

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017
4
5 By: Senator D. Sanders

A Bill

SENATE BILL 564

For An Act To Be Entitled

8 AN ACT TO CLARIFY THE SCOPE OF HEALTHCARE FRAUD; TO
9 MODIFY THE SENTENCING SCHEME OF HEALTHCARE FRAUD TO
10 BE CONSISTENT WITH OTHER ARKANSAS THEFT AND FRAUD
11 LAWS; TO UPDATE THE MEDICAID FRAUD ACT AND THE
12 MEDICAID FRAUD FALSE CLAIMS ACT; TO CONFORM THE
13 MEDICAID FRAUD ACT WITH THE MEDICAID FRAUD FALSE
14 CLAIMS ACT; TO CONFORM THE MEDICAID FRAUD FALSE
15 CLAIMS ACT TO THE FEDERAL FALSE CLAIMS ACT; AND FOR
16 OTHER PURPOSES.

Subtitle

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18
19 TO CLARIFY THE SCOPE OF HEALTHCARE FRAUD;
20 AND TO UPDATE THE MEDICAID FRAUD ACT AND
21 THE MEDICAID FRAUD FALSE CLAIMS ACT.
22

23
24
25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

26
27 SECTION 1. Arkansas Code § 5-37-217 is amended to read as follows:
28 5-37-217. Healthcare fraud.

29 (a) As used in this section:

30 (1) "Healthcare plan" means a publicly or privately funded
31 program or organization that is formed to provide or pay for healthcare goods
32 or services including without limitation:

33 (A) Health insurance plans;

34 (B) Managed care organization plans;

35 (C) Risk-based provider plans;

36 (D) Arkansas Medicaid Program;



1 ~~that the defendant was a clerk, bookkeeper, or other employee other than an~~
2 ~~employee charged with the active management and control in an executive~~
3 ~~capacity of the affairs of the corporation who executed the orders of his or~~
4 ~~her employer or of a superior employee generally authorized to direct his or~~
5 ~~her activities.~~

6 (c) Healthcare fraud is a:

7 (1) Class A misdemeanor if the aggregate amount of the
8 healthcare fraud in any period of twelve (12) months is less than two hundred
9 dollars (\$200);

10 (2) Class D felony if the aggregate amount of the healthcare
11 fraud in any period of twelve (12) months is at two hundred dollars (\$200) or
12 more but less than two thousand five hundred dollars (\$2,500);

13 (3) Class B felony if the aggregate amount of the healthcare
14 fraud in any period of twelve (12) months is two thousand five hundred
15 dollars (\$2,500) or more but less than twenty-five thousand dollars
16 (\$25,000); and

17 (4) Class A felony if the aggregate amount of the healthcare
18 fraud in any period of twelve (12) months is twenty-five thousand dollars
19 (\$25,000) or more.

20
21 SECTION 2. Arkansas Code § 5-55-102 is amended to read as follows:
22 5-55-102. Definitions.

23 As used in this subchapter:

24 (1) "Arkansas Medicaid Program" means the program authorized
25 under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., that
26 provides for payments for medical goods or services on behalf of indigent
27 families with dependent children and of aged, blind, or disabled individuals
28 whose income and resources are insufficient to meet the cost of necessary
29 medical services, including all transactions through the actual delivery of
30 healthcare goods or services to a Medicaid recipient regardless of whether
31 the healthcare goods or services are paid for directly by the Department of
32 Human Services or indirectly through a fiscal agent, contractor,
33 subcontractor, risk-based provider organization, managed care organization,
34 or individual;

35 (2) "Claim" means any written or electronically submitted
36 request or demand for reimbursement or payment made ~~to the Arkansas Medicaid~~

1 ~~Program~~ by any Medicaid provider or its fiscal agents for each good or
 2 service purported to have been provided to any Medicaid recipient whether or
 3 not the State of Arkansas provides any ~~or no~~ portion of the money that is
 4 requested or demanded;

5 (3) "~~Fiscal agents~~ agent" means any individual, firm,
 6 corporation, professional association, partnership, organization, risk-based
 7 provider organization, managed care organization, or other legal entity that,
 8 ~~through a contractual relationship with the Department of Human Services and,~~
 9 ~~thereby, the State of Arkansas receives, processes, and~~ or pays claims for
 10 the delivery of healthcare goods or services to Medicaid recipients under the
 11 Arkansas Medicaid Program;

12 (4) "Managed care organization" means a health insurer, Medicaid
 13 provider, or other business entity authorized by state law or through a
 14 contract with the state to receive a fixed or capitated rate or fee to manage
 15 all or a portion of the delivery of healthcare goods or services to Medicaid
 16 recipients;

17 (5)(A) "Medicaid provider" means a person, business
 18 organization, risk-based provider organization, or managed care organization
 19 that delivers, purports to deliver, or arranges for the delivery of
 20 healthcare goods or services to a Medicaid recipient under the Arkansas
 21 Medicaid Program.

22 (B) "Medicaid provider" includes an employee, agent,
 23 representative, contractor, or subcontractor of a person, business
 24 organization, risk-based provider organization, or managed care organization;

25 (6) "Medicaid recipient" means any individual in whose behalf
 26 any person claimed or received any payment from the Arkansas Medicaid Program
 27 or its fiscal agents, whether or not the individual was eligible for benefits
 28 under the Arkansas Medicaid Program;

29 ~~(5)(7)~~ "Person" means any:

30 (A) ~~Provider~~ Medicaid provider of goods or services under
 31 the Arkansas Medicaid Program or any employee of the Medicaid provider,
 32 independent contractor of the Medicaid provider, contractor of the Medicaid
 33 provider, or subcontractor of the Medicaid provider, whether the provider be
 34 an individual, individual medical vendor, firm, corporation, professional
 35 association, partnership, organization, risk-based provider organization,
 36 managed care organization, or other legal entity; or

1 (B) Individual, individual medical vendor, firm,
 2 corporation, professional association, partnership, organization, risk-based
 3 provider organization, managed care organization, or other legal entity, or
 4 any employee of any individual, individual medical vendor, firm, corporation,
 5 professional association, partnership, organization, risk-based provider
 6 organization, managed care organization, or other legal entity, not a
 7 Medicaid provider under the Arkansas Medicaid Program but that provides goods
 8 or services to a Medicaid provider under the Arkansas Medicaid Program for
 9 which the Medicaid provider submits claims to the Arkansas Medicaid Program
 10 or its fiscal agents; and

11 ~~(6)(8)(A)~~ "Records" means all documents that disclose the
 12 nature, extent, and level of healthcare goods and services provided to
 13 Medicaid recipients, including, but not limited to, medical documents and X-
 14 rays, developed by any person through the claimed provision of any goods or
 15 services to any Medicaid recipient without limitation documents that
 16 completely and accurately explain all evaluations, care provided, diagnoses,
 17 dates of delivery, and any other activities of the Medicaid provider in
 18 connection to the delivery of healthcare goods and services, billing, or the
 19 receipt of payment for all Medicaid claims.

20 (B) "Records" include x-rays, magnetic resonance imaging
 21 scans, computed tomography scans, computed axial tomography scans, and other
 22 diagnostic imaging commonly used and retained as part of the medical records
 23 of a patient.

24
 25 SECTION 3. Arkansas Code § 5-55-104(f) and (g), concerning records
 26 within the Medicaid Fraud Act, is amended to read as follows:

27 (f)(1) ~~All persons~~ A Medicaid provider or person providing healthcare
 28 goods or services under the Arkansas Medicaid Program ~~are~~ is required to
 29 maintain ~~at their principal place of Medicaid business~~ all records ~~at least~~
 30 for a period of not less than five (5) years from the date of claimed
 31 provision of any goods or services to any Medicaid recipient.

32 (2) The records described in subdivision (f)(1) of this section
 33 shall be available for audit during regular business hours at the address
 34 listed in the Medicaid provider agreement or where the healthcare goods or
 35 services are provided.

36 (3) If the healthcare goods or services are provided in the home

1 of the Medicaid recipient, the records shall be maintained at the principal
2 place of business of the Medicaid provider.

3 (4) If a Medicaid provider goes out of business, the provider
4 shall give written notification to the Department of Human Services and the
5 Office of Medicaid Inspector General of where and how the records will be
6 stored.

7 (g)(1) It is unlawful to destroy or alter any record or supporting
8 documentation with a purpose to conceal a false or fraudulent claim made to
9 the Arkansas Medicaid Program or to interfere with an audit, investigation,
10 or prosecution related to a claim made to the Arkansas Medicaid Program.

11 (2) A violation of subdivision (g)(1) of this section is a Class
12 B felony.

13 (h)(1) Any person found not to have maintained any records as required
14 under this subchapter, applicable state law, or applicable federal law or
15 regulations governing Medicaid upon conviction is guilty of a Class D felony
16 if the unavailability of records impairs or obstructs the prosecution of a
17 felony.

18 (2) ~~Otherwise, the unavailability of records a violation of~~
19 subdivision (h)(1) of this section is a Class A misdemeanor.

20
21 SECTION 4. Arkansas Code §§ 5-55-107 and 5-55-108 are amended to read
22 as follows:

23 5-55-107. Restitution and collection.

24 (a) In addition to any other fine that may be levied ~~under § 5-4-201,~~
25 any person found guilty of or who pleads guilty or nolo contendere to
26 Medicaid fraud as described in this subchapter is required to make full
27 restitution to:

28 (1) ~~Make full restitution to the~~ The Department of Human
29 Services, with the restitution to be deposited into the Arkansas Medicaid
30 Program Trust Fund for the loss to the Arkansas Medicaid Program or its
31 fiscal agents; and

32 (2)(A) ~~Pay a mandatory fine in the amount of three (3) times the~~
33 ~~amount of all payments judicially found to have been illegally received from~~
34 ~~the Arkansas Medicaid Program or its fiscal agents.~~

35 (B) ~~The mandatory fine shall be credited to the general~~
36 ~~revenues of the State of Arkansas~~ The office of the Attorney General for

1 reasonable and necessary expenses incurred by the office of the Attorney
2 General during investigation and prosecution.

3 ~~(b)(1) In addition to any other fine mandated by this subchapter or~~
4 ~~that may be levied under § 5-4-201, any person found guilty of Medicaid~~
5 ~~fraud as described in this subchapter may be required to pay a fine into the~~
6 ~~State Treasury in any amount up to three thousand dollars (\$3,000) for each~~
7 ~~claim judicially found to be fraudulently submitted to the Arkansas Medicaid~~
8 ~~Program or its fiscal agents.~~

9 ~~(2) A fine under subdivision (b)(1) of this section shall be~~
10 ~~credited to the general revenues of the State of Arkansas.~~

11 ~~(c) For prosecutions brought under this subchapter, the following~~
12 ~~provisions apply:~~

13 ~~(1) To enable the court to properly fix the amount of~~
14 ~~restitution, the prosecuting attorney after appropriate investigation, shall~~
15 ~~recommend an amount that would make the Arkansas Medicaid Program whole with~~
16 ~~respect to the money fraudulently received from the Arkansas Medicaid~~
17 ~~Program, including the expense of investigation and all other measurable~~
18 ~~monetary damages directly related to the offense;~~

19 ~~(2) If the defendant disagrees with the recommendation of the~~
20 ~~prosecuting attorney, he or she is entitled to introduce evidence in~~
21 ~~mitigation of the amount recommended; and~~

22 ~~(3) The monetary judgment for restitution, as provided in this~~
23 ~~subchapter, becomes a judgment against the offender and has the same force~~
24 ~~and effect as any other civil judgment recorded in this state.~~

25 ~~(d)(1) The Attorney General has concurrent jurisdiction and authority~~
26 ~~with the prosecuting attorney to collect all fines and amounts of restitution~~
27 ~~levied pursuant to any criminal violation of this subchapter in the manner~~
28 ~~provided by § 5-4-204, with interest accruing on any amount of restitution to~~
29 ~~be made and any fine to be paid from and after default in the payment of the~~
30 ~~restitution or fine in the manner provided in § 16-65-114.~~

31 ~~(2) However, this subsection is not in any way intended to~~
32 ~~affect the contempt power of any court.~~

33 (b)(1) Upon a conviction of Medicaid fraud, the sentencing authority
34 shall make a finding regarding the amount of restitution that a defendant
35 shall pay including without limitation:

36 (A) The full amount of the monetary loss to the Arkansas

1 Medicaid Program and its fiscal agents;

2 (B) The amount of reasonable and necessary expenses
3 incurred by the office of the Attorney General during the investigation and
4 prosecution; and

5 (C) Any other measurable monetary damages directly related
6 to the Medicaid fraud.

7 (2) Except as provided in subdivision (b)(1) of this section,
8 the sentencing authority shall follow the procedures for determination of the
9 restitution amount under § 5-4-205.

10 (c)(1) In addition to the judgment and commitment order in a criminal
11 case, a court shall enter a separate restitution order against the defendant
12 convicted of Medicaid fraud regarding restitution consistent with this
13 section and § 5-55-108.

14 (2) The restitution order is a judgment against the defendant
15 and has the same effect as any other civil judgment recorded in the state.

16 (3) The restitution order shall:

17 (A) Require the defendant to:

18 (i) Comply with § 16-66-221 by filing a schedule of
19 property; and

20 (ii) Update the schedule of property on an annual
21 basis until the restitution is paid in full;

22 (B) State that:

23 (i) Interest shall accrue on the amount of the
24 restitution from the date of the restitution order under § 16-65-114; and

25 (ii) Restitution may be collected through an
26 interception of the defendant's state income tax return under § 5-4-206 if
27 the defendant fails to comply with the terms and conditions of the
28 restitution order.

29 (d)(1)(A) The Attorney General may use all available civil remedies
30 under state law to collect on a restitution order under this section.

31 (B) Civil efforts to collect restitution may proceed
32 jointly with criminal efforts to collect restitution.

33 (C) This subsection does not limit the contempt power of
34 the court or prevent a court from revoking the probation or suspended
35 sentence of a defendant who has willfully failed to pay restitution ordered
36 under this section.

1 (2)(A) The Attorney General shall provide a full accounting of
 2 any restitution collected using civil remedies to the court.

3 (B) A defendant shall not be required to pay restitution
 4 more than one (1) time.

5 (3)(A) Restitution ordered for a loss to the Arkansas Medicaid
 6 Program shall not be excused by the court.

7 (B) A conviction under this subchapter shall not be sealed
 8 or expunged until all ordered restitution is paid in full.

9 (e)(1) Restitution ordered for losses to the Arkansas Medicaid Program
 10 shall be paid to the Arkansas Medicaid Program Trust Fund and used by the
 11 Department of Human Services as required by state law.

12 (2) Restitution ordered for reasonable and necessary expenses
 13 incurred by the office of the Attorney General during investigation and
 14 prosecution shall be paid to the office of the Attorney General to be
 15 retained and used in future investigations for Medicaid fraud.

16
 17 5-55-108. ~~Civil penalties~~ — ~~Expenses~~ Mandatory fines.

18 ~~(a)(1) Any person against which any civil judgment is entered as the~~
 19 ~~result of a civil action brought or threatened to be brought by the State of~~
 20 ~~Arkansas, through the Attorney General, on a complaint alleging the person to~~
 21 ~~have fraudulently received any payment from the Arkansas Medicaid Program or~~
 22 ~~its fiscal agents, is required to pay a civil penalty in the amount of two~~
 23 ~~(2) times the amount of all payments judicially found to have been~~
 24 ~~fraudulently received from the Arkansas Medicaid Program or its fiscal~~
 25 ~~agents, who is found guilty of or who pleads guilty or nolo contendere to~~
 26 Medicaid fraud as described in this subchapter shall pay one (1) of the
 27 following mandatory fines:

28 (1) If no monetary loss is incurred by the Arkansas Medicaid
 29 Program, a fine of not less than one thousand dollars (\$1,000) or more than
 30 three thousand dollars (\$3,000) for each omission or fraudulent act or claim;
 31 or

32 (2) If a monetary loss is incurred by the Arkansas Medicaid
 33 Program, a fine of an amount not less than the amount of the monetary loss to
 34 the Arkansas Medicaid Program and not more than three (3) times the amount of
 35 the monetary loss to the Arkansas Medicaid Program.

36 ~~(2) Any penalty shall be paid into the State Treasury and~~

1 ~~credited to the General Revenue Fund.~~

2 ~~(3) The judgment upon which the civil penalty is based shall be~~
3 ~~paid as restitution to the Department of Human Services.~~

4 ~~(b)(1) Any person against which any civil judgment is entered as the~~
5 ~~result of a civil action brought or threatened to be brought by the State of~~
6 ~~Arkansas, through the Attorney General, on a complaint alleging the person to~~
7 ~~have fraudulently submitted any claim to the Arkansas Medicaid Program or its~~
8 ~~fiscal agents, may be required to pay a civil penalty into the State Treasury~~
9 ~~in any amount up to two thousand dollars (\$2,000) for each claim judicially~~
10 ~~found to have been fraudulently submitted to the Arkansas Medicaid Program or~~
11 ~~its fiscal agents.~~

12 ~~(2) The entirety of the civil penalty shall be credited to the~~
13 ~~fund.~~

14 ~~(c)(1) Any person against which any civil judgment is entered as the~~
15 ~~result of a civil action brought or threatened to be brought by the State of~~
16 ~~Arkansas, through the Attorney General, on a complaint alleging any~~
17 ~~fraudulent receipt of payment from or false claim submitted to the Arkansas~~
18 ~~Medicaid Program or its fiscal agents, may be required to pay into the State~~
19 ~~Treasury all reasonable expenses that the court determines have been~~
20 ~~necessarily incurred by the Attorney General in the enforcement of this~~
21 ~~subchapter.~~

22 ~~(2) The entirety of the amount under subdivision (c)(1) of this~~
23 ~~section shall be credited to the fund.~~

24 (b) The mandatory fines described in this section:

25 (1)(A) May be waived by the prosecuting attorney if the Attorney
26 General has obtained a judgment or settlement under the Medicaid Fraud False
27 Claims Act, § 20-77-901 et seq.

28 (B) If the mandatory fines are waived, the trier of fact
29 may impose fines under § 5-4-201; and

30 (2) Shall be credited to the general revenues of the State of
31 Arkansas.

32 (c) The Attorney General and the prosecuting attorney concurrently
33 have the jurisdiction and authority to collect all fines and restitution
34 levied under any criminal violation of this subchapter in any manner provided
35 by state law.

36

1 SECTION 5. Arkansas Code § 5-55-111 is amended to read as follows:
2 5-55-111. Criminal acts constituting Medicaid fraud.

3 A person commits Medicaid fraud when he or she:

4 (1) Purposely makes or causes to be made any omission or false
5 statement or representation of a material fact in any claim, request for
6 payment, or application for any benefit or payment under the Arkansas
7 Medicaid Program;

8 (2) At any time purposely makes or causes to be made any
9 omission or false statement or representation of a material fact for use in
10 determining rights to a benefit or payment under the Arkansas Medicaid
11 Program;

12 (3) Having knowledge of the occurrence of any event affecting
13 his or her initial or continued right to any benefit or payment under the
14 Arkansas Medicaid Program, or the initial or continued right to any benefit
15 or payment under the Arkansas Medicaid Program of any other individual in
16 whose behalf he or she has applied for or is receiving the benefit or payment
17 under the Arkansas Medicaid Program, purposely conceals or fails to disclose
18 the event with an intent fraudulently to secure the benefit or payment under
19 the Arkansas Medicaid Program either in a greater amount or quantity than is
20 due or when no benefit or payment under the Arkansas Medicaid Program is
21 authorized;

22 (4) Having made or submitted a claim, request for payment, or
23 application to receive any benefit or payment under the Arkansas Medicaid
24 Program for the use and benefit of another person and having received it,
25 purposely converts the benefit or payment under the Arkansas Medicaid Program
26 or any part of the benefit or payment under the Arkansas Medicaid Program to
27 a use other than for the use and benefit of the other person;

28 (5) Purposely presents or causes to be presented a claim for a
29 physician's service for which payment may be made under a program under the
30 Arkansas Medicaid Program while knowing that the individual who furnished the
31 service was not licensed as a physician;

32 (6) Purposely solicits or receives any remuneration, including
33 any kickback, bribe, or rebate, directly or indirectly, overtly or covertly,
34 in cash or in kind:

35 (A) In return for referring an individual to a person for
36 the furnishing or arranging for the furnishing of any item or service for

1 which payment may be made in whole or in part under the Arkansas Medicaid
2 Program; or

3 (B) In return for purchasing, leasing, ordering, or
4 arranging for or recommending purchasing, leasing, or ordering any good,
5 facility, service, or item for which payment may be made in whole or in part
6 under the Arkansas Medicaid Program;

7 (7)(A) Purposely offers or pays any remuneration, including any
8 kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in
9 cash or in kind, to any person to induce that person to:

10 (i) Refer an individual to a person for the
11 furnishing or arranging for the furnishing of any item or service for which
12 payment may be made in whole or in part under the Arkansas Medicaid Program;
13 or

14 (ii) Purchase, lease, order, or arrange for or
15 recommend purchasing, leasing, or ordering any good, facility, service, or
16 item for which payment may be made in whole or in part under the Arkansas
17 Medicaid Program.

18 (B) Subdivisions (7)(A)(i) and (ii) of this section do not
19 apply to:

20 (i) A discount or other reduction in price obtained
21 by a provider of services or other entity under the Arkansas Medicaid Program
22 if the reduction in price is properly disclosed and appropriately reflected
23 in the costs claimed or charges made by the provider or entity under the
24 Arkansas Medicaid Program;

25 (ii) Any amount paid by an employer to an employee
26 who has a bona fide employment relationship with the employer for employment
27 in the provision of covered items or services;

28 (iii) Any amount paid by a vendor of goods or
29 services to a person authorized to act as a purchasing agent for a group of
30 individuals or entities who are furnishing services reimbursed under the
31 Arkansas Medicaid Program if:

32 (a) The person has a written contract with
33 each individual or entity that specifies the amount to be paid to the person
34 and the amount may be a fixed amount or a fixed percentage of the value of
35 the purchases made by each individual or entity under the contract; and

36 (b) In the case of an entity that is a

1 provider of services as defined in § 20-9-101, the person discloses in such
 2 form and manner as the Director of the Department of Human Services requires
 3 to the entity and, upon request, to the director the amount received from
 4 each vendor with respect to purchases made by or on behalf of the entity; or

5 (iv) Any payment practice specified by the director
 6 promulgated pursuant to applicable federal or state law;

7 (8) Purposely makes or causes to be made, or induces or seeks to
 8 induce ~~the making of~~, any omission or false statement or representation of a
 9 material fact with respect to the conditions or operation of any institution,
 10 facility, or ~~entity~~ Medicaid provider in order that the institution,
 11 facility, or ~~entity~~ Medicaid provider may qualify ~~either upon initial~~
 12 ~~certification or upon recertification as a hospital, rural primary care~~
 13 ~~hospital, skilled nursing facility, nursing facility, intermediate care~~
 14 ~~facility for individuals with intellectual disabilities, home health agency,~~
 15 ~~or other entity, including an eligible organization under applicable federal~~
 16 ~~law for which certification is required, or with respect to information~~
 17 ~~required pursuant to applicable federal and state law, rules, regulations,~~
 18 ~~and provider agreements~~ to obtain or maintain any licensure or certification
 19 when the licensure or certification is required to be enrolled or eligible to
 20 deliver any healthcare goods or services to Medicaid recipients by state law,
 21 federal law, or the rules of the Arkansas Medicaid Program;

22 (9) Purposely:

23 (A) Charges, for any service provided to a patient under
 24 the Arkansas Medicaid Program, money or other consideration at a rate in
 25 excess of the rates established by the state; or

26 (B) Charges, solicits, accepts, or receives, in addition
 27 to any amount otherwise required to be paid under the Arkansas Medicaid
 28 Program, any gift, money, donation, or other consideration other than a
 29 charitable, religious, or philanthropic contribution from an organization or
 30 from a person unrelated to the patient:

31 (i) As a precondition of admitting a patient to a
 32 hospital, nursing facility, or intermediate care facility for individuals
 33 with intellectual disabilities; or

34 (ii) As a requirement for the patient's continued
 35 stay in a hospital, nursing facility, or intermediate care facility for
 36 individuals with intellectual disabilities when the cost of the services

1 provided in the hospital, nursing facility, or intermediate care facility for
 2 individuals with intellectual disabilities to the patient is paid for in
 3 whole or in part under the Arkansas Medicaid Program; ~~or~~

4 (10) Purposely makes or causes to be made any false statement or
 5 representation of a material fact in any application for a benefit or payment
 6 in violation of the rules, regulations, and provider agreements issued by the
 7 Arkansas Medicaid Program or its fiscal agents;

8 (11) Knowingly submits false documentation or makes or causes to
 9 be made, or induces or seeks to induce any material false statement to the
 10 Office of Medicaid Inspector General or the Medicaid Fraud Control Unit
 11 within the office of the Attorney General during an audit or in response to a
 12 request for information or a subpoena;

13 (12) Purposely forges the signature of a doctor, nurse, or other
 14 medical professional on a prescription, referral for healthcare goods or
 15 services, or finding of medical necessity;

16 (13) Knowingly submits a forged prescription, referral for
 17 healthcare goods or services, or finding of medical necessity for:

18 (A) Payment under the Arkansas Medicaid Program; or

19 (B) An audit or in response to a request for information
 20 or a subpoena to the Office of Medicaid Inspector General or the Medicaid
 21 Fraud Control Unit within the office of the Attorney General; or

22 (14) Purposely places a false entry in a medical chart, medical
 23 record, or any record of services required to made to the Arkansas Medicaid
 24 Program that indicates that healthcare goods or services have been provided
 25 to a Medicaid recipient knowing that the healthcare goods or services were
 26 not provided.

27
 28 SECTION 6. Arkansas Code § 5-55-112 is repealed.

29 ~~5-55-112. Disposition of offenders.~~

30 ~~For a prosecution under this subchapter:~~

31 ~~(1) The punishment shall be fixed by the finder of fact, whether~~
 32 ~~a court or a jury; and~~

33 ~~(2) Restitution shall be fixed by the court.~~

34
 35 SECTION 7. Arkansas Code § 5-55-114(a), concerning the special deputy
 36 prosecutor under the Medicaid Fraud Act, is amended to read as follows:

1 ~~(a) An attorney employed by the office of the Attorney General may be~~
 2 ~~designated a special deputy prosecutor by the prosecuting attorney having~~
 3 ~~criminal jurisdiction in the matter for the purposes of prosecuting in a~~
 4 ~~court of competent jurisdiction an action brought under this subchapter~~ A
 5 prosecuting attorney having jurisdiction over an offense may designate an
 6 attorney employed by the office of the Attorney General as a special duty
 7 prosecutor to prosecute any charges related to healthcare fraud or any other
 8 charges that may arise from the same factual allegations or may be properly
 9 joined under state law.

10
 11 SECTION 8. Arkansas Code §§ 20-77-901 – 20-77-903 are amended to read
 12 as follows:

13 20-77-901. Definitions.

14 As used in this subchapter:

15 (1) “Arkansas Medicaid Program” means the program authorized
 16 under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., that
 17 ~~which~~ provides for payments for medical goods or services on behalf of
 18 indigent families with dependent children and of aged, blind, or disabled
 19 individuals whose income and resources are insufficient to meet the cost of
 20 necessary medical services, including all transactions through the actual
 21 delivery of healthcare goods or services to a Medicaid recipient regardless
 22 of whether the healthcare goods or services are paid for directly by the
 23 Department of Human Services or indirectly through a fiscal agent,
 24 contractor, subcontractor, risk-based provider organization, managed care
 25 organization, or individual;

26 ~~(2)(A) “Claim” includes any request or demand, including any and~~
 27 ~~all documents or information required by federal or state law or by rule,~~
 28 ~~made against medical assistance programs funds for payment. A claim may be~~
 29 ~~based on costs or projected costs and includes any entry or omission in a~~
 30 ~~cost report or similar document, book of account, or any other document which~~
 31 ~~supports, or attempts to support, the claim. A claim may be made through~~
 32 ~~electronic means if authorized by the Department of Human Services. Each~~
 33 ~~claim may be treated as a separate claim, or several claims may be combined~~
 34 ~~to form one (1) claim;~~ means any request or demand for money or property,
 35 regardless of whether under a contract, that:

36 (i) Is presented to an officer, employee, agent, or

1 fiscal agent of the Arkansas Medicaid Program;

2 (ii) Is made to a contractor, grantee, or other
3 recipient if:

4 (a) The money or property is spent or used on
5 behalf of the Arkansas Medicaid Program or to advance the Arkansas Medicaid
6 Program or its interest; and

7 (b) The Arkansas Medicaid Program:

8 (1) Provides or has provided any portion
9 of the money or property requested or demanded; or

10 (2) Is reimbursing the contractor,
11 grantee, or other recipient for any portion of the money or property which is
12 requested or demanded.

13 (B) "Claim" includes:

14 (i) Billing documentation;

15 (ii) All documentation required to be created or
16 maintained by law or rule to justify, support, or document the delivery of
17 healthcare goods or services to a Medicaid recipient;

18 (iii) All documentation submitted to justify or help
19 establish a unit rate, capitated rate, or other method of determining what to
20 be paid for healthcare goods or services delivered to Medicaid recipients;

21 and

22 (iv) All transactions in payment for healthcare
23 goods or services delivered or claimed to have been delivered to Medicaid
24 recipients under the Arkansas Medicaid Program regardless of whether the
25 State of Arkansas has title to the money or property or has transferred
26 responsibility for delivering healthcare services to another legal entity;

27 (3) "Damages" means the actual loss to the Arkansas Medicaid
28 Program and its fiscal agents, including the total amount of all claims paid
29 as a result of any false claim and the value of healthcare goods or services
30 paid for but not delivered to a Medicaid recipient;

31 ~~(3)~~(4) "Fiscal agent" means any individual, firm, corporation,
32 professional association, partnership, organization, risk-based provider
33 organization, managed care organization, or other legal entity ~~which, through~~
34 ~~a contractual relationship with the department, the State of Arkansas that~~
35 receives, processes, and or pays claims for the delivery of healthcare goods
36 and services to Medicaid recipients under the program;

1 ~~(4)~~(5)(A) "Knowing" or "knowingly" means that the person has
2 actual knowledge of the information or acts in deliberate ignorance or
3 reckless disregard of the truth or falsity of the information.

4 (B) "Knowing" or "knowingly" does not require proof of a
5 specific intent to defraud;

6 ~~(5)~~(6) "Material" means having a natural tendency to influence,
7 or be capable of influencing, the payment or receipt of money or property;

8 (7) "Managed care organization" means a health insurer, Medicaid
9 provider, or other business entity authorized by state law or through a
10 contract with the state to receive a fixed or capitated rate or fee to manage
11 all or a portion of the delivery of healthcare goods or services to Medicaid
12 recipients;

13 (8)(A) "Medicaid provider" means a person, business
14 organization, risk-based provider organization, or managed care organization
15 that delivers, purports to deliver, or arranges for the delivery of
16 healthcare goods or services to a Medicaid recipient under the Arkansas
17 Medicaid Program.

18 (B) "Medicaid provider" includes an employee, agent,
19 representative, contractor, or subcontractor of a person, business
20 organization, risk-based provider organization, or managed care organization;

21 (9) "Medicaid recipient" means any individual on whose behalf
22 any person claimed or received any payment or payments from the program or
23 its fiscal agents, whether or not the individual was eligible for benefits
24 under the program;

25 (10) "Obligation" means an established duty arising from:

26 (A) An express or implied contract, grantor-grantee, or
27 licensor-licensee relationship;

28 (B) A fee-based or similar relationship;

29 (C) State law or rule;

30 (D) Federal law or regulation; or

31 (E) Retention of any overpayment;

32 ~~(6)~~(11) "Person" means any:

33 (A) Medicaid provider of goods or services or any
34 employee, independent contractor, or subcontractor of the Medicaid provider,
35 whether that provider be an individual, individual medical vendor, firm,
36 corporation, professional association, partnership, organization, risk-based

1 provider organization, managed care organization, or other legal entity under
 2 the program but which provides goods or services to a provider under the
 3 program or its fiscal agents; or

4 (B) Individual, individual medical vendor, firm,
 5 corporation, professional association, partnership, organization, risk-based
 6 provider organization, managed care organization, or other legal entity, or
 7 any employee of any individual, individual medical vendor, firm, corporation,
 8 professional association, partnership, organization, risk-based provider
 9 organization, managed care organization, or other legal entity, not a
 10 Medicaid provider under the Arkansas Medicaid Program but that provides goods
 11 or services to a Medicaid provider under the Arkansas Medicaid Program for
 12 which the Medicaid provider submits claims to the Arkansas Medicaid Program
 13 or its fiscal agents; and

14 ~~(7)(12)(A)~~ "Records" means all documents in any form, including,
 15 but not limited to, medical documents and X-rays, prepared by any person for
 16 the purported provision of any goods or services to any Medicaid recipient
 17 that disclose the nature, extent, and level of healthcare goods and services
 18 provided to Medicaid recipients including without limitation documents that
 19 completely and accurately explain all evaluations, care provided, diagnoses,
 20 dates of delivery, and any other activities of the Medicaid provider in
 21 connection to the delivery of healthcare goods and services, billing, or the
 22 receipt of payment for all Medicaid claims.

23 (B) "Records" include x-rays, magnetic resonance imaging
 24 scans, computed tomography scans, computed axial tomography scans, and other
 25 diagnostic imaging commonly used and retained as part of the medical records
 26 of a patient.

27
 28 20-77-902. Liability for certain acts.

29 A person shall be liable to the State of Arkansas, through the Attorney
 30 General, for a civil penalty ~~and restitution~~ of three (3) times the amount of
 31 the damages if he or she:

32 (1) Knowingly makes or causes to be made any false statement or
 33 representation of a material fact in any claim, request for payment, or
 34 application for any benefit or payment under the Arkansas Medicaid Program;

35 (2) ~~At any time knowingly~~ Knowingly makes or causes to be made
 36 any omission or false statement or representation of a material fact for use

1 in determining rights to a benefit or payment under the Arkansas Medicaid
2 Program;

3 (3) Having knowledge of the occurrence of any event affecting
4 his or her initial or continued right to any benefit or payment or the
5 initial or continued right to any benefit or payment of any other individual
6 in whose behalf he or she has applied for or is receiving a benefit or
7 payment, knowingly conceals or fails to disclose that event with an intent
8 fraudulently to secure the benefit or payment either in a greater amount or
9 quantity than is due or when no benefit or payment is authorized;

10 (4) Having made or submitted a claim, request for payment, or
11 application to receive any benefit or payment for the use and benefit of
12 another person and having received it, knowingly converts the benefit or
13 payment or any part thereof to a use other than for the use and benefit of
14 the other person;

15 (5) Knowingly presents or causes to be presented a claim for a
16 physician's service for which payment may be made under the program and knows
17 that the individual who furnished the service was not licensed as a
18 physician;

19 (6) Knowingly solicits or receives any remuneration, including
20 any kickback, bribe, or rebate, directly or indirectly, overtly or covertly,
21 in cash or in kind:

22 (A) In return for referring an individual to a person for
23 the furnishing or arranging for the furnishing of any item or service for
24 which payment may be made in whole or in part under the program; or

25 (B) In return for purchasing, leasing, ordering, or
26 arranging for or recommending purchasing, leasing, or ordering any good,
27 facility, service, or item for which payment may be made in whole or in part
28 under the program;

29 (7)(A) Knowingly offers or pays any remuneration, including any
30 kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in
31 cash or in kind to any person to induce the person to:

32 (i) ~~To refer~~ Refer an individual to a person for the
33 furnishing or arranging for the furnishing of any item or service for which
34 payment may be made in whole or in part under the program; or

35 (ii) ~~To purchase~~ Purchase, lease, order, or arrange
36 for or recommend purchasing, leasing, or ordering any good, facility,

1 service, or item for which payment may be made in whole or in part under the
2 program.

3 (B) Subdivision (7)(A) of this section shall not apply to:

4 (i) A discount or other reduction in price obtained
5 by a provider of services or other entity under the program if the reduction
6 in price is properly disclosed and appropriately reflected in the costs
7 claimed or charges made by the provider or entity under the program;

8 (ii) Any amount paid by an employer to an employee
9 who has a bona fide employment relationship with the employer for employment
10 in the providing of covered items or services;

11 (iii) Any amount paid by a vendor of goods or
12 services to a person authorized to act as a purchasing agent for a group of
13 individuals or entities who are furnishing services reimbursed under the
14 program, if:

15 (a) The person has a written contract with
16 each individual or entity which specifies the amount to be paid to the
17 person, which amount may be a fixed amount or a fixed percentage of the value
18 of the purchases made by each individual or entity under the contract; and

19 (b) In the case of an entity that is a
20 Medicaid provider ~~of services~~ as defined in § 20-9-101, the person discloses,
21 in the form and manner as the Director of the Department of Human Services
22 requires, to the entity and upon request to the director the amount received
23 from each vendor with respect to purchases made by or on behalf of the
24 entity; or

25 (iv) Any payment practice specified by the director
26 promulgated pursuant to applicable federal or state law;

27 (8) ~~Knowingly makes or causes to be made or induces or seeks to~~
28 ~~induce the making of any false statement or representation of a material~~
29 ~~fact;~~

30 ~~(A) With respect to the conditions or operation of any~~
31 ~~institution, facility, or entity in order that the institution, facility, or~~
32 ~~entity may qualify either upon initial certification or upon recertification~~
33 ~~as a hospital, rural primary care hospital, skilled nursing facility, nursing~~
34 ~~facility, intermediate care facility for individuals with intellectual~~
35 ~~disabilities, home health agency, or other entity for which certification is~~
36 ~~required; or~~

1 ~~(B) With respect to information required pursuant to~~
 2 ~~applicable federal and state law, rules, regulations, and provider agreements~~
 3 any omission or false statement or representation of a material fact with
 4 respect to the conditions or operation of any institution, facility, or
 5 Medicaid provider in order that the institution, facility, or Medicaid
 6 provider may qualify to obtain or maintain any licensure or certification
 7 when the licensure or certification is required to be enrolled or eligible to
 8 deliver any healthcare goods or services to Medicaid recipients by state law,
 9 federal law, or the rules of the Arkansas Medicaid Program;

10 (9) Knowingly:

11 (A) Charges for any service provided to a patient under
 12 the program money or other consideration at a rate in excess of the rates
 13 established by the state; or

14 (B) Charges, solicits, accepts, or receives, in addition
 15 to any amount otherwise required to be paid under the program, any gift,
 16 money, donation, or other consideration other than a charitable, religious,
 17 or philanthropic contribution from an organization or from a person unrelated
 18 to the patient;

19 (i) ~~as~~ As a precondition of admitting a patient to a
 20 hospital, nursing facility, or intermediate care facility for individuals
 21 with intellectual disabilities; or

22 (ii) ~~as~~ As a requirement for the patient's continued
 23 stay in the hospital, nursing facility, or intermediate care facility for
 24 individuals with intellectual disabilities when the cost of the services
 25 provided therein to the patient is paid for in whole or in part under the
 26 program;

27 (10) Knowingly makes or causes to be made any omission or false
 28 statement or representation of a material fact in any application for
 29 benefits or for payment in violation of the rules, regulations, and provider
 30 agreements issued by the program or its fiscal agents; ~~or~~

31 (11) Knowingly:

32 (A) Participates, directly or indirectly, in the Arkansas
 33 Medicaid Program after having pleaded guilty or nolo contendere to or been
 34 found guilty of a charge of Medicaid fraud, theft of public benefits, or
 35 abuse of adults as defined in the Arkansas Criminal Code, § 5-1-101 et seq.;

36 or

1 (B) As a certified health provider enrolled in the
2 Arkansas Medicaid Program pursuant to Title XIX of the Social Security Act or
3 the fiscal agent of such a provider who employs, engages as an independent
4 contractor, engages as a consultant, or otherwise permits the participation
5 in the business activities of such a provider, any person who has pleaded
6 guilty or nolo contendere to or has been found guilty of a charge of Medicaid
7 fraud, theft of public benefits, or abuse of adults as defined in the
8 Arkansas Criminal Code, § 5-1-101 et seq.;

9 (12) Knowingly submits any false documentation supporting a
10 claim or prior payment to the Office of Medicaid Inspector General or the
11 Medicaid Fraud Control Unit within the office of the Attorney General during
12 an audit or in response to a request for information or a subpoena;

13 (13) Knowingly makes or causes to be made, or induces or seeks
14 to induce, any material false statement to made to the Office of Medicaid
15 Inspector General or the Medicaid Fraud Control Unit within the office of the
16 Attorney General during an audit or in response to a request for information
17 or a subpoena;

18 (14) Knowingly forges the signature of a doctor or nurse on a
19 prescription or referral for healthcare goods or services or submits a forged
20 prescription or referral for healthcare goods or services in support of a
21 claim for payment under the Arkansas Medicaid Program;

22 (15) Knowingly places a false entry in a medical chart or
23 medical record that indicates that healthcare goods or services have been
24 provided to a Medicaid recipient knowing that the healthcare goods or
25 services were not provided;

26 (16) Knowingly presents, or causes to be presented, a false or
27 fraudulent claim for payment or approval to the Arkansas Medicaid Program;

28 (17) Knowingly makes, uses, or causes to be made or used a false
29 record or statement that is material to a false or fraudulent claim to the
30 Arkansas Medicaid Program;

31 (18) Knowingly:

32 (A) Makes, uses, or causes to be made or used a false
33 record or statement that is material to an obligation to pay or transmit
34 money or property to the Arkansas Medicaid Program; or

35 (B) Conceals or improperly avoids or decreases an
36 obligation to pay or transmit money or property to the Arkansas Medicaid

1 Program; or

2 (19) Conspires to commit a violation of this section.

3
4 20-77-903. Civil penalties.

5 (a)~~(1)~~ It shall be unlawful for any person to commit any act
6 proscribed by § 20-77-902, and any person found to have committed any such
7 act or acts shall be deemed liable to the State of Arkansas, through the
8 Attorney General, for ~~full restitution and for a civil penalty of not less~~
9 ~~than five thousand dollars (\$5,000) and not more than ten thousand dollars~~
10 ~~(\$10,000) for each violation, plus three (3) times the amount of all payments~~
11 ~~judicially found to have been fraudulently received from the Arkansas~~
12 ~~Medicaid Program or its fiscal agents because of the act of that person,~~
13 ~~except that if the court finds the following:~~

14 (1) A civil penalty of not less than five thousand five hundred
15 dollars (\$5,500) or more than eleven thousand dollars (\$11,000) for each
16 claim; and

17 (2) Three (3) times the amount of damages that the state
18 sustained because of the act of the person.

19 (b) The trier of fact may assess not less than two (2) times the
20 amount of damages that the state sustained because of the act of the person
21 if the trier of fact finds the following:

22 ~~(A)~~(1) The person committing the violation of this
23 subchapter furnished officials of the Attorney General's office with all
24 information known to the person about the violation within thirty (30) days
25 after the date on which the defendant first obtained the information; and

26 ~~(B)~~(2) The person fully cooperated with any Attorney
27 General's investigation of the violation, and at the time the person
28 furnished the Attorney General with the information about the violation:

29 ~~(i)~~(A) No criminal prosecution, civil action, or
30 administrative action had commenced under this subchapter with respect to the
31 violation; and

32 ~~(ii)~~(B) The person did not have actual knowledge of
33 the existence of an investigation into the violation.

34 ~~(2) The court may assess not more than two (2) times the amount~~
35 ~~of damages which the state sustained because of the act of the person.~~

36 ~~(b)(c)~~(1) In addition to any other penalties authorized herein, any

1 person violating this subchapter shall also be liable to the State of
2 Arkansas for the Attorney General’s reasonable expenses, including the cost
3 of investigation, attorney’s fees, court costs, witness fees, and deposition
4 fees.

5 (2) Any cost or reimbursement ordered under this subsection
6 shall be paid to the office of the Attorney General to be used for future
7 Medicaid investigations and cases.

8 ~~(e)(d)~~ The entirety of any penalty obtained under subsection (a) less
9 reimbursement of investigation and prosecution costs and any reward which may
10 be determined by the court pursuant to this subchapter shall be credited as
11 special revenues of the State of Arkansas and deposited into the Arkansas
12 Medicaid Program Trust Fund for the sole use of the program.

13 ~~(d) For actions under this subchapter, the following shall apply:~~

14 ~~(1) To enable the court to properly fix the amount of~~
15 ~~restitution, the Attorney General shall, after appropriate investigation,~~
16 ~~recommend an amount that would make the victim whole with respect to the~~
17 ~~money fraudulently received from the program or its fiscal agents, the~~
18 ~~expense of investigation, and all other measurable monetary damages directly~~
19 ~~related to the cause of action; and~~

20 ~~(2) If the defendant disagrees with the recommendation of the~~
21 ~~Attorney General, he or she shall be entitled to introduce evidence in~~
22 ~~mitigation of the amount recommended.~~

23 ~~(e) For actions under this subchapter, whether tried by the court or~~
24 ~~the jury, the restitution and penalty shall be fixed by the court.~~

25 (e)(1) A person who engages, has engaged, or proposes to engage in any
26 act described by § 20-77-902 may be enjoined in a court of competent
27 jurisdiction in an action brought by the Attorney General.

28 (2) An injunction described by subdivision (e)(1) of this
29 section shall be:

30 (A) Brought in the name of the state; and

31 (B) Granted if the a case is clearly shown that the rights
32 of the state are being violated by the person and the state will suffer
33 immediate and irreparable injury, loss, or damage pending a final judgment in
34 the action or that the acts or omissions of the person will tend to render a
35 final judgment ineffectual.

36 (f) The court may make orders or judgments, including the appointment

1 of a receiver, as necessary to:

2 (1) Prevent any act described by § 20-77-902 by any person; or

3 (2) Restore to the Arkansas Medicaid Program any money or
 4 property, real or personal, that may have been acquired by means of an act
 5 described by § 20-77-902.

6
 7 SECTION 9. Arkansas Code § 20-77-904(c)(1), concerning investigation
 8 by the Attorney General under the Medicaid Fraud False Claims Act, is amended
 9 to read as follows:

10 (1) Adjudging the person in contempt of court and exercising any
 11 civil contempt power available under state law;

12
 13 SECTION 10. Arkansas Code § 20-77-907(a), concerning records under the
 14 Medicaid Fraud False Claims Act, is amended to read as follows:

15 (a)(1) ~~All persons~~ A Medicaid provider or person providing healthcare
 16 goods or services under the Arkansas Medicaid Program are required to
 17 maintain ~~at the person's principal place of Medicaid business~~ all records ~~at~~
 18 ~~least~~ for a period of not less than five (5) years from the date of claimed
 19 provision of any goods or services to any Medicaid recipient.

20 ~~(2)(A) Any person found not to have maintained all records shall~~
 21 ~~be guilty of a Class D felony if the unavailability of records impairs or~~
 22 ~~obstructs a civil action pursuant to this subchapter.~~

23 ~~(B) Otherwise, the unavailability of records shall be a~~
 24 ~~Class A misdemeanor.~~

25 (2) The records described in subdivision (a)(1) of this section
 26 shall be available for audit during regular business hours at the address
 27 listed in the Medicaid provider agreement or where the healthcare goods or
 28 services are provided.

29 (3) If the healthcare goods or services are provided in the home
 30 of the Medicaid recipient, the records shall be maintained at the principal
 31 place of business of the Medicaid provider.

32 (4) If a Medicaid provider goes out of business, the provider
 33 shall give written notification to the Department of Human Services and the
 34 Office of Medicaid Inspector General of where and how the records will be
 35 stored.

36

1 SECTION 11. Arkansas Code § 20-77-908(a) and (b), concerning the false
 2 claims jurisdiction and procedure under the Medicaid Fraud False Claims Act,
 3 is amended to read as follows:

4 (a) Any action under this subchapter may be brought in the circuit
 5 court of Pulaski County or the county where the defendant, or in the case of
 6 multiple defendants, any one (1) defendant resides.

7 (b) A civil action under this section may not be brought:

8 (1) more More than five (5) six (6) years after the date on
 9 which the violation of this subchapter is committed; or

10 (2) More than three (3) years after the date when facts material
 11 to the right of action are known or reasonably should have been known by the
 12 official of the state charged with responsibility to act in the
 13 circumstances, but in no event more than ten (10) years after the date on
 14 which the violation is committed, whichever occurs last.

15
 16 SECTION 12. Arkansas Code § 20-77-2502(3), concerning the definition
 17 of "health plan" regarding the Office of Medicaid Inspector General, is
 18 amended to read as follows:

19 (3) "Health plan" means a publicly or privately funded health
 20 ~~insurance or managed care plan or contract under which a healthcare item or~~
 21 ~~service is provided and through which payment is made to the person who~~
 22 ~~provided the healthcare item or service~~ program or organization that is
 23 formed to provide or pay for healthcare goods or services including without
 24 limitation:

- 25 (A) Health insurance plans;
- 26 (B) Managed care organization plans;
- 27 (C) Risk-based provider plans;
- 28 (D) Arkansas Medicaid Program;
- 29 (E) The Social Security Disability Insurance program; and
- 30 (F) Medicare program;

31
 32 SECTION 13. Arkansas Code § 20-77-2502(7), concerning the definition
 33 of "single health plan" regarding the Office of Medicaid Inspector General,
 34 is repealed.

35 ~~(7) "Single health plan" includes without limitation the~~
 36 ~~Arkansas Medicaid Program; and~~