

1 State of Arkansas
2 94th General Assembly
3 Regular Session, 2023

A Bill

SENATE BILL 348

4
5 By: Senator M. Johnson
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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 CANNOT BE FOR A LACK OF PRIOR AUTHORIZATION
14 IN CERTAIN CIRCUMSTANCES; AND FOR OTHER PURPOSES.
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16 Subtitle

17 TO AMEND THE LIABILITY OF THIRD PARTIES
18 TO THE DEPARTMENT OF HUMAN SERVICES FOR
19 ARKANSAS MEDICAID PROGRAM CLAIMS.
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23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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25 SECTION 1. Arkansas Code § 20-77-306(d), concerning liability of third
26 parties to the Department of Human Services, is amended to read as follows:

27 (d) A health insurer or a third party shall:

28 (1) Accept Medicaid's right of recovery and the assignment to
29 Medicaid of the right of a Medicaid recipient or other entity for payment
30 from the health insurer or a third party for an item or a service for which
31 Medicaid has made payment;

32 (2) Subject to the time limits imposed under subdivision (d)(3)
33 of this section and subsection (f) of this section, process 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 at the point of sale;
36 and



1 (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; or

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.

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15 **APPROVED: 3/21/23**
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