1 2	State of Arkansas 94th General Assembly	A Bill	
3	Regular Session, 2023		SENATE BILL 348
4			
5	By: Senator M. Johnson		
6			
7		For An Act To Be Entitled	
8	AN ACT TO AMEND THE LIABILITY OF THIRD PARTIES TO THE		
9	DEPARTMENT OF HUMAN SERVICES FOR ARKANSAS MEDICAID		
10	PROGRAM CLAIMS BY ESTABLISHING PROMPT PAYMENT		
11	GUIDELINES AND TIME PERIODS FOR WAIVERS AND FINAL		
12	RESOLUTIONS OF CLAIMS AND CLARIFYING THAT A DENIAL OF		
13	A CLAIM C	ANNOT BE FOR A LACK OF PRIOR AUTHOR	IZATION
14	IN CERTAI	N CIRCUMSTANCES; AND FOR OTHER PURPO	OSES.
15			
16			
17		Subtitle	
18	TO A	AMEND THE LIABILITY OF THIRD PARTIES	
19	TO T	THE DEPARTMENT OF HUMAN SERVICES FOR	
20	ARKA	ANSAS MEDICAID PROGRAM CLAIMS.	
21			
22			
23	BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF ARE	KANSAS:
24			
25	SECTION 1. Ark	ansas Code § 20-77-306(d), concerning	ng liability of third
26	parties to the Depart	ment of Human Services, is amended t	to read as follows:
27	(d) A health i	nsurer or a third party shall:	
28	(1) Acce	pt Medicaid's right of recovery and	the assignment to
29	Medicaid of the right	of a Medicaid recipient or other en	ntity for payment
30	from the health insur	er or a third party for an item or a	a service for which
31	Medicaid has made pay	ment;	
32	(2) Subj	ect to the time limits imposed under	r subdivision (d)(3)
33	of this section and s	ubsection (f) of this section, proce	ess and, if
34	appropriate, pay Medicaid reimbursement claims to the same extent that the		
35	plan would have been	liable had it been properly billed a	at the point of sale;
36	and		

I	(3) Agree not to deny claims submitted by the department based		
2	on:		
3	(A) A failure to present proper documentation of coverage		
4	at the point of sale; or		
5	(B) The date of submission of the claim if the claim is		
6	submitted within three (3) years from the date on which the claimed item or		
7	service was furnished <u>; or</u>		
8	(C) A lack of prior authorization if the department		
9	authorized the item or service; and		
10	(4) Agree to respond to any inquiry regarding claims within		
11	sixty (60) business days after receipt of the written documentation by the		
12	Medicaid recipient.		
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27 28			
20 29			
29 30			
31			
32			
33			
34			
35			
36			