

**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

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**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:** Implementation of the paper version the new UB-04 (formerly the UB-92) and the CMS newest version of the 1500 claim forms. Alternatives for Adults with Physical Disabilities Update #47, Ambulatory Surgical Centers Update #82, Chiropractor Update #77, Child Health Management Services Update #82, Certified Nurse Midwife #82, Children's Services Targeted Case Management Update # 38, DDS ACS Waiver Update #79, Developmental Day Treatment Clinic Services Update #85, Domiciliary Care Update #59, Developmental Rehabilitation Services Update #31, DYS/DCFS Targeted Case Management Update #25, ElderChoices Update #75, Child Health Services/Early Periodic Screening Diagnosis & Treatment (EPSDT) Update #90, Federally Qualified Health Center Update #70, Hearing Services Update #74, Home Health Update #93, Hospital/CAH/End-Stage Renal Disease Update #111, Hyperalimentation Update #91, Inpatient Psychiatric Services for Under Age 21 Update #81, Living Choices Assisted Living Update #31, Licensed Mental Health Practitioners Update #65, Nurse Practitioner Update #80, Private Duty Nursing Update #82, Personal Care Update #87, Pharmacy Update #98, Podiatrist Update #78, Portable X-Ray Update #68, Rehabilitative Hospital Update #77, Rehabilitative Services for Persons with Physical Disabilities Update #53, Rehabilitative Services for Persons with Mental Illness Update #85, Rural Health Clinic Update #70, School Based Mental Health Services Update #39, Section III, Targeted Case Management Update #72, Occupational, Physical, Speech Therapy Services Update #74, Transportation Update #89, Ventilator Equipment Update #72, Visual Care Update #88.

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 **Does this proposed, amended, or repealed rule or regulation have a financial impact?**  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.**  
Not applicable
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**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

BY \_\_\_\_\_  
CHARLIE DANIEL S.  
SECRETARY OF STATE  
STATE OF ARKANSAS

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FILED  
AR. REGISTER DIV.