and immunizations.

(b)(1)(A) Each disability insurance policy, contract, certificate, or plan providing benefits for children's preventive healthcare services on a periodic basis shall include at a minimum twenty (20) visits at approximately the following age intervals:

- (i) Birth;
- (ii) Two (2) weeks;
- (iii) Two (2) months;
- (iv) Four (4) months;
- (v) Six (6) months;
- (vi) Nine (9) months;
- (vii) Twelve (12) months;
- (viii) Fifteen (15) months;
- (ix) Eighteen (18) months;
- (x) Two (2) years;
- (xi) Three (3) years;

- (xii) Four (4) years;
- (xiii) Five (5) years;
- (xiv) Six (6) years;
- (xv) Eight (8) years;
- (xvi) Ten (10) years;
- (xvii) Twelve (12) years;
- (xviii) Fourteen (14) years;
- (xix) Sixteen (16) years; and
- (xx) Eighteen (18) years.

(B) A disability insurance policy, contract, certificate, or plan may provide that children's preventive healthcare services that are rendered during a periodic review shall only be covered to the extent that these services are provided by or under the supervision of a single physician during the course of one (1) visit.

(2)(A) Benefits for recommended vaccine and immunization services shall be exempt from any copayment, coinsurance, deductible, or dollar limit provisions in the disability insurance policy.

(B) Insurers, HMOs, and other licensees required to comply with this part shall explicitly state in their policy and subscriber contracts that all other children's preventive healthcare services shall be subject to copayment, coinsurance, deductible, or dollar limit provisions in the policy or contract.

(C) In this regard, insurers, HMOs, and other licensees required to obtain the State Insurance Department's prior approval of forms and endorsements under Arkansas Code § 23-79-109 and other applicable laws shall make form or endorsement filings with the department to ensure current Arkansas policies and contracts are in compliance with this part by or before July 1, 1997.

(c) On and after July 1, 1997, insurers, HMOs, and self-insured plans shall adhere to the provisions outlined in subsection (a) of this section.

(d) Upon any subsequent increase in Medicaid's reimbursement levels for the State of Arkansas, insurers, HMOs, and self-insured plans may adjust their minimum reimbursement levels accordingly.

(e) Upon any adjustment of minimum reimbursement levels necessitated by subsequent changes in Arkansas's Medicaid program, insurers and HMOs shall comply with form, rate, and/or rule filings required under the Arkansas Insurance Code to disclose such amendments.

Authority. Arkansas Code §§ 23-61-108, 23-76-125, 23-79-141.

Codification Notes. "HMO" means health maintenance organization.

23 CAR § 102-105. Periodic screening guidelines.

(a) For compliance with this part, insurers and others shall adhere to standards for the most current and recommended Periodicity Schedule of the American Academy of Pediatrics and to the most current and recommended immunization and vaccine schedule of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and of the American Academy of Family Physicians for children and infants from birth to age eighteen (18) years.

(b) Insurers and others shall refer to the most current edition of the Department of Human Services' Child Health Services Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Manual, 20 CAR pt. 611.

(c) Proper and timely application of the most current EPSDT schedule and procedures prescribed in this part should enable the Arkansas EPSDT program to reduce substantially the incidence of child morbidity throughout the state and in the long run reduce the human and financial costs associated with neglected health care.

Authority. Arkansas Code §§ 23-61-108, 23-76-125, 23-79-141.