ARKANSAS REGISTER



Transmittal Sheet

SHAROH MARGE SECRETARY OF STATE STATE OF ARKANSAS

Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date	77 Code Number <u>054,00,97003</u>	
Name of Agency Arkansas I	nsurance Department	
Department Legal Divi	sion	
Contact Person Roger McNe	<u>Phone 371-2820</u>	
•	ng Rules <u>ACA §§23-61-108, 23-76-125, 23-79-141 & 25-15-20</u> 8	
	Date	
Intended Effective Date	Legal Notice Published	
Emergency	Final Date for Public Comment 12/9/1996	
10 Days After Filing	Filed With Legislative Council	
ixx Other	Reviewed by Legislative Council 1/2/1997	
July 1, 1997	Adopted by State Agency 1/27/1997	
CERTIFICATIO	N OF AUTHORIZED OFFICER	
I Hereby Certify That The Attached Rules Were Adopted:		
	Assure 24 Signature	
	(501) 371-2820	
	Associate Counsel Title	
	/-3/-97 Date	



Divisions

Administration 1-501-371-2620 1-501-371-2629 Fax

Accounting 1-501-371-2605

Consumer Services 1-501-371-2640 1-800-852-5494

Data Processing 1-501-371-2657

Finance 1-501-371-2665

Human Resources 1-501-371-2815

Legal 1-501-371-2820

License 1-501-371-2750

Life & Health 1-501-371-2800

Property & Casualty 1-501-371-2800

Risk Management 1-501-371-2690

Senior Insurance Network 1-501-371-2782 1-800-852-5494

Workers'
Compensation
Fraud Investigation
Unit
1-501-371-2790
1-501-371-2799 Fax

Arkansas Insurance Department

FILED AR. REGISTER DIV.

97 MAR 18 AM 8:01

1200 West Third Street Little Rock, AR 72201-1904 1-501-371-2600 1-800-282-9134 Fax 1-501-371-2618

SHA			
SECRE	TARY	OF S	TATE
STATE	OF A	PKAI	ISAS
_ ,, ,,			

March 3, 1997

Mike Pickens

Commissioner

BY	
D I	

BULLETIN NO. 3-97

TO:

ALL LICENSED DISABILITY INSURERS, ALL LICENSED HEALTH MAINTENANCE ORGANIZATIONS, ALL LICENSED HOSPITAL & MEDICAL SERVICE CORPORATIONS, ALL LICENSED FRATERNAL BENEFIT SOCIETIES, ALL REGISTERED MET'S & MEWA'S & SELF-INSURED HEALTH CARE PLANS, ALL REGISTERED THIRD PARTY ADMINISTRATORS, AND OTHER INTERESTED PARTIES

FROM:

ARKANSAS INSURANCE DEPARTMENT

SUBJECT:

ADOPTION OF REVISED RULE AND REGULATION 45, "CHILDREN'S PREVENTIVE HEALTH CARE REIMBURSEMENT LEVELS"

The Department has adopted revised Rule and Regulation 45 effective July 1, 1997. The major changes made to the proposed rule following last December's public hearing and incorporated into the final rule are:

- 1) Section 4 Change rule effective date to 7-1-97.
- 2) Section 6(A) Add insurer's reimbursement levels approved by Commissioner at minimum amounts equal to current Arkansas Medicaid reimbursement. Deleting former caps at the Arkansas Medicaid reimbursement level to permit insurance payments to exceed those minimum reimbursements. Mandate that reimbursements cove cost of pharmaceutical material and fees to administer vaccines and immunizations.
- 3) Section 6(B) Expand periodic visits by inserting "at a minimum" in the third line of (1); add compliance date of 7-1-97 in the last line of (2).
- 4) Section 6(C) Add compliance date "on and after 7-1-97" in the first line; delete certain phrases on automatic adjustments to reimbursement levels to track <u>decreases</u> in Arkansas Medicaid to clarify permissible adjustment of <u>minimum</u> levels for <u>increases</u> in Arkansas Medicaid.
- 5) Section 7 Add new introductory paragraph to mandate insurer's compliance with the Periodicity Schedule of American Academy of Pediatrics for periodic screening of children replacing and deleting the former chart of scheduled visits; and specify use of most current edition of Arkansas Department of Human Services' Screening Manual.

Direct your inquiries or requests for Rule and Regulation 45 "Children's Preventive Health Care Reimbursement Levels" to the Legal Division at (501) 371-2820.

MIKE PICKENS

INSURANCE COMMISSIONER

RULE AND REGULATION 45

CHILDREN'S PREVENTIVE HEALTH CARE REIMBURSEMENT LEVILS

AR SECISTER BIV.

3 TABLE OF CONTENTS

97 FEB 24 AM II: 00

SHAROHERIEST

SECRETARY OF STATE

STATE OF ARKAHSAS

DY____

- 4 SECTION 1. PURPOSE
- 5 SECTION 2. AUTHORITY
- 6 SECTION 3. APPLICABILITY & SCOPE
- 7 SECTION 4. EFFECTIVE DATE
- 8 SECTION 5. DEFINITIONS
- 9 SECTION 6. REIMBURSEMENT LEVELS
- 10 SECTION 7. PERIODIC SCREENING GUIDELINES
- 11 SECTION 8. SEVERABILITY
- 12 Section 1. Purpose
- 13 The purpose of this Regulation is to implement and coordinate
- 14 insurers' compliance with Arkansas Code §23-79-141, as amended by Act
- 15 685 of 1995.
- 16 Section 2. Authority
- 17 This Rule is issued pursuant to the authority vested in the
- 18 Commissioner under Ark. Code Ann. §§23-61-108, 23-76-125, 23-79-141 as
- 19 amended by Act 685 of 1995, and 25-15-203, and other applicable
- 20 provisions of Arkansas law.
- 21 Section 3. Applicability and Scope
- This Rule applies to every disability (health) insurer, hospital or
- 23 medical service corporation, health maintenance organization ("HMO"),
- 24 and fraternal benefit society licensed by the Arkansas Insurance
- 25 Commissioner ("Commissioner"), and to each self-insured plan transacting
- 26 disability insurance or providing disability coverage in this State
- 27 which delivers, issues for delivery in this State, or renews, extends,
- 28 or modifies disability policies, contracts, certificates and plans
- 29 providing hospital and medical coverage on an expense incurred, service,
- 30 or prepaid basis and which contracts provide coverage for a family
- 31 member of the insured person.
- This Regulation does not apply to disability income, specified
- 33 disease, medicare supplement, hospital indemnity, or accident only
- 34 policies.
- 35 Section 4. Effective Date
- The effective date of this Rule is July 1, 1997, upon signature of
- 37 the Commissioner and statutory filing.
- 38 Section 5. Definitions
- 39 A. Anticipatory Guidance

- 1 Anticipatory guidance shall include such things as visual evaluation 2 (titmus machine or other ophthalmological testing not required), hearing 3 evaluation (machine audiology test not required), dental inspection for 4 children under two years of age, and a nutritional assessment.
- 5 B. Children's Preventive Health Care Services
- 6 This term means physician-delivered or physician-supervised services for 7 eligible dependents from birth through age eighteen (18), with periodic 8 preventive care visits, including medical history, physical examination, 9 developmental assessment, anticipatory guidance and appropriate 10 immunizations and laboratory tests, in keeping with prevailing medical 11 standards for the purposes of this Rule and Regulation.
- 12 C. Developmental Assessment
- 13 A developmental assessment should be obtained by history and observation 14 of the child, or by one recognized developmental tests. This portion of 15 the screening should include assessment of eye-hand coordination, gross 16 motor function (walking, hopping, climbing), fine motor skills (use of 17 finger dexterity and hand usage), speech development, daily living 18 personal skills such as dressing, feeding and grooming oneself, 19 behavioral development, and proofs of mind with body integration.
- 20 D. Lab Test/Immunizations
- 21 Laboratory procedures and immunizations should be performed as 22 appropriate for the child's age. A hematocrit or hemoglobin test is 23 recommended for children one (1) year of age and older and a urinalysis 24 is recommended for children five (5) years of age and older. Other 25 laboratory procedures are to be performed if it is deemed appropriate by 26 the child's age and/or health history (i.e., lead toxicity, sickle cell, 27 tuberculin, pap smear).
- 28 E. Medical History
- 29 A medical history is to be obtained from the parent, legal guardian, or 30 other responsible adult who is familiar with the child's health 31 history. The child's height and weight should also be recorded and 32 compared with the ranges considered normal for children of that age.
- 33 F. Periodic Preventive Care Visits
- 34 Routine tests and procedures performed for the purpose of detection of 35 abnormalities or malfunctions of bodily systems and parts according to 36 accepted medical practice.
- 37 G. Physical Examination
- 38 A physical examination is to be performed to note obvious physical 39 defects including orthopedic, genital, skin, and other observable 40 deviations.

- Pursuant to Ark. Code Ann. 23-79-141 (f), as amended by Act 3 685 of 1995, reimbursements levels shall be approved by the Commissioner 4 at minimum amounts equal to current Arkansas Medicaid reimbursement 5 levels; and thereafter shall comply with each and every future 6 alteration in Medicaid's payment mechanisms; further these minimum 7 reimbursement levels shall be provided for the services mandated under 8 this section of the Insurance Code, although payments under insurance 9 policies and contracts exceeding these levels are permissible. For any 10 pharmaceutical products for which reimbursement levels are 11 established under the Medicaid Program in the State of Arkansas, 12 benefits shall be reimbursed at minimum levels equal to the "Average 13 Wholesale Price" for said pharmaceutical products, as defined in the 14 most current edition of the Drug Topics Annual Redbook. Reimbursement 15 levels shall cover both the cost of pharmaceutical material and 16 administration fees for providers administering 17 immunizations.
- B. (1) Each disability insurance policy, contract, certificate or 19 plan providing benefits for children's preventive health care services 20 on a periodic basis shall include at a minimum twenty (20) visits at 21 approximately the following age intervals: birth, 2 weeks, 2 months, 4 22 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 23 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 24 16 years and 18 years. A disability insurance policy, contract, 25 certificate or plan may provide that children's preventive health care 26 services which are rendered during a periodic review shall only be 27 covered to the extent that these services are provided by or under the 28 supervision of a single physician during the course of one (1) visit.
- 29 (2) Benefits for recommended vaccine and immunization services shall be 30 exempt from any co-payment, coinsurance, deductible or dollar limit 31 provisions in the disability insurance policy. Insurers and HMO's and 32 other licensees required to comply with this Rule shall explicitly state 33 in their policy and subscriber contracts that all other children's 34 preventive health care services shall be subject to co-payment, 35 coinsurance, deductible, or dollar limit provisions in the policy or 36 contract. In this regard, insurers, HMO's and other licensees required 37 to obtain the Department's prior approval of forms and endorsements 38 under Ark. Code Ann. §23-79-109 and other applicable laws shall make 39 form or endorsement filings with this Department to ensure current 40 Arkansas policies and contracts are in compliance with this Rule and 41 Regulation by or before July 1, 1997.
- 42 C. On and after July 1, 1997, insurers, HMO's and self-insured 43 plans shall adhere to the provisions outlined in Section 6 (A).
- Upon any subsequent increase in Medicaid's reimbursement levels for 45 the State of Arkansas, insurers, HMO's, and self-insured plans may 46 adjust their minimum reimbursement levels accordingly.
- Upon any adjustment of minimum reimbursement levels necessitated by 48 subsequent changes in Arkansas' Medicaid Program, insurers and HMO's 49 shall comply with form, rate and/or rule filings required under the 50 Arkansas Insurance Code to disclose such amendments.

51 3

1 Section 7. Periodic Screening Guidelines

- For compliance with this Rule, insurers and others shall adhere to standards for the most current and recommended Periodicity Schedule of the American Academy of Pediatrics, and to the most current and recommended immunization and vaccine schedule of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and of the American Academy of Family Physicians for children and infants from birth to age 18 years.
- 9 Insurers and others shall refer to the most current edition of the 10 Arkansas Department of Human Services' Early and Periodic Screening 11 Diagnosis & Treatment ("EPSDT") Manual.
- Proper and timely application of the most current EPSDT Schedule and procedures prescribed in this Rule should enable the Arkansas EPSDT Program to reduce substantially the incidence of child morbidity throughout the State and in the long run reduce the human and financial costs associated with neglected health care.
- 17 Section 8. Severability

18

27

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

21 provision of this Rule.

22	July Der
23	MIKE PICKENS
24	INSURANCE COMMISSIONER
25	STATE OF ARKANSAS
	1127/97
26	<u></u>

DATE