EXHIBIT C

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 Robbie Nix
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8577 FAX NO. 682-2480 E-MAIL Robert.nix@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland
PRESENTER E-MAIL marilyn.strickland@arkansas.gov

	<u>INSTRUCTIONS</u>
A. B.	Please make copies of this form for future use. Please answer each question <u>completely</u> 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?
	EPISODE-1-12 and State Plan Amendment #2012-014
2.	What is the subject of the proposed rule?
	To add Congestive Heart Failure (CHF) episodes and Total Joint Replacement episodes to both the Episodes of Care Medicaid manual and the Arkansas State Plan.
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. YesNo_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

	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 Yes No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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."
,	Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.
	Arkansas Statute 20-76-201
, ·	What is the purpose of this proposed rule? Why is it necessary?
	The purpose of the proposed rule is to add Congestive Heart Failure (CHF) episodes and Total Joint Replacement episodes to both the Episodes of Care Medicaid manual and the Arkansas State Plan. Medicaid has established a payment improvement initiative to incentivize improved care quality, efficiency, and economy. The program uses episode-based data to evaluate the quality, efficiency, and economy of care delivered in the course of the episode, and to apply payment incentives.
	The proposed rule is necessary so that providers are aware of Arkansas Medicaid requirements for Congestive Heart Failure (CHF) episodes and Total Joint Replacement episodes.
	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
•	Will a public hearing be held on this proposed rule? Yes X No . If yes, please complete the following: Date: TBA Time: TBA Place: TBA
).	When does the public comment period expire for permanent promulgation? (Must provide a date.)
	October 21, 2012
. •	What is the proposed effective date of this proposed rule? (Must provide a date.)
	January 1, 2013
	Do you expect this rule to be controversial? Yes No X If yes, please explain.
	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. 682-2483 FAX NO. 682-3889 EMAIL: tom.show@arkanas.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.

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SHO	PRT TITLE OF THIS RULE EPISOD	E-1-12 and State Plan Amendment #2012-014					
1.	Does this proposed, amended, or repealed rule have a financial impact? Yes X No						
2.	Does this proposed, amended, or repeates X No	led rule affect small businesses?					
	If yes, please attach a copy of the econ Arkansas Economic Development Con	omic impact statement required to be filed with the unission 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 Medicaid program projects program savings resulting from the Healthcare Payment Improvement Initiative in the following amounts)						
	Current Fiscal Year (2013)	Next Fiscal Year (2014)					
	\$ 15,589 State <u>\$ 36,669 Federal</u> \$ 52,258 Total Savings	\$ 19,190 State <u>\$ 45, 444 Federal</u> \$64,634 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: Tom Show

Telephone Number: 501-682-2483 Fax Number: 501-682-3889

EMAIL: Tom.Show@Arkansas.gov

Short Title of this Rule: EPISODE-1-12 and State Plan Amendment #2012-014

(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.

Health Care providers providing services for conditions covered under episodes included in the Arkansas Health Care Payment Improvement Initiative.

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

 Some health care providers may benefit from the episode performance payment model, while those providing services that do not meet certain cost and quality standards will see reduced provider revenue. Impact to any individual provider will depend on the provider's behavior and performance.
- (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.

 No additional incremental costs to providers are expected. The net revenue impact to any individual provider will depend on their current standard of care and any improvement they make.
- (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.

The Department projects savings resulting from implementation of this initiative to be \$64,634 in SFY 2014. 2014 is the first year that the full impact of this initiative would be realized.

(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 EPISODE-1-12 and State Plan Amendment #2012-014

Effective January 1, 2013 Arkansas Medicaid proposes to add Congestive Heart Failure (CHF) episodes and Total Joint Replacement episodes to the Episodes of Care Medicaid manual and Arkansas State Plan to incentivize improved care quality, efficiency, and economy. The program uses episode-based data to evaluate the quality, efficiency, and economy of care delivered in the course of the episode, and to apply payment incentives.



Division of Medical Services Program Development & Quality Assurance



P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437 501-682-8368 · Fax: 501-682-2480

TO:

Arkansas Medicaid Health Care Providers - All Providers

DATE:

January 1, 2013

SUBJECT:

Provider Manual Update Transmittal EPISODE-1-12

REMOVE		INSERT	•
Section	Date	Section	Date
	.	213.000	. 1-1-13
		213.100	1-1-13
		213.200	1-1-13
		213.300	1-1-13
	·	213,400	1-1-13
<u> </u>		213.500	1-1-13
	<u> </u>	213.600	1-1-13
		213.700	1-1-13
<u></u>	<u> </u>	214.000	1-1-13
		214.100	1-1-13
		214.200	1-1-13
		214.300	1-1-13
" .		214.400	1-1-13
		214.500	1-1-13
	- ,	214.600	1-1-13
	·	214.700	1-1-13

Explanation of Updates

Sections 213.000, 213.100, 213.200, 213.300, 213.400, 213.500, 213.600, and 213.700 are new sections with information pertaining to the Congestive Heart Failure (CHF) episode of care.

Sections 214.000, 214.100, 214.200, 214.300, 214.400, 214.500, 214.600, and 214.700 are new sections with information pertaining to the Total Joint Replacement episode of care.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Arkansas Payment Improvement Initiative Center at 1-866-322-4696 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 301-8311.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-6453 (Local); 1-800-482-5850, extension 2-6453 (Toll-

Arkansas Medicaid Health Care Providers – All Providers Provider Manual Update EPISODE-1-12 Page 2

Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PAD

Director

TOC Required

213.000 CONGESTIVE HEART FAILURE (CHF) EPISODES

213.100 Episode Definition/Scope of Services

1-1-13

- A Episode subtypes: There are no subtypes for this episode type:
- B. Episode triggers. Inpatient admission with a primary diagnosis code for heart failure
- C <u>Episode duration</u>: Episodes begin at impatient admission for heart fallure. Episodes end at the latter of 30 days after the date of discharge for the triggering admission or the date of discharge for any impatient readmission initiated within 30 days of the initial discharge. Episodes shall not exceed 45 days post-discharge from the triggering admission.
- D: Episode services: The episode will include all of the following services rendered within the episode's duration:
 - it inpatient jacility and professional fees for the initial hospitalization and for all cause feedings on s
 - 2. Emergency or observation care
 - Home health services
 - 4: Skilled nursing facility care due to acute exacerbation of CHE (services not included in episode for patients with SNF care in 30 days prior to episode start)
 - 5. Durable medical equipment

213.200 Principal Accountable Provider

1313

Tine Principal Accountable Provider (PAP) for an episode is the admitting hospitalitor the trigger hospitalization:

213.300 - Exclusions

141-13

- Episodes/meeting/one/or/more/of the following/criteria/Will/be/excluded
- A Beneficiaries do not have continuous Medicaid enrollment for the duration of the episode
- B Education is the consideration and the second of the state of the state of the state of the second of the second
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- Barandales with any of the following comonstitues displaced in the parameter in the contraction of the following comonstitues of the parameter in the contraction of the following contraction
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213 400 Adjustments

1-1-13

213,500 - Quality Measures

1-1-13

A. Quality measures "to pass":

1 Percent of patients with LVSD who are prescribed an ACEI or ARB at hospital discharge — must meet minimum threshold of 85%.

B. Quality measures "to track":

- Frequency of outpatient follow-ups within 7 and 14 days after discharge
- For qualitative assessments of left ventricular ejection fraction (LVEF), proportion of patients matching, hyperdynamic, normal, mild dysfunction, moderate dysfunction, severe dysfunction
- 3. Average quantitative ejection fraction value
- 4. 30-day all cause readmission rate
- 5: 30-day heart failure readmission rate
- 6. 30-day outpatient observation care rate utilization metric

The following quality measures require providers to submit data through the provider portal: qualitative assessment of LVEF, average quantitative ejection fraction value

213,600 Thresholds for Incentive Payments

1-1-13

- A: The acceptable threshold is \$6,644.
- The commendable threshold is \$4,722.
- C. The gain sharing (mittle \$3,263)
- D. The gain sharing percentage is 50%.
- E. The risk sharing percentage is 50%.



213,700 Minimum Case Volume

1-1-13

The minimum case volume is 5 total cases per 12-month period.

214.000 TOTAL JOINT REPLACEMENT EPISODES

214,100 Episode Definition/Scope of Services

1-1-13

- A. Episode subtypes: There are no subtypes for this episode type.
- B. Episode trigger. A surgical procedure for total hip replacement or total knee replacement
- C. Episode duration: Episodes begin 30 days prior to the date of admission for the inpatient hospitalization for the total joint replacement surgery and end 90 days after the date of discharge.

D. Episode/services. but he following services are included in the episode:

- for From 30 days prior to the date of admission to the date of the surgery. All evaluation and frankgement hip-or kneedelated radiology and all labs/imaging/other outpatient services
- During the triggering procedure: all medical; inpatient and outpatient services
- 3. From the date of the surgery to 30 days after the date of discharge. All cause readmissions, non-traumatic revisions, complications, all follow-up evaluation & management, all emergency services; all home health and therapy, hip/knee radiology and all labs/imaging/other outpatient procedures.

214:200 Principal Accountable Provider (FAR) is the drupped Surgeon performing the local principal accountable Provider (FAR) is the drupped Surgeon performing the local principal accountable Provider (FAR) is the drupped Surgeon Principal accountable Provider (FAR) is the drupped Surgeon Principal accountable Provider (FAR) is the drupped Surgeon Principal accountable Pr	4 From 31 days to 90 days after the date of discharge. Readinissions due to infections and complications as well as hip or knee-related follow-up levaluation and management, home health and therapy and labs/imaging/other outpatient procedures
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214.700 Minimum Case Volume

1-1-13

The minimum case volume is 5 total cases per 12-month period.



ATTACHMENT 4.19-A Page 11g

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL SERVICES

January 1, 2013

1. Inpatient Hospital Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after January 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes

(2) Total Joint Replacement Episodes



ATTACHMENT 4.19-B Page 1aa(3)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

January 1, 2013

2.a. Outpatient Hospital Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

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(1) Perinatal Care Episodes

Effective for dates of service on or after January 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes

(2) Total Joint Replacement Episodes



ATTACHMENT 4.19-B Page 2a(4)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

January 1, 2013

- 5. Physicians' Services (continued)
 - A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)
 - V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Acute Ambulatory Upper Respiratory Infection (URI) Episodes
- (2) Perinatal Care Episodes
- (3) Attention Deficit Hyperactivity Disorder (ADHD) Episodes

Effective for dates of service on or after January 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

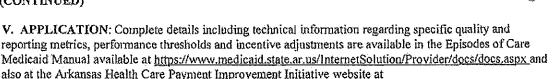
- (1) Congestive Heart Failure (CHF) Episodes
- (2) Total Joint Replacement Episodes

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

January 1, 2013

- 23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)
 - e. Emergency Hospital Services (Continued)
 - A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)



Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after January 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes



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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

January 1, 2013

- Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)
 - f. Critical Access Hospitals (CAH) (continued)
 - A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx and also at the Arkansas Health Care Payment Improvement Initiative website at http://www.paymentinitiative.org/Pages/default.aspx.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Perinatal Care Episodes

Effective for dates of service on or after January 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

(1) Congestive Heart Failure (CHF) Episodes

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