Stricken language would be deleted from and underlined language would be added to present law. Act 635 of the Regular Session

1	State of Arkansas As Engrossed: H3/1//25
2	95th General Assembly A Bill
3	Regular Session, 2025 HOUSE BILL 1622
4	
5	By: Representatives Gramlich, L. Johnson
6	By: Senator J. Boyd
7	
8	For An Act To Be Entitled
9	AN ACT TO AMEND THE MEDICAID FAIRNESS ACT; TO MODIFY
10	THE DEFINITION OF "ADVERSE DECISION" UNDER THE
11	MEDICAID FAIRNESS ACT; TO PROVIDE FOR ADMINISTRATIVE
12	RECONSIDERATION UNDER THE MEDICAID FAIRNESS ACT; AND
13	FOR OTHER PURPOSES.
14	
15	
16	Subtitle
17	TO AMEND THE MEDICAID FAIRNESS ACT; TO
18	MODIFY THE DEFINITION OF "ADVERSE
19	DECISION" UNDER THE MEDICAID FAIRNESS
20	ACT; AND TO PROVIDE FOR ADMINISTRATIVE
21	RECONSIDERATION UNDER THE MEDICAID
22	FAIRNESS ACT.
23	
24	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
25	
26	SECTION 1. Arkansas Code § 20-77-1702(2), concerning the definition of
27	"adverse decision" within the Medicaid Fairness Act, is amended to read as
28	follows:
29	(2)(A) "Adverse decision" means any decision by the Department
30	of Human Services or its reviewers or contractors that adversely affects a
31	Medicaid provider or recipient in regard to:
32	(i) Receipt of and payment for Medicaid claims and
33	services, including, but not limited to, decisions as to:
34	(a) Appropriate level of care or coding;
35	(b) Medical necessity;
36	(c) Prior authorization;

1	(d) Concurrent reviews;
2	(e) Retrospective reviews;
3	(f) Least restrictive setting;
4	(g) Desk audits;
5	(h) Field audits and onsite audits; and
6	(i) Inspections or surveys; and
7	(ii) Payment amounts due to or from a particular
8	provider resulting from gain sharing, risk sharing, incentive payments, or
9	another reimbursement mechanism or methodology, including calculations that
10	affect or have the potential to affect payment; and
11	(iii) Imposition of corrective action plans.
12	(B) To constitute an adverse decision, an agency decision
13	need not have a monetary penalty attached but must have <u>or</u> a direct monetary
14	consequence to the provider.
15	(C) "Adverse decision" does not include the design of or
16	changes to an element of a reimbursement methodology or payment system that
17	is of general applicability and implemented through the rulemaking process;
18	
19	SECTION 2. Arkansas Code § 20-77-1704(a) and (b), concerning the
20	allowance of a provider administrative appeal under the Medicaid Fairness
21	Act, are amended to read as follows:
22	(a) The General Assembly finds it necessary to:
23	(1) Clarify its intent that providers have the right to
24	administrative reconsideration and fair and impartial administrative appeals
25	and
26	(2) Emphasize that this right of <u>administrative reconsideration</u>
27	$\underline{\text{and}}$ appeal is to be liberally construed and not limited through technical or
28	procedural arguments by the Department of Human Services.
29	(b)(l)(A) In response to an adverse decision, a provider may $\underline{request}$
30	an administrative reconsideration with the Department of Human Services and
31	may appeal to the Office of Medicaid Provider Appeals with the Department of
32	<u>Health</u> on behalf of the recipient or on its own behalf, or both, regardless
33	of whether the provider is an individual or a corporation.
34	(B)(i) A provider appeal shall be governed by the Arkansas
35	Administrative Procedure Act, § 25-15-201 et seq., except as otherwise
36	provided in this subchapter.

As Engrossed: H3/17/25 HB1622

1	(ii) Multiple appeals by the same provider may be
2	consolidated.
3	(C) An administrative law judge employed by the Department
4	of Health shall conduct all Medicaid provider administrative appeals of
5	adverse decisions under this subchapter.
6	(2) The provider may appear:
7	(A) In person or through a corporate representative; or
8	(B) With prior notice to the Department of Health, through
9	legal counsel.
10	(3)(A) A Medicaid recipient may attend any hearing related to
11	his or her care, but the Department of Health may not make his or her
12	participation a requirement for provider appeals.
13	(B) The Department of Health may compel the recipient's
14	presence via subpoena, but failure of the recipient to appear shall not
15	preclude the provider appeal.
16	
17	/s/Gramlich
18	
19	
20	APPROVED: 4/16/25
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34 35	
36	