

1 State of Arkansas
2 89th General Assembly
3 Regular Session, 2013
4

As Engrossed: S4/4/13

A Bill

HOUSE BILL 1968

5 By: Representative Westerman
6 *By: Senator Irvin*
7

For An Act To Be Entitled

9 AN ACT TO CREATE THE ACCESS TO CARE ACT; TO LOWER THE
10 COST OF CARE AND INCREASE ACCESS TO CARE FOR MEDICAID
11 PATIENTS; AND FOR OTHER PURPOSES.
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Subtitle

14 TO CREATE THE ACCESS TO CARE ACT.
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18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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20 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
21 amended to add an additional section to read as follows:

22 20-77-125. Ambulatory surgery centers – Medicaid reimbursement.

23 (a) As used in this section:

24 (1) "Ambulatory surgery center" means a distinct entity certified
25 by Medicare as an ambulatory surgery center that operates exclusively for the
26 purpose of providing surgical services to patients not requiring
27 hospitalization;

28 (2) "Ambulatory Surgery Center Medicaid Procedure Code" means
29 appropriate procedures that do not appear on the Medicare hospital inpatient
30 only list or Medicaid hospital inpatient-only list and that are medically
31 necessary and not solely for cosmetic treatment or surgery;

32 (3) "Ambulatory Surgery Center Medicaid Reimbursement Formula for
33 Appropriate Implantable Devices" means appropriate implantable devices used
34 during appropriate procedures is reimbursed at a pass-through cost if the
35 combined cost of the appropriate implantable devices is greater than fifty
36 percent (50%) of the reimbursement for the ambulatory surgery center Medicaid



1 procedure code;

2 (4) "Ambulatory Surgery Center Medicaid Reimbursement Rate for
3 Appropriate Procedures" means eighty percent (80%) of Hospital Outpatient
4 Procedure Department Medicare reimbursement for Ambulatory Surgery Center
5 Medicaid Procedure Codes;

6 (5) "Appropriate implantable devices" means a device used during
7 an appropriate procedure;

8 (6) "Appropriate procedure" means a procedure that is not on the
9 Medicaid inpatient-only list or Medicare inpatient-only list;

10 (7) "Healthcare Financing Administration Common Procedure Coding
11 System" means the coding system under the Centers for Medicare and Medicaid
12 Services;

13 (8) "Hospital inpatient-only list" means procedures that should
14 be performed on an inpatient basis for the Medicare population due to one (1)
15 or more of the following reasons:

16 (A) The nature of the procedure;

17 (B) The need for at least twenty-four (24) hours of
18 postoperative care; and

19 (C) The underlying physical condition of those patients
20 most often having the particular procedure.

21 (9) "Hospital outpatient procedure department" means a hospital-
22 based ambulatory surgery center that bills in accordance with the Outpatient
23 Hospital Services Provider Guide; and

24 (10) "Relative Value Unit" means a service unit value measured
25 in relation to the values of other services and involving a Current
26 Procedural Terminology code that, when multiplied by the conversion factor
27 and a geographical adjustment, creates the compensation level for a particular
28 service.

29 (b) The purpose of this bill is to decrease the cost of Medicaid while
30 increasing access to care to Arkansas's Medicaid population.

31 (c)(1) An appropriate procedure may be performed at an ambulatory
32 surgery center or a hospital outpatient procedure department.

33 (2) If an appropriate procedure is performed at an ambulatory
34 surgery center or at a hospital outpatient procedure department, the
35 appropriate procedure and any appropriate implantable devices shall be billed
36 using the Ambulatory Surgery Center Medicaid Procedure Codes and reimbursed

1 pursuant to the Ambulatory Surgery Center Medicaid Reimbursement Rate For
2 Appropriate Procedures and the Ambulatory Surgery Center Medicaid
3 Reimbursement Formula For Appropriate Implantable Devices.

4 (d) If an Ambulatory Surgery Center Medicaid Procedure Code is not on
5 the Medicaid hospital inpatient only list but is on the Medicare hospital
6 inpatient only list, the Ambulatory Surgery Center Medicaid Reimbursement Rate
7 For Appropriate Procedures shall be eighty percent (80%) of the Medicare
8 Hospital outpatient procedure department reimbursement for a comparable
9 procedure, based on Relative Value Unit that is not on the Medicare hospital
10 inpatient only list.

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12 */s/Westerman*
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