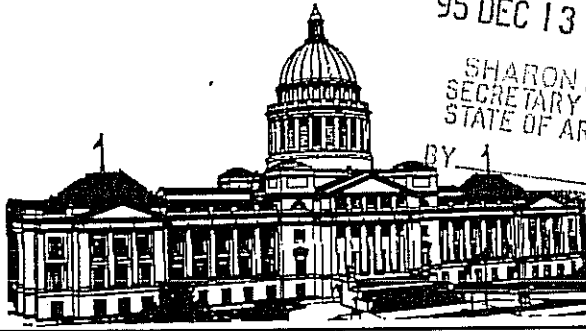


ARKANSAS REGISTER

ARK. REGISTER DIV.

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Transmittal Sheet



SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

Sharon Priest
W. J. "Bill" McCuan

Secretary of State
State Capitol Rm. 010
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 1/1/96 Code Number 054.00.95--007

Name of Agency Arkansas Insurance Department

Department Legal Division

Contact Person Jean Langford, Chief Counsel

Statutory Authority for Promulgating Rules Ark. Code Ann. §§ 23-61-108, 23-76-125, 23-79-141 as amended by Act 685 of 1995 and 25-15-203

Intended Effective Date		Date
<input type="checkbox"/> Emergency	Legal Notice Published	<u>9-1-95</u> — <u>10-3-95</u>
<input type="checkbox"/> 20 Days After Filing	Final Date for Public Comment	<u>10-18-95</u>
<input type="checkbox"/> Other	Filed With Legislative Council	<u>about 8-31-95</u>
<u>1-1-96</u>	Reviewed by Legislative Council	<u>10-5-95</u>
	Adopted by State Agency	<u>SIGNED? 11-30-95</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted In Compliance with Act 434 of 1967 As Amended.

Jean Langford

Signature

Chief Counsel

Title

12-13-95

Date

FILED
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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

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12 Section 1. Purpose

13 The purpose of this Regulation is to implement Arkansas Code Annotated
14 §23-79-141, as amended by Act 685 of 1995, effective July 28, 1995.

15 Section 2. Authority

16 This Rule is issued pursuant to the authority vested in the
17 Commissioner under Ark. Code Ann. §§23-61-108, 23-76-125, 23-79-141 as
18 amended by Act 685 of 1995, and 25-15-203.

19 Section 3. Applicability and Scope

20 This Rule applies to every disability (health) insurer, hospital or
21 medical service corporation, health maintenance organization ("HMO"),
22 and fraternal benefit society licensed by the Arkansas Insurance
23 Commissioner ("Commissioner"), and to each self-insured plan transacting
24 disability insurance or providing disability coverage in this State
25 which delivers, issues for delivery in this State, or renews, extends,
26 or modifies disability policies, contracts, certificates and plans
27 providing hospital and medical coverage on an expense incurred, service,
28 or prepaid basis and which contracts provide coverage for a family
29 member of the insured person. This Regulation does not apply to
30 disability income, specified disease, medicare supplement, hospital
31 indemnity, or accident only policies.

32 Section 4. Effective Date

33 The effective date of this Rule is January 1, 1996, upon signature
34 of the Commissioner and statutory filing.

35 Section 5. Definitions

36 A. Anticipatory Guidance

37 Anticipatory guidance shall include such things as visual evaluation

1 (titmus machine or other ophthalmological testing not required), hearing
2 evaluation (machine audiology test not required), dental inspection for
3 children under two years of age, and a nutritional assessment.

4 B. Children's Preventive Health Care Services

5 This term means physician-delivered or physician-supervised services for
6 eligible dependents from birth through age eighteen (18) , with periodic
7 preventive care visits, including medical history, physical examination,
8 developmental assessment, anticipatory guidance and appropriate
9 immunizations and laboratory tests, in keeping with prevailing medical
10 standards for the purposes of this Rule and Regulation.

11 C. Developmental Assessment

12 A developmental assessment should be obtained by history and observation
13 of the child, or by one recognized developmental tests. This portion of
14 the screening should include assessment of eye-hand coordination, gross
15 motor function (walking, hopping, climbing), fine motor skills (use of
16 finger dexterity and hand usage), speech development, daily living
17 personal skills such as dressing, feeding and grooming oneself,
18 behavioral development, and proofs of mind with body integration.

19 D. Lab Test/Immunizations

20 Laboratory procedures and immunizations should be performed as
21 appropriate for the child's age. A hematocrit or hemoglobin test is
22 recommended for children one (1) year of age and older and a urinalysis
23 is recommended for children five (5) years of age and older. Other
24 laboratory procedures are to be performed if it is deemed appropriate by
25 the child's age and/or health history (i.e., lead toxicity, sickle cell,
26 tuberculin, pap smear).

27 E. Medical History

28 A medical history is to be obtained from the parent, legal guardian, or
29 other responsible adult who is familiar with the child's health
30 history. The child's height and weight should also be recorded and
31 compared with the ranges considered normal for children of that age.

32 F. Periodic Preventive Care Visits

33 Routine tests and procedures performed for the purpose of detection of
34 abnormalities or malfunctions of bodily systems and parts according to
35 accepted medical practice.

36 G. Physical Examination

37 A physical examination is to be performed to note obvious physical
38 defects including orthopedic, genital, skin, and other observable
39 deviations.

1 Section 6. Reimbursement Levels

2 A. Pursuant to Ark. Code Ann. 23-79-141 (f), as amended by Act
3 685 of 1995, reimbursements levels not exceeding current Arkansas
4 Medicaid reimbursement levels shall be provided for the services
5 mandated under this section of the Insurance Code. For any
6 pharmaceutical products for which reimbursement levels are not
7 established under the Medicaid Program in the State of Arkansas,
8 benefits shall be reimbursed at levels equal to the "Average Wholesale
9 Price" for said pharmaceutical products, as defined in the most current
10 edition of the Drug Topics Annual Redbook.

11 B. (1) Each disability insurance policy, contract, certificate or
12 plan providing benefits for children's preventive health care services
13 on a periodic basis shall include twenty (20) visits at approximately
14 the following age intervals: birth, 2 weeks, 2 months, 4 months, 6
15 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4
16 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years
17 and 18 years. A disability insurance policy, contract, certificate or
18 plan may provide that children's preventive health care services which
19 are rendered during a periodic review shall only be covered to the
20 extent that these services are provided by or under the supervision of a
21 single physician during the course of one (1) visit.

22 (2) Benefits for recommended immunization services shall be exempt from
23 any co-payment, coinsurance, deductible or dollar limit provisions in
24 the disability insurance policy. Insurers and HMO's and other licensees
25 required to comply with this Rule shall explicitly state in their policy
26 and subscriber contracts that all other children's preventive health
27 care services shall be subject to co-payment, coinsurance, deductible,
28 or dollar limit provisions in the policy or contract. In this regard,
29 insurers, HMO's and other licensees required to obtain the Department's
30 prior approval of forms and endorsements under Ark. Code Ann. §23-79-109
31 and other applicable laws shall make form or endorsement filings with
32 this Department to ensure current Arkansas policies and contracts are in
33 compliance with this Rule and Regulation by January 1, 1996.

34 C. On and after January 1, 1996, insurers, HMO's and
35 self-insured plans shall adhere to the Medicaid reimbursement levels as
36 outlined in Section 6 (A). Upon any subsequent decrease of Medicaid's
37 reimbursement levels, insurers, HMO's and self-insured plans shall
38 immediately adjust their reimbursement levels so as not to exceed
39 Medicaid's reimbursement levels for the State of Arkansas. Upon any
40 subsequent increase in Medicaid's reimbursement levels for the State of
41 Arkansas, insurers, HMO's, and self-insured plans may adjust their
42 reimbursement levels accordingly, or may maintain reimbursement levels
43 specified by the Arkansas Medicaid program as of July 28, 1995. Upon
44 any adjustment of reimbursement levels necessitated by subsequent
45 changes in Arkansas' Medicaid Program, insurers and HMO's shall comply
46 with form, rate and/or rule filings required under the Arkansas
47 Insurance Code to disclose such amendments.

1 Section 7. Periodic Screening Guidelines

2 The following is a part of the Arkansas Department of Health &
3 Human Services' Early and Periodic Screening Diagnosis & Treatment
4 ("EPSDT") Manual. The procedures outlined below are considered the
5 minimum elements for proper periodic screening:

6 General Schedule for Medical/Dental Screen and Immunizations
7 For Infants and Children***

8 AGE	PREPARATION AND EXAMINATION
9 Birth to 6 months	EPSDT Screening and Dental
10	Inspection*
11	Oral Polio Vaccine
12	DPT
13 6 Months to 1 year	EPSDT Screening and Dental
14	Inspection*
15	Oral Polio Vaccine
16	DPT
17 1 through 2 years	EPSDT Screening and Dental
18	Inspection*/Examination
19	(See Section 213.60)
20	Oral Polio Booster
21	DPT Booster
22 3 through 4 years	EPSDT Screening and Dentist
23	Examination **
24 5 through 6 years	Pre-School EPSDT Screening and
25	Dental Examination
26	DPT Booster
27	Oral Polio Vaccine Booster
28 8 years	EPSDT Screening and Dental
29	Examination
30 10 through 12 years	EPSDT Screening and Dental
31	Examination
32 14 years	EPSDT Screening and Dental
33	Examination
34	Tetanus and Diphtheria
35	Toxoids, Adult Type
36 16-18 years	EPSDT Screening and Dental
37	Examination

38 * Routine Dental Inspection only for obvious dental problems.

39 ** The last dose of polio vaccine, DPT, DT or TD must have been after
40 the child's 4th birthday.

1 *** For all mandated visits not specifically addressed in this chart,
2 services rendered shall include, at a minimum, an EPSDT Screening and
3 Dental Examination.

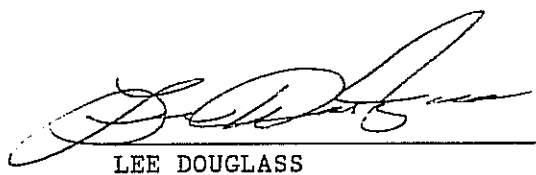
4 Proper and timely application of the EPSDT Schedule and procedures
5 described in these guidelines should enable the Arkansas EPSDT Program
6 to reduce substantially the incidence of child morbidity throughout the
7 State and in the long run reduce the human and financial costs
8 associated with neglected health care.

9 Section 8. Severability

10

11 Any section or provision of this Rule held by a court to be invalid
12 or unconstitutional will not affect the validity of any other section or
13 provision of this Rule.

14
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16
17



LEE DOUGLASS
INSURANCE COMMISSIONER
STATE OF ARKANSAS

11-30-95

18
19

DATE