Stricken language would be deleted from and underlined language would be added to law as it existed prior to the 82nd General Assembly.

1	State of Arkansas	As Engrossed: S3/22/99 S4/6/99		
2	82nd General Assembly	A Bill		
3	Regular Session, 1999		SENATE BILL	656
4				
5	By: Senator Harriman			
6				
7				
8		For An Act To Be Entitled		
9	"AN ACT	TO COMBAT AND PREVENT FRAUD AND ABUSE IN		
10	MEDI CAL	ASSISTANCE PROGRAMS; AND FOR OTHER PURPOSI	ES. "	
11		~		
12		Subtitle		
13	"PI	ROVIDES FOR IMPOSITION AND ENFORCEMENT		
14	OF	ADMINISTRATIVE SANCTIONS FOR MED.		
15	ASS	SISTANCE PROGRAM FRAUD AND ABUSE, AND		
16	ТО	PROVIDE FOR PROGRAM EXCLUSION FOR		
17	THC	OSE FOUND TO HAVE ENGAGED IN FRAUD AND		
18	ABL	JSE OF PUBLIC BENEFITS PROGRAMS."		
19				
20				
21	BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF ARKANSAS	S:	
22				
23	SECTION 1. <u>SH</u>	<u>ORT TITLE.</u>		
24	<u>This act may b</u>	e cited as the "Medical Assistance Progra	<u>ms</u>	
25	<u>Integrity Law.</u> "			
26				
27	SECTION 2. <u>LE</u>	<u>GISLATIVE INTENT AND PURPOSE.</u>		
28	<u>(a) This act</u>	is enacted to combat and prevent fraud and	<u>d</u>	
29	<u>abuse committed by s</u>	ome health care providers participating i	<u>n the</u>	
30	<u>medical assistance p</u>	rograms and by other persons and to negate	<u>e the</u>	
31	adverse effects such	activities have on fiscal and programmat	<u>i c</u>	
32	<u>integrity. The admi</u>	nistrative sanctions imposed pursuant to	<u>thi s</u>	
33	act are intended to	<u>be in addition to those provided for in t</u>	he	
34	<u>Medicaid Fraud Act,</u>	beginning at Arkansas Code §5-55-101 and	<u>Title</u>	
35	<u>20, Chapter 77, Subc</u>	hapter 9 of the Arkansas Code and any		
36	proceeding brought h	ereunder shall not be a bar or defense to		



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1	actions brought pursuant to these or other acts.
2	(b) The General Assembly intends to provide the Director of
3	the Department of Human Services with the ability, authority, and
4	resources to pursue administrative sanctions and liquidated damages
5	to protect the fiscal and programmatic integrity of the medical
6	assistance programs from health care providers and other persons
7	<u>who engage in fraud, misrepresentation, abuse, or other ill</u>
8	practices, as set forth in this act, to obtain payments to which
9	these health care providers or persons are not entitled.
10	
11	SECTION 3. <u>DEFINITIONS.</u>
12	As used in this act, the following terms shall have the
13	following meanings:
14	(1) "Administrative Adjudicatio"' means adjudication and the
15	<u>adjudication process contained in the Arkansas Administrative</u>
16	<u>Procedure Act, beginning at Arkansas Code § 25-15-201;</u>
17	(2) "Claim" includes any request or demand, including any
18	and all documents or information required by federal or state law
19	<u>or by rule, made against medical assistance programs funds for</u>
20	payment. A claim may be based on costs or projected costs and
21	<u>includes any entry or omission in a cost report or similar</u>
22	document, book of account, or any other document which supports, or
23	attempts to support, the claim. A claim may be made through
24	electronic means if authorized by the department. Each claim may
25	be treated as a separate claim or several claims may be combined to
26	form one claim;
27	(3) "Department director" or "director" means the Director
28	of the Department of Human Services;
29	(4) "Health care provider" means any person furnishing or
30	<u>claiming to furnish a good, service or supply under the medical</u>
31	assistance programs, any other person defined as a health care
32	provider by federal or state law or rule, and a provider-in-fact;
33	<u>(5) "Medical assistance programs" means the Medical</u>
34	Assistance Program (Title XIX of the Social Security Act), commonly
35	referred to as "Medicaid," and other programs operated by and
36	funded in the Department which provide payment to persons or

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1	entities providing any good, service, or supply to a recipient;	
2	(6) "Order" means a final order imposed pursuant to an	
3	administrative adjudication;	
4	(7) "Payment" means the payment to a health care provider	
5	from medical assistance programs funds pursuant to a claim, or the	
6	<u>attempt to seek payment for a claim;</u>	
7	(8) "Recoupment" means recovery through the reduction, in	
8	whole or in part, of payment to a health care provider;	
9	(9) "Rule" means any rule or regulation promulgated by the	
10	Department in accordance with the Arkansas Administrative Procedure	
11	Act and any federal rule or regulation promulgated by the federal	
12	government in accordance with federal law; and	
13	(10) "Withhold payment" means to reduce or adjust the amount,	
14	in whole or in part, to be paid to a health care provider for a	
15	pending or future claim during the time of a criminal, civil, or	
16	departmental investigation or proceeding or claims review of the	
17	health care provider.	
18		
19	SECTION 4. CLAIMS REVIEW AND ADMINISTRATIVE SANCTIONS.	
19 20	SECTION 4. <u>CLAIMS REVIEW AND ADMINISTRATIVE SANCTIONS.</u> (a)(1) Pursuant to rules and regulations promulgated in accordance with	
20	(a)(1) Pursuant to rules and regulations promulgated in accordance with	
20 21	(a)(1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a	
20 21 22	(a)(1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the	
20 21 22 23	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law	
20 21 22 23 24	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule.	
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20 21 22 23 24 25 26	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider.	
20 21 22 23 24 25 26 27	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider. (3) The director may withhold payment to a health care provider	
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20 21 22 23 24 25 26 27 28 29	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider. (3) The director may withhold payment to a health care provider during claims review if necessary to protect the fiscal integrity of the medical assistance programs, provided that the health care provider has an	
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20 21 22 23 24 25 26 27 28 29 30 31	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider. (3) The director may withhold payment to a health care provider during claims review if necessary to protect the fiscal integrity of the medical assistance programs, provided that the health care provider has an opportunity for a hearing within sixty (60) days of the date payment is withheld.	
20 21 22 23 24 25 26 27 28 29 30 31 32	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider. (3) The director may withhold payment to a health care provider during claims review if necessary to protect the fiscal integrity of the medical assistance programs, provided that the health care provider has an opportunity for a hearing within sixty (60) days of the date payment is withheld. (b) (1) The director may establish various types of administrative	
20 21 22 23 24 25 26 27 28 29 30 31 32 33	(a) (1) Pursuant to rules and regulations promulgated in accordance with the Arkansas Administrative Procedure Act, the director shall establish a process to review a claim made by a health care provider to determine if the claim should be or should have been paid as required by federal or state law or rule. (2) Claims review may occur prior to or after payment is made to a health care provider. (3) The director may withhold payment to a health care provider during claims review if necessary to protect the fiscal integrity of the medical assistance programs, provided that the health care provider has an opportunity for a hearing within sixty (60) days of the date payment is withheld. (b) (1) The director may establish various types of administrative sanctions pursuant to rules and regulations promulgated in accordance with the	

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1	programs.
2	(2) "Administrative sanction" shall include any or all of the
3	following: recoupment, posting of bond or other security, or a combination
4	thereof; exclusion as a health care provider; or liquidated damages.
5	(c)(1) The department shall conduct a hearing in compliance with the
6	Arkansas Administrative Procedure Act at the request of a person who wishes to
7	contest an administrative sanction imposed on him by the director.
8	<u>(2) A party aggrieved of an order may seek judicial review in</u>
9	accordance with the Arkansas Administrative Procedure Act.
10	(3) Judicial review of the order shall be conducted in compliance
11	with the Arkansas Administrative Procedure Act.
12	(d) All state rules and regulations issued on or before the effective
13	date of this act shall be deemed to have been issued in compliance with the
14	authority of this section.
15	
16	SECTION 5. <u>SETTLEMENT.</u>
17	<u>The Director may agree to settle an administrative sanction. The terms</u>
18	of the settlement shall be reduced to writing and signed by the parties to the
19	agreement. The terms of the settlement shall be public record. The
20	settlement shall include the method and means of payment for recovery,
21	including but not limited to, adequate security for the full amount of the
22	settlement.
23	
24	SECTION 6. Arkansas Code 20-77-901(6) and (7) are amended to read as
25	follows:
26	'(6) "Claim" <del>means any written or electronically submitted</del>
27	request or demand for reimbursement made to the Arkansas Medicaid
28	Program by any provider or its fiscal agents for each good or
29	service purported to have been provided to any Medicaid recipient
30	whether or not the State of Arkansas provides any or no portion of
31	the money which is requested or demanded includes any request or
32	demand, including any and all documents or information required by
33	federal or state law or by rule, made against medical assistance
34	programs funds for payment. A claim may be based on costs or
35	projected costs and includes any entry or omission in a cost report
36	or similar document, book of account, or any other document which

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1	supports, or attempts to support, the claim. A claim may be made
2	through electronic means if authorized by the department. Each
3	<u>claim may be treated as a separate claim or several claims may be</u>
4	<u>combined to form one claim</u> .
5	(7) "Knowing" or "knowingly" means <del>an act or omission done voluntarily</del>
6	and intentionally and not because of mistake or accident or other innocent
7	<del>reason</del> that the person has actual knowledge of the information or acts in
8	deliberate ignorance or reckless disregard of the truth of falsity of the
9	<u>information</u> . "
10	
11	SECTION 7. All provisions of this act of a general and permanent nature
12	are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code
13	Revision Commission shall incorporate the same in the Code.
14	
15	SECTION 8. If any provision of this act or the application thereof to
16	any person or circumstance is held invalid, such invalidity shall not affect
17	other provisions or applications of the act which can be given effect without
18	the invalid provision or application, and to this end the provisions of this
19	act are declared to be severable.
20	
21	SECTION 9. All laws and parts of laws in conflict with this act are
22	hereby repealed.
23	/s/ Harriman
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