

1 State of Arkansas  
2 90th General Assembly  
3 Regular Session, 2015  
4

*As Engrossed: S3/17/15*

# A Bill

SENATE BILL 1019

5 By: Senator Irvin  
6

## For An Act To Be Entitled

8 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.  
12  
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### Subtitle

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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 *PATIENTS.*  
19  
20

21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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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 this section:*

26 *(1) “Ambulatory surgery center” means a distinct entity*  
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 *necessary and not solely for cosmetic treatment or surgery;*

34 *(3) “Ambulatory Surgery Center Medicaid reimbursement formula*  
35 *for appropriate implantable devices” means appropriate implantable devices*  
36 *used during appropriate procedures that are reimbursed at a pass-through cost*



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.~~

