# Exhibit F

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

DEPARTMENT/AGENCY Arkansas Department of Health

DIVISION Health Systems Licensing and Regulation

DIVISION DIRECTOR

CONTACT PERSON

ADDRESS

Renee Mallory, Branch Chief

Connie Melton, Section Chief

5800 W. 10<sup>th</sup> Street, Suite 400

PHONE NO. 501.280.4588 FAX NO. 501.661.2165 E-MAIL connie.melton@arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING Connie Melton, Section Chief

PRESENTER E-MAIL connie.melton@arkansas.gov

#### <u>INSTRUCTIONS</u>

- A. Please make copies of this form for future use.
- B. Please answer 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
One Capitol Mall, 5<sup>th</sup> Floor
Little Rock, AR 72201

- 1. What is the short title of this rule? HMO Rules
- 2. What is the subject of the proposed rule? Repealing the Health Department HMO Rules
- 3. Is this rule required to comply with a federal statute, rule or regulation? **No** 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?

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?
Is this a new rule? <b>No</b> If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes

5.

If yes, a copy of the repealed rule is to be included with your completed questionnaire. **Attached.** If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. **No replacement, but summary attached.** 

Is this an amendment to an existing rule? 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? Act 1433 of 2013 If codified, please give the Arkansas Code citation. Ark. Code Ann. §§ 23-76-105(c); 23-76-107(c)(13); 23-76-108; 23-76-113(a); 23-76-113(b)(5)(D); 23-76-116; 23-76-122; 23-76-123(a)(4); 23-76-126; 23-76-127; and 23-76-130.
- 7. What is the purpose of this proposed rule? Why is it necessary? Regulatory authority for HMOs in Arkansas was consolidated in the Insurance Department by Act 1433 of 2013.
- 8. Please provide the address where the rule is publically accessible in electronic form via the internet as required by Arkansas Code § 25-19-108(b), www.healthy.arkansas.gov "Rules and Regs" link
- 9. Will a public hearing be held on this proposed rule? If yes, please complete the following: Yes

Date:

September 12, 2013

Time:

10:00 am

Place:

Freeway Medical Tower, 5800 W. 10th St., Suite 400, Little Rock, AR 72204

- 10. When does the public comment period expire for permanent promulgation? (must provide a date) **September 12, 2013**
- 11. What is the proposed effective date of this proposed rule? (Must provide a date) December 31, 2013
- 12. Do you expect this rule to be controversial? No

If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules. None Known. Please provide their position (for or against) if known.

#### **Repeal of HMO Rules - SUMMARY**

HMO Rules Repeal: Act 1433 of 2013 consolidated regulation of HMOs by transferring the Department of Health (DOH) functions to the Department of Insurance (DOI).

Under prior law, the DOI issued a certificate of authority to an HMO but not until the DOH conducted a review of the applicant's provisions for availability, accessibility and continuity. All regulatory function was consolidated within the DOI by Act 1433 of 2013. The DOH rules are therefore being repealed.

#### FINANCIAL IMPACT STATEMENT

DEPARTMENT
DIVISION
PERSON COMPLETING THIS STATEMENT
PHONE NUMBER
FAX #

Department of Health Health Facilities Services Connie Melton, Section Chief (501) 661-2201

(501) 661-2165

### SHORT TITLE OF THIS RULE Repealed Rules and Regulations for HMOs

- 1. Does this proposed, amended, or repealed Rule or Regulation have a financial impact?

  No additional financial impact.
- 2. Please estimate the cost of compliance to regulated entities & others outside the department. **None**. Identify any financial impact on municipalities or counties. **None**.
- 3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibitive, please explain.
- 4. If the purpose of this Rule or Regulation is to implement a federal Rule or Regulation, please give the incremental cost for implementing the Regulation. **None.**

Fiscal Year	<u>Fiscal Year</u>
General Revenue Federal Funds Cash Funds Special Revenue Other	General Revenue Federal Funds Cash Funds Special Revenue Other
Total	Total

5.	What is the total estimated cost by fiscal year to any entity or individual subject to the
	proposed, amended, or repealed Rule or Regulation? <b>None.</b>

<u>Fiscal Year</u>	<u>Fiscal Year</u>

6. What is the total estimated cost by fiscal year to the agency to implement this Regulation? **None.** 

<u>Fiscal Year</u>	<u>Fiscal Year</u>

7. Does the Proposed Rule impose a cost on state or local school districts? **No.** If yes, then file a fiscal impact statement.

References: Act 884 of 1995, Ark. Code Ann. § 10-3-309

Act 1104 of 1995, Ark. Code Ann. § 25-15-204 Act 221 of 1977, Ark. Code Ann. § 19-1-302