

EXHIBIT K

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

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Andrew Allison, PhD
CONTACT PERSON Brett Hays
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 320-6426 FAX NO. 682-2480 E-MAIL brett.hays@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland
PRESENTER E-MAIL marilyn.strickland@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?
Dental 2-13
2. What is the subject of the proposed rule?
New Dental Benefit Limits and Authorization Requirements
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X .
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 X .
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 X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 X 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.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to change benefit limits for interperiodic dental screenings and radiographs. Surgical extractions will also require prior authorization.

This proposed rule is necessary in order to make Medicaid spending more efficient.

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).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

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

Date: _____

Time: _____

Place: _____

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

May 21, 2013

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

August 1, 2013

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

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Tom Show

TELEPHONE NO. 682-2583 FAX NO. 682-3889 EMAIL: tom.show@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 – Dental 2-13

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes X No _____.

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes X 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

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

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 (2013-2014)

Next Fiscal Year (2014-2015)

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.

(\$133,246) Federal
(\$ 56,779) State
(\$190,025) Total Savings

(\$144,550) Federal
(\$ 62,750) State
(\$207,300) Total Savings

ECONOMIC IMPACT STATEMENT
(As Required under Arkansas Code § 25-15-301)

Department: Arkansas Department of Human Services

Division: Medical Services

Person Completing this Statement: Lynn Burton

Telephone Number: 501-682-1857 **Fax Number:** 501-682-3889

EMAIL: Lynn.Burton@Arkansas.gov

Short Title of this Rule: Dental 2-13

(1) The type or types of small businesses that will be directly affected by the proposed rule, bear the cost of the proposed rule, or directly benefit from the proposed rule.

Dentists enrolled in the Medicaid Program

(2) A description of how small businesses will be adversely affected.

Dental Providers will be adversely affected. Arkansas Medicaid will implement a revision in the policy for coverage of an interperiodic dental screening exam and for coverage of certain Radiographs. Beneficiaries under the age of twenty-one, will be limited to two interperiodic dental screening exams during each State Fiscal Year (SFY) instead of the current policy which allows more than two. Beneficiaries under the age of twenty-one will be limited to a total of five radiographs during each State Fiscal Year (SFY) for ADA codes D0220, D0230, D0240 and D0260 instead of the current policy that allows unlimited billing of these codes.

(3) A reasonable determination of the dollar amounts the proposed rule will cost small businesses in terms of fees, administrative penalties, reporting, recordkeeping, equipment, construction labor, professional services, revenue loss, or other costs associated with compliance.

It is projected that the affected Dentists will receive an estimated \$207,300 less annually in Medicaid compensation after this change in reimbursement.

(4) A reasonable determination of the dollar amounts of the costs to the agency of implementing the proposed rule, as well as the financial benefit to the agency of implementing the rule.

It is projected that the Department of Human Services will realize a net annual savings of \$207,300 (Federal and State Amounts) after this change in reimbursement.

(5) Whether and to what extent alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses and why such alternatives are not being proposed.

Not Applicable

(6) A comparison of the proposed rule with federal and state counterparts.

Not Applicable

Summary for Dental 2-13

Due to the anticipated Medicaid shortfall, Arkansas Medicaid is implementing changes to make spending more efficient. The Dental program is implementing changes to benefit limits and authorization requirements to be more efficient. The changes to benefit limits will focus on interperiodic dental screenings for beneficiaries under the age of 21 and radiographs for beneficiaries of all ages. In addition, prior authorization will be required for surgical extractions for beneficiaries under the age of 21.