

**Title 23. Public Utilities and Regulated Industries**  
**Chapter I. State Insurance Department, Department of Commerce**  
**Subchapter B. Life, Health, and Accident**  
**Part 138. Patient-Centered Medical Home Standards**

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

"Section 1. Authority

This Rule is issued pursuant to Section One of Act 1498 of 2013 of the Arkansas Eighty-Ninth General Assembly, also known as the "Health Care Independence Act of 2013" (hereafter, the "Health Care Independence Program," or "HCIP"), now codified in Ark. Code Ann. §§ 20-77-2401 et seq. Pursuant to Ark. Code Ann. § 20-77-2405(g)(1) and Ark. Code Ann. § 20-77- 2406(e), the Arkansas Insurance Department ("AID") and Arkansas Department of Human Services ("ADHS") are authorized to issue Rules to implement provisions under HCIP. In addition, this Rule is issued pursuant to Ark. Code Ann.§ 23-61-108(b)(1) which states that the Arkansas Insurance Commissioner ("Commissioner") has authority to promulgate rules and regulations necessary for the effective regulation of the business of insurance."

"Section 7. Effective Date

The effective date of this Rule shall be January 1, 2015."

**Subpart 1. Generally**

**23 CAR § 138-101. Purpose.**

The purpose of this part is to provide standards for patient-centered medical home programs for health carriers in the Health Insurance Marketplace that issue qualified health plans on or after January 1, 2015.

**Authority.** Arkansas Code § 23-61-108.

**23 CAR § 138-102. Applicability and scope.**

(a) This part applies to all health carriers issuing QHPs in the Health Insurance Marketplace on or after January 1, 2015.

(b) Under Arkansas Code § 20-77-2406(d) [repealed], health carriers participating in the Health Insurance Marketplace are required to participate in the Arkansas Payment Improvement Initiative (APII), including:

- (1) Assignment of primary care clinician;
- (2) Support for patient-centered medical home; and
- (3) Access of clinical performance data for providers.

(c)(1) The HCIP requires health carriers to participate in the APII as multi-payer participants.

(2) This part requires health carriers to participate in PCMH standards as one (1) active or available option in QHP networks on or after January 1, 2015.

(3) Additionally, these standards set a floor for participation and do not preclude health carriers from developing and implementing standards that exceed the requirements set forth in this part.

**Authority.** Arkansas Code § 23-61-108.

**Codification Notes.** "QHP" means qualified health plan.

The Health Care Independence Act of 2013, Arkansas Code § 20-77-2401 et seq., was repealed by Acts 2019, No. 389, § 78.

**23 CAR § 138-103. Definitions.**

The following definitions shall apply in this part, unless otherwise defined by HCIP:

- (1) "ADHS" means the Department of Human Services;
- (2) "AID" means the State Insurance Department;

(3) "APII" means the Arkansas Payment Improvement Initiative, as referenced in Arkansas Code § 20-77-2406(d) [repealed], which is a multi-payer program that connects medical payment to medical providers to achieve high quality care at an appropriate cost;

(4) "Arkansas PCMH Model" means the provisions in Section 200 of the Arkansas Medicaid Patient-Centered Medical Home Provider Manual, 20 CAR pt. 633;

(5) "DMS" means the Division of Medical Services of the Department of Human Services;

(6) "HCIP" means the program established under Acts 2013, No. 1498, by the General Assembly known as the Health Care Independence Act of 2013, Arkansas Code § 20-77-2401 et seq. [repealed];

(7) "Health carrier" means a private entity certified by the State Insurance Department and offering plans through the Health Insurance Marketplace;

(8) "Health Insurance Marketplace" means the marketplace as defined by Arkansas Code § 20-77-2404(5) [repealed];

(9) "Healthcare coverage" shall mean healthcare benefits as defined under Arkansas Code § 20-77-2404(4) [repealed];

(10) "Patient-centered medical home (PCMH)" means a "patient-centered medical home" as defined under Section 200 of the Arkansas Medicaid Patient-Centered Medical Home Provider Manual, 20 CAR pt. 633;

(11) "Primary care physician" means a "primary care physician" as defined under Section 171 of the Arkansas Medicaid Patient-Centered Medical Home Provider Manual, 20 CAR pt. 633;

(12) "QHP enrollee" means a person insured under a qualified health plan; and

(13) "Qualified health plan" means a State Insurance Department-certified individual health insurance plan offered by a health carrier through the Health Insurance Marketplace.

**Authority.** Arkansas Code § 23-61-108.

**Codification Notes.** The Health Care Independence Act of 2013, Arkansas Code § 20-77-2401 et seq., was repealed by Acts 2019, No. 389, § 78.

**23 CAR § 138-104. Requirements.**

For QHPs issued on or after January 1, 2015, health carriers shall adopt the following requirements and provide the opportunity for primary care physicians eligible to participate in the Arkansas PCMH Model to participate in a PCMH program according to these standards:

(1) A health carrier shall follow the requirements of the Arkansas PCMH Model or may develop its own PCMH standards based upon an accepted national PCMH model, as approved by the Insurance Commissioner, to the extent that such provisions are consistent with and not in conflict with this part or the Arkansas PCMH Model;

(2)(A) Health carriers will prospectively attribute QHP enrollees to primary care practices either based on enrollee choice or according to the plurality of professional visits for primary care evaluation and management paid by the health carrier over the prior year.

(B) Health carriers may develop their own method for attributing enrollees for whom coverage was discontinuous during the prior year.

(C) Health carriers must attribute QHP enrollees on at least a quarterly basis and provide the State Insurance Department with access to timely and sufficient data upon request to complete an audit of health carriers' attribution process and to ensure appropriate QHP enrollee attribution;

(3)(A) Notwithstanding the PCMH model chosen by the health carrier in subdivision (1) of this section, health carriers will offer practice support to primary care physician practices that have been identified by Medicaid as participating in the Arkansas PCMH Model through the APII.

(B) Health carriers may identify additional PCMH participants with at least three hundred (300) enrollees for inclusion in the Arkansas PCMH Model.

(C) Practice support will be provided in the form of care coordination payments equivalent to or greater than an average of five dollars (\$5.00) per enrollee per month.

(D) Health carriers may use a risk adjustment method of their choosing for determining the actual payment, so long as the average payment per enrollee is no less than five dollars (\$5.00) per month;

(4)(A) Health carriers may terminate payment of practice support for a primary care physician's failure to meet milestones or deadlines for practice transformation activities and benchmarks or targets for clinical quality.

(B) In order to minimize provider administrative burden and encourage meaningful data reporting, quality metrics collected and reported by health carriers must incorporate Arkansas PCMH Model requirements;

(5)(A) Health carriers shall provide performance reports for PCMH practice transformation and quality on a quarterly basis.

(B) A standardized report form shall be made available to health carriers from the Arkansas Payment Improvement Initiative website, [www.paymentinitiative.org](http://www.paymentinitiative.org), and reporting should include total cost of patient care and care categories (not shown in referenced report);

(6) Health carriers shall share statistics with the department or its designee or designees (output of analyzed claims data used to create above reports) for streamlined provider use at an aggregate multi-payer level;

(7) On or after January 1, 2016, health carriers should expect to participate in development of mechanisms to share savings with PCMH practices for achieving a per-issuer enrollee cost of care that is below its benchmark cost; and

(8) Health carriers shall educate QHP enrollees about the health carrier's PCMH program and indicate which practices are participating in the program.

**Authority.** Arkansas Code § 23-61-108.

**Codification Notes.** "QHP" means qualified health plan.

**23 CAR § 138-105. Enforcement.**

The State Insurance Department shall review a health carrier's compliance with the provisions of this part in its role of recommending approval or nonapproval for certification of qualified health plans sold in the Health Insurance Marketplace.

**Authority.** Arkansas Code § 23-61-108.