EXHIBIT F

DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

SUBJECT: Notice of Rulemaking 001-15; International Classification of Diseases, 10th Revision

<u>DESCRIPTION</u>: To comply with federal regulation 45 CFR Part 162, the International Classification of Diseases 10th Revision will be implemented nationwide, effective October 1, 2015. This rule is necessary for consistency with the utilization of claims processing used by Medicare and other third party payers. These data sets are standardized and are used internationally for claims processing.

<u>PUBLIC COMMENT</u>: No public hearing was held on this rule. The Public Comment period ended on August 13, 2015 with the Department receiving no comments. The proposed affective date is October 1, 2015.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: Arkansas Code Annotated § 20-76-201 (12): Ark. Code Ann. § 20-76-201 authorizes the Department of Human Services to make rules and regulations and take action as necessary or desirable to carry out the provisions of this chapter and that are not inconsistent therewith.

Ark. Code Ann. § 25-10-129 (4) specifically directs the Department assure conformity with all applicable federal dictates by empowering the department and its divisions to, by rule, adopt or implement all federal statutes, rules, and regulations as may be currently in force, or as may be adopted or amended in the future, when such rule is necessary to conform to federal statutes, rules, and regulations affecting programs administered or funded by or through the department.

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 Medic	al Services				
DIVISION DIRECTOR	Dawn Stehle					
CONTACT PERSON	Cathy Coffman					
ADDRESS	PO Box 1437, Slo Rock, AR 72203	t S295, Little				
PHONE NO. 537-1670 NAME OF PRESENTER A	FAX NO.	404-4619	E- MAIL	cathy.coffm	nan@dhs.arkansas.gov	
MEETING		_Tami Harlan_			******	
PRESENTER E-MAIL ta	mi.harlan@dhs.arka	ansas.gov				
A. Please make copies of th	· · ·	STRUCTION use.	<u>S</u>			
 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 						
	gislative Research Mall, 5 th Floor AR 72201					
********	*******	******	******	*****	*****	
 What is the short title of the rule? 		ulemaking 001	-15	المراجعة والمراجعة والمراجع والمراجع والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة		
2. What is the subject of the rule?	proposed Imple Revis		national C	assification o	f Diseases, 10 th	
3. Is this rule required to conregulation? If yes, please provide the ficitation.			y ute	7es ⊠ 45 CFR Part∶	No 🗌 162	
4. Was this rule filed under t Administrative Procedure If yes, what is the effectiv rule?	Act?		7	es 🗌	No 🗵	
					a contract of the contract of	

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 International Classification of Diseases, 9 th Revision) is replaced with ICD-10 (International Classification of Diseases, 10 th Revision) effective nationwide October 1, 2015.					
Does this repeal an existing rule? Yes \(\sum \) No \(\sum \) 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 No No No No Substantive 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 the Arkansas Code citation. <u>Arkansas Statute 20-76-201</u>					
7. What is the purpose of this proposed rule? Why is it necessary? This rule is necessary to comply with standardized universal coding on medical claims ensuring accurate and timely claims processing. These are standardized data sets used by Medicare and other third party payers of medical claims.					
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 If yes, please complete the following: Date: Time:					
Place:					
11. What is the proposed effective date of this proposed rule? (Must provide a date.) October 1, 2015					

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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT		IMENT	Department of Human Services						
DIVISION		N	Division of Medical Services						
PE	RSO	N COMPLE	TING THIS S	TATEMENT	Brian Jones				
TE	LEPH	HONE NO.	501-537-2064	_FAX NO. <u>501</u>	<u>-404-4619</u> EMAIL : bria	an.jones@dhs	s.arkansas.gov		
To Sta	comp ateme	oly with Ark nt and file tw	Code Ann. § 2 o copies with t	25-15-204(e), pl he questionnair	ease complete the followi e and proposed rules.	ng Financial	Impact		
SF	IORT	TITLE OF	THIS RULE	Notice of Rul	e Making 001-15	·			
1.	Does	s this propos	ed, amended, o	r repealed rule h	ave a financial impact?	Yes 🗌	No 🖂		
2.	Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No						No 🗌		
3.				res to this rule, v	was this rule determined red?	Yes 🔀	No 🗌		
	If an	agency is pr	oposing a more	costly rule, ple	ase state the following:				
	(a) How the additional benefits of the more costly rule justify its additional cost;								
	(b) The reason for adoption of the more costly rule;								
	(c)	(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;							
	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.					so, please			
4.	If the purpose of this rule is to implement a federal rule or regulation, please state the following:								
	(a)	What is the cost to implement the federal rule or regulation?							
	<u>Cur</u>	rent Fiscal	<u>Year</u>		Next Fiscal Year	·			
	Fede Casl Spec	eral Revenueral Funds h Funds cial Revenue er (Identify)	\$0		General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	\$0 \$0			

	Total	,	Total	
	(b) What is the additional co	ost of the state rule?		
	Current Fiscal Year		Next Fiscal Year	
	Federal Funds Cash Funds Special Revenue		Cash Funds	
	Total		Total	
5.	What is the total estimated coproposed, amended, or repeathey are affected.	ost by fiscal year to any particle and parties and selections. Identify the entity the entity the entity the control of the co	rivate individual, entit ity(ies) subject to the p	y and business subject to the proposed rule and explain how
	urrent Fiscal Year		Next Fisca	<u>Year</u>
\$			\$	
\$			Next Fiscal	
7.	With respect to the agency's or obligation of at least one private entity, private busine two (2) or more of those ent	hundred thousand dollars ess, state government, cou	(\$100,000) per year to	o a private individual,
			Yes ☐ No ⊠	
	If YES, the agency is require time of filing the financial in with the financial impact sta	npact statement. The wri	tten findings shall be f	îled simultaneously
	(1) a statement of the rule's	basis and purpose;		
	(2) the problem the agency s a rule is required by state	_	proposed rule, includin	ng a statement of whether
	(3) a description of the factu	al evidence that:		

- (a) justifies the agency's need for the proposed rule; and
- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

Summary for International Classification of Diseases, 10th Revision (ICD-10)

In order to comply with federal regulation 45 CFR Part 162 the International Classification of Diseases 10th Revision will be implemented nationwide, effective October 1, 2015. This rule is necessary for consistency with the utilization of claims processing used by Medicare and other third party payers. These data sets are standardized and are used internationally for claims processing.