

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 Andy Allison, PhD
CONTACT PERSON Sheena Olson
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 320-6110 **FAX NO.** 682-2480 **E-MAIL** sheena.olson@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Sheena Olson
PRESENTER E-MAIL sheena.olson@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?
SPA #2013-011 – Establishing the Arkansas Medicaid Patient-Centered Medical Home Program
PCMH-NEW-13
Section I-4-13
Section V-7-13

2. What is the subject of the proposed rule?

Under the authority of 1905(t)(1) of the Social Security Act; Arkansas Medicaid is implementing an integrated care model known as the Patient Centered Medical Home.

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 X No ___ If yes, please provide a brief summary explaining the

regulation.

Arkansas Medicaid will implement the Patient Centered Medical Home integrated care model. A part of the Arkansas Payment Improvement Initiative, this model aims to enhance quality of and access to care for Arkansas Medicaid beneficiaries and improve the health of the Arkansas Medicaid population, while controlling growth in the cost of healthcare. The Patient Centered Medical Home consists of a two-part payment structure: a care coordination payment, and a shared savings incentive payment that rewards the delivery of economic, efficient, and quality care.

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 ___ No X 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 this rule is to implement the Patient Centered Medical Home integrated care model within the Arkansas Medicaid program to improve the health of the Medicaid population by improving quality of and access to care for Arkansas Medicaid beneficiaries; a second purpose is to control growth in the cost of healthcare.

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 X No ____.

If yes, please complete the following:

Date: September 10, 2013

Time: 5:00 PM

Place: University of Arkansas, Cooperative Extension Auditorium, 2301 South University Ave

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

September 13, 2013

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

January 1, 2014

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.

We expect health care systems, healthcare professional associations and advocacy organizations to comment. In general, these groups have been supportive of the patient-centered medical home concept.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT

TELEPHONE NO. 682-1857 FAX NO. 682-2480 EMAIL: Lynn.Burton@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 – Establishing the Arkansas Medicaid Patient-Centered Medical Home Program

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 _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
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

Next Fiscal Year

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.

The net expected financial impact of the PCMH program, includes (a) savings achieved by participating practices, (b) care coordination payments made by Medicaid to practices, and (c) shared savings incentive payments made by Medicaid to practices. This includes practices that enroll in the PCMH program in both calendar years 2014 and 2015. Due to the front-end investment of care coordination payments, the initial net financial impact to Medicaid is negative. In SFY17, when practices have at least 2 years in the program, the net savings to Medicaid is expected to be \$6,770,000 million.

Current Fiscal Year
First State Fiscal Year (SFY2014)

Next Fiscal Year
Second State Fiscal Year (SFY2015)

\$1,349,000 Federal
\$575,000 State
\$1,924,000 Total

\$2,756,000 Federal
\$1,175,000 State
\$3,931,000 Total