

ARKANSAS SENATE
90th General Assembly - Regular Session, 2015
Amendment Form

Subtitle of Senate Bill No. 1019

TO AMEND THE ACCESS TO CARE ACT, ACTS 2013, NO. 1352; AND TO LOWER THE COST OF CARE
AND INCREASE ACCESS TO CARE FOR MEDICAID PATIENTS.

Amendment No. 1 to Senate Bill No. 1019

Amend Senate Bill No. 1019 as originally introduced:

Page 1, line 8, delete "ACTS 2013," and substitute "§ 20-77-129"

AND

Page 1, line 9, delete "NO. 1352"

AND

Page 1, line 10, delete "PATIENTS; AND" and substitute "PATIENTS; TO DECLARE
AN EMERGENCY; AND"

AND

Delete the subtitle in its entirety and substitute:

"TO AMEND THE ACCESS TO CARE ACT, §
20-77-129; AND TO LOWER THE COST OF CARE
AND INCREASE ACCESS TO CARE FOR MEDICAID
PATIENTS."

AND

Delete everything after the enacting clause and substitute the following:

"SECTION 1. Arkansas Code § 20-77-129 is amended to read as follows:
20-77-129. Ambulatory surgery centers – Medicaid reimbursement.

(a) As used in this section:

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

(2) "Ambulatory Surgery Center Medicaid Procedure Code" means appropriate procedures that do not appear on the Medicare hospital inpatient-



only list or Medicaid hospital inpatient-only list and that are medically necessary and not solely for cosmetic treatment or surgery;

(3) "Ambulatory Surgery Center Medicaid reimbursement formula for appropriate implantable devices" means appropriate implantable devices used during appropriate procedures that are reimbursed at a pass-through cost if the combined cost of the appropriate implantable devices is greater than fifty percent (50%) of the reimbursement for the Ambulatory Surgery Center Medicaid Procedure Code;

(4) "Ambulatory Surgical Center Medicaid reimbursement rate for appropriate procedures" means ~~eighty percent (80%)~~ ninety-five percent (95%) of ~~hospital outpatient procedure department~~ ambulatory surgical center Medicare reimbursement for Ambulatory Surgical Center Medicaid Procedure Codes;

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

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

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

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

(A) The nature of the procedure;

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

(C) The underlying physical condition of those patients most often having the particular procedure; and

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

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

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

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

(2) If an appropriate procedure is performed at an ambulatory surgery center or at a hospital outpatient procedure department, the appropriate procedure and any appropriate implantable devices shall be billed using the Ambulatory Surgery Center Medicaid Procedure Codes and reimbursed pursuant to the Ambulatory Surgery Center Medicaid reimbursement formula for appropriate procedures and the Ambulatory Surgical Center Medicaid reimbursement formula for appropriate implantable devices.

(d) If an Ambulatory Surgery Center Medicaid Procedure Code is not on the Medicaid hospital inpatient-only list but is on the Medicare hospital inpatient-only list, the Ambulatory Surgery Center Medicaid reimbursement formula for appropriate procedures shall be ~~eighty percent (80%)~~ ninety-five

percent (95%) of the Medicare ~~hospital outpatient procedure department ambulatory surgical center~~ reimbursement for a comparable procedure, based on a Relative Value Unit that is not on the Medicare hospital inpatient-only list.

(e) Any reimbursement payments made under this section may not exceed the Medicaid upper payment limit as established by the Center for Medicare and Medicaid Services.

SECTION 2. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that reimbursements under the Arkansas Medicaid Program are subject to federal limits; that reimbursements under the current law may exceed the federal upper limits, requiring the excess cost to be funded entirely through state general revenues; and that this act is immediately necessary to protect the fiscal integrity of the Arkansas Medicaid Program. Therefore, an emergency is declared to exist, and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on:

(1) The date of its approval by the Governor;

(2) If the bill is neither approved nor vetoed by the Governor, the expiration of the period of time during which the Governor may veto the bill; or

(3) If the bill is vetoed by the Governor and the veto is overridden, the date the last house overrides the veto."

The Amendment was read the first time, rules suspended and read the second time and _____

By: Senator Irvin

JMB/JMB - 03-10-2015 11:20:58

JMB305

Secretary