

ARKANSAS REGISTER

Transmittal Sheet



Charlie Daniels
Secretary of State
State Capitol Room 026
Little Rock, Arkansas 72201-1094
(501) 682-3527

For Office

Use Only: Effective Date _____ Code Number 016.06

Name of Agency Department of Health and Human Services

Department Division of Medical Services

Contact Will Taylor E-mail will.taylor@arkansas.gov Phone 682-8362

Statutory Authority for Promulgating Rule _____

Rule Title: Hospital/Critical Access Hospital/End Stage Renal Disease Update Transmittal #140

Intended Effective Date _____ Date _____

- | | | |
|---|--------------------------------------|-----------------------------|
| <input type="checkbox"/> Emergency | Legal Notice Published..... | <u>03/19/08 – 03/21/08.</u> |
| <input type="checkbox"/> 10 Days After Filing | Final Date for Public Comment..... | <u>04/17/08</u> |
| <input checked="" type="checkbox"/> Other <u>June 1, 2008</u> | Reviewed by Legislative Council..... | _____ |
| | Adopted by State Agency..... | <u>06/01/08</u> |

Electronic Copy of Rule Provided (per Act 1478 of 2003)

Electronic Copy of Rule to be e-mailed from: Becky Murphy becky.Murphy@arkansas.gov
Contact Person Email Address

CERTIFICATION OF AUTHORIZED OFFICER
I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended

Signature
(501) 682-8292 roy.jeffus@arkansas.gov
Phone Number E-mail Address

Director
Title

Date
May 2, 2008
Date

FILED
AR. REGISTERED IN
08 MAY -1 PM 3:45
CHARLIE DANIELS
SECRETARY OF STATE
STATE OF ARKANSAS

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Health and Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-2483 **FAX NO.** 682-3889 **EMAIL:** randy.helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Hospital/Critical Access Hospital/End Stage Renal Disease Update No. 140

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
Yes ___ No X

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

3. 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. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

Current Fiscal Year

Next Fiscal Year

None

None

**Division of Medical Services
Program Planning & Development**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD)

DATE: June 1, 2008

SUBJECT: Provider Manual Update Transmittal #140

REMOVE

Section
213.231

Date
10-13-03

INSERT

Section
213.231

Date
6-1-08

Explanation of Updates

Section 213.231: This section has been revised to refer to sections 172.100 and 172.200 for specific exemptions from the PCP referral requirement.

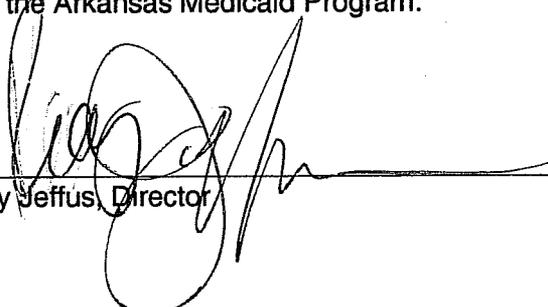
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-8323 or (501) 682-6789 (TDD).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.


Roy Jeffus, Director

TOC required

213.231 **Non-Emergency Services in Emergency Departments and
Outpatient Clinic Services** 6-1-08

- A. Non-emergency services in the emergency department and outpatient hospital clinic services are not covered separately on the same date of service as an inpatient admission.
- B. Coverage of outpatient surgeries and treatment/therapy services include the coverage of outpatient hospital clinic services (room) and basic non-emergency services (room) in the emergency department that occur on the same date of service.
- C. See sections 172.100 and 172.200 for exceptions to the PCP referral requirement.