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 Eng	rossed: H3/17/25	
2	95th General Assembly		A Bill	
3	Regular Session, 2025			HOUSE BILL 1622
4				
5	By: Representatives Gramlich	ı, 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 AN	1END THE MED	ICAID FAIRNESS ACT; T	0
18	MODII	Y THE DEFIN	ITION OF "ADVERSE	
19	DECIS	SION" UNDER '	THE MEDICAID FAIRNESS	
20	ACT;	AND TO PROV	IDE FOR ADMINISTRATIV	Ε
21	RECO	ISIDERATION	UNDER THE MEDICAID	
22	FAIR	NESS ACT.		
23				
24	BE IT ENACTED BY THE G	ENERAL ASSEM	IBLY OF THE STATE OF A	ARKANSAS:
25				
26	SECTION 1. Arka	.nsas Code §	20-77-1702(2), concer	rning the definition of
27	"adverse decision" wit	hin the Medi	caid Fairness Act, is	s amended to read as
28	follows:			
29	(2)(A) "A	dverse decis	sion" means any decist	ion by the Department
30	of Human Services or i	ts reviewers.	s or contractors that	adversely affects a
31	Medicaid provider or r	ecipient in	regard to:	
32		(i) Recei	pt of and payment for	r Medicaid claims and
33	services, including, b	ut not limit	ed to, decisions as t	:0:
34		(a)	Appropriate level of	f care or coding;
35		(b)	Medical necessity;	
36		(c)	Prior authorization;	;



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1 (d) Concurrent reviews; 2 (e) Retrospective reviews; 3 (f) Least restrictive setting; 4 (g) Desk audits; 5 Field audits and onsite audits; and (h) 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 or a direct monetary 14 consequence to the provider. 15 "Adverse decision" does not include the design of or (C) 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 The General Assembly finds it necessary to: (a) 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 administrative reconsideration 27 and appeal is to be liberally construed and not limited through technical or 28 procedural arguments by the Department of Human Services. 29 (b)(1)(A) In response to an adverse decision, a provider may request 30 an administrative reconsideration with the Department of Human Services and may appeal to the Office of Medicaid Provider Appeals with the Department of 31 32 Health on behalf of the recipient or on its own behalf, or both, regardless of whether the provider is an individual or a corporation. 33 (B)(i) A provider appeal shall be governed by the Arkansas 34 35 Administrative Procedure Act, § 25-15-201 et seq., except as otherwise 36 provided in this subchapter.

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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.
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17	/s/Gramlich
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20	APPROVED: 4/16/25
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