

## DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

### **SUBJECT: Emergent Care Section I-6-17**

**DESCRIPTION:** Effective for dates of service on or after May 1, 2018, four primary care visits per state fiscal year to a hospital based walk-in clinic or hospital based emergent care center will no longer require a referral from a primary care physician if the beneficiary has not yet been assigned a primary care physician. These visits still count toward existing benefit limits.

**PUBLIC COMMENT:** No public hearing was held. The public comment period expired on February 8, 2018. The Department received no comments.

The proposed effective date is upon approval by the Legislature.

**FINANCIAL IMPACT:** There is no financial impact.

**LEGAL AUTHORIZATION:** The Department of Human Services is authorized to “make rules and regulations and take actions as are necessary or desirable to carry out the provisions of this chapter [Public Assistance] and that are not inconsistent therewith.” Arkansas Code Annotated §20-76-201 (12). Arkansas Code §20-77-107 specifically authorizes the department to “establish and maintain an indigent medical care program.”

Act 546 of 2017, sponsored by Representative Aaron Pilkington, mandates that the Arkansas Medicaid Program provide for reimbursement for up to four (4) healthcare visits per year at an emergent care clinic or a walk-in clinic when the Medicaid beneficiary does not have a primary care provider assigned if the walk-in clinic or emergent care is associated with a hospital. *See* Ark. Code Ann. §20-77-132 (Supp. 2017). Under Arkansas law, an “emergent care clinic” is a walk-in clinic focused on the delivery of ambulatory care in a facility outside of traditional emergency care, and a “walk-in clinic” is a medical clinic that accepts patients on a walk-in basis without an appointment. *See* Ark. Code Ann. §20-77-132 (Supp. 2017).

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT/AGENCY Department of Human Services  
DIVISION Division of Medical Services  
DIVISION DIRECTOR Rose Naff  
CONTACT PERSON Cathy Coffman  
ADDRESS PO Box 1437, Slot S295 Little Rock AR.72203  
PHONE NO. 501-537-1670 FAX NO. 501-404-4619 E-MAIL cathy.coffman@arkansas.gov  
NAME OF PRESENTER AT COMMITTEE MEETING Tami Harlan  
PRESENTER E-MAIL tami.harlan@dhs.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  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

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1. What is the short title of this rule? Emergent Care/Section I-6-17

2. What is the subject of the proposed rule? Effective April 1, 2018, a beneficiary may receive up to four (4) primary care visits per state fiscal year when performed by a hospital based walk-in or emergent care clinic without a PCP referral if the beneficiary has not been assigned to a primary care physician.

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. Act 546 of the 91<sup>st</sup> General Assembly

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

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 the Arkansas Code citation. AR Statute 20-76-201

7. What is the purpose of this proposed rule? The purpose of this rule is to allow a beneficiary to receive up to four (4) primary care visits per state fiscal year when performed by a hospital based walk-in or emergent care clinic without a PCP referral if the beneficiary has not been assigned to a primary care physician.

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.medicaid.state.ar.us/general/comment/comment.aspx](http://www.medicaid.state.ar.us/general/comment/comment.aspx)

9. Will a public hearing be held on this proposed rule? Yes  No   
If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
February 8, 2018

11. What is the proposed effective date of this proposed rule? (Must provide a date.)  
April 1, 2018

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. ( see attached)

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library required pursuant to Ark. Code Ann. § 25-15-204(e). (see attached)

required pursuant to Ark. Code Ann. § 25-15-204(e). (see attached)

14. 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. All Medicaid providers will be for this change.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services

**DIVISION** Medical Services

**PERSON COMPLETING THIS STATEMENT** Brian Jones

**TELEPHONE** 501-537-2064      **FAX** 501-404-4619      **EMAIL:** Brian Jones @dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Emergent Care/Section I-6-17

1. Does this proposed, amended, or repealed rule have a financial impact?      Yes       No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?      Yes       No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered?      Yes       No

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;  
\_\_\_\_\_

(b) The reason for adoption of the more costly rule;  
\_\_\_\_\_

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;  
\_\_\_\_\_

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.  
\_\_\_\_\_

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
<b>Total</b>	<u>0</u>

**Next Fiscal Year**

General Revenue	<u>0</u>
Federal Funds	<u>0</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
<b>Total</b>	<u>0</u>

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) 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 state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ 0 \_\_\_\_\_

**Next Fiscal Year**

\$ 0 \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

## **SUMMARY FOR FOUR VISIT-NO REFERRALS**

**Effective for dates of service on or after April 1, 2018 four primary care visits per state fiscal year to a hospital based walk-in clinic or hospital based emergent care center will no longer require a referral from a primary care physician; if the beneficiary has not yet been assigned a primary care physician. These visits still count toward existing benefit limits.**