1	State of Arkansas	As Engrossed: \$3/17/15		
2	90th General Assembly	A Bill		
3	Regular Session, 2015		SENATE BILL 1019	
4				
5	By: Senator Irvin			
6				
7	For An Act To Be Entitled			
8	AN ACT TO	AN ACT TO AMEND THE ACCESS TO CARE ACT, § 20-77-129;		
9	TO LOWER THE COST OF CARE AND INCREASE ACCESS TO CARE			
10	FOR MEDICAID PATIENTS; TO DECLARE AN EMERGENCY; AND			
11	FOR OTHER PURPOSES.			
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14	Subtitle			
15	TO AMEND THE ACCESS TO CARE ACT, § 20-77-			
16	129; AND TO LOWER THE COST OF CARE AND			
17	INCREASE ACCESS TO CARE FOR MEDICAID			
18	PATI	TENTS.		
19				
20				
21	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:			
22				
23	SECTION 1. Arkansas Code § 20-77-129 is amended to read as follows:			
24	20-77-129. Ambulatory surgery centers — Medicaid reimbursement.			
25	(a) As used in			
26		ulatory surgery center" means a		
27	certified by Medicare as an ambulatory surgical center that operates			
28	exclusively for the purpose of providing surgical services to patients not			
29	requiring hospitalization;			
30	(2) "Ambulatory Surgery Center Medicaid Procedure Code" means			
31	appropriate procedures that do not appear on the Medicare hospital inpatient-			
32	only list or Medicaid hospital inpatient-only list and that are medically			
33	•	ely for cosmetic treatment or su		
34		(3) "Ambulatory Surgery Center Medicaid reimbursement formula		
35		for appropriate implantable devices" means appropriate implantable devices		
36	used during appropriat	te procedures that are reimburse	a at a pass-through cost	

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1 if the combined cost of the appropriate implantable devices is greater than

- 2 fifty percent (50%) of the reimbursement for the Ambulatory Surgery Center
- 3 Medicaid Procedure Code;
- 4 (4) "Ambulatory Surgical Center Medicaid reimbursement rate for
- 5 appropriate procedures" means eighty percent (80%) ninety-five percent (95%)
- 6 of hospital outpatient procedure department ambulatory surgical center
- 7 Medicare reimbursement for Ambulatory Surgical Center Medicaid Procedure
- 8 Codes;
- 9 (5) "Appropriate implantable device" means a device used during
- 10 an appropriate procedure;
- 11 (6) "Appropriate procedure" means a procedure that is not on the
- 12 Medicaid hospital inpatient-only list or Medicare hospital inpatient-only
- 13 *list*;
- 14 (7) "Healthcare Financing Administration Common Procedure Coding
- 15 System" means the coding system under the Centers for Medicare and Medicaid
- 16 Services:
- 17 (8) "Hospital inpatient-only list" means procedures that should
- 18 be performed on an inpatient basis for the Medicare population due to one (1)
- 19 or more of the following reasons:
- 20 (A) The nature of the procedure;
- 21 (B) The need for at least twenty-four (24) hours of
- 22 postoperative care; and
- 23 (C) The underlying physical condition of those patients
- 24 most often having the particular procedure; and
- 25 (9) "Hospital outpatient procedure department" means a hospital-
- 26 based ambulatory surgery center that bills in accordance with the Outpatient
- 27 Hospital Services Medicaid Provider Guide; and
- 28 (10) "Relative Value Unit" means a service unit value measured
- 29 in relation to the values of other services and involving a Current
- 30 Procedural Terminology code that, when multiplied by the conversion factor
- 31 and a geographical adjustment, creates the compensation level for a
- 32 particular service.
- 33 (b) The purpose of this act is to decrease the cost of Medicaid while
- 34 increasing access to care to Arkansas's Medicaid population.
- 35 (c)(1) An appropriate procedure may be performed at an ambulatory
- 36 surgery center or a hospital outpatient procedure department.

1	(2) If an appropriate procedure is performed at an ambulatory		
2	surgery center or at a hospital outpatient procedure department, the		
3	appropriate procedure and any appropriate implantable devices shall be billed		
4	using the Ambulatory Surgery Center Medicaid Procedure Codes and reimbursed		
5	pursuant to the Ambulatory Surgery Center Medicaid reimbursement formula for		
6	appropriate procedures and the Ambulatory Surgical Center Medicaid		
7	reimbursement formula for appropriate implantable devices.		
8	(d) If an Ambulatory Surgery Center Medicaid Procedure Code is not on		
9	the Medicaid hospital inpatient-only list but is on the Medicare hospital		
10	inpatient-only list, the Ambulatory Surgery Center Medicaid reimbursement		
11	formula for appropriate procedures shall be eighty percent (80%) ninety-five		
12	percent (95%) of the Medicare hospital outpatient procedure department		
13	ambulatory surgical center reimbursement for a comparable procedure, based on		
14	a Relative Value Unit that is not on the Medicare hospital inpatient-only		
15	list.		
16	(e) Any reimbursement payments made under this section may not exceed		
17	the Medicaid upper payment limit as established by the Center for Medicare		
18	and Medicaid Services.		
19			
20	SECTION 2. EMERGENCY CLAUSE. It is found and determined by the		
21	General Assembly of the State of Arkansas that reimbursements under the		
22	Arkansas Medicaid Program are subject to federal limits; that reimbursements		
23	under the current law may exceed the federal upper limits, requiring the		
24	excess cost to be funded entirely through state general revenues; and that		
25	this act is immediately necessary to protect the fiscal integrity of the		
26	Arkansas Medicaid Program. Therefore, an emergency is declared to exist, and		
27	this act being immediately necessary for the preservation of the public		
28	peace, health, and safety shall become effective on:		
29	(1) The date of its approval by the Governor;		
30	(2) If the bill is neither approved nor vetoed by the Governor,		
31	the expiration of the period of time during which the Governor may veto the		
32	bill; or		
33	(3) If the bill is vetoed by the Governor and the veto is		
34	overridden, the date the last house overrides the veto.		
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36	/s/Irvin		