

1 State of Arkansas
2 89th General Assembly
3 Regular Session, 2013

A Bill

HOUSE BILL 1968

4
5 By: Representative Westerman

For An Act To Be Entitled

8 AN ACT TO CREATE THE ACCESS TO CARE ACT; TO LOWER THE
9 COST OF CARE AND INCREASE ACCESS TO CARE FOR MEDICAID
10 PATIENTS; AND FOR OTHER PURPOSES.

Subtitle

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13 TO CREATE THE ACCESS TO CARE ACT.

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17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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19 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
20 amended to add an additional section to read as follows:

21 20-77-125. Ambulatory surgery centers – Medicaid reimbursement.

22 (a) As used in this section:

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

27 (2) "Ambulatory Surgery Center Medicaid Procedure Code" means
28 appropriate procedures that do not appear on the Medicare hospital inpatient
29 only list or Medicaid hospital inpatient-only list and that are medically
30 necessary and not solely for cosmetic treatment or surgery;

31 (3) "Ambulatory Surgery Center Medicaid Reimbursement Formula for
32 Appropriate Implantable Devices" means appropriate implantable devices used
33 during appropriate procedures is reimbursed at a pass-through cost if the
34 combined cost of the appropriate implantable devices is greater than fifty
35 percent (50%) of the reimbursement for the ambulatory surgery center Medicaid
36 procedure code;



1 (4) "Ambulatory Surgery Center Medicaid Reimbursement Rate for
 2 Appropriate Procedures" means eighty percent (80%) of Hospital Outpatient
 3 Procedure Department Medicare reimbursement for Ambulatory Surgery Center
 4 Medicaid Procedure Codes;

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

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

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

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

15 (A) The nature of the procedure;

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

18 (C) The underlying physical condition of those patients
 19 most often having the particular procedure.

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

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

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

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

32 (2) If an appropriate procedure is performed at an ambulatory
 33 surgery center that is not a hospital outpatient procedure department, the
 34 appropriate procedure and any appropriate implantable devices shall be billed
 35 using the Ambulatory Surgery Center Medicaid Procedure Codes and reimbursed
 36 pursuant to the Ambulatory Surgery Center Medicaid Reimbursement Rate For

Appropriate Procedures and the Ambulatory Surgery 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 Rate
For Appropriate Procedures shall be eighty percent (80%) of the Medicare
Hospital outpatient procedure department reimbursement for a comparable
procedure, based on Relative Value Unit that is not on the Medicare hospital
inpatient only list.

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