

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

# A Bill

HOUSE BILL 1314

5 By: Representative L. Johnson  
6 By: Senator Irvin  
7

## For An Act To Be Entitled

9 AN ACT TO AMEND THE LAW CONCERNING CERTAIN AUDITS OF  
10 HEALTHCARE PROVIDERS; TO CREATE THE ARKANSAS MEDICAL  
11 AUDIT BILL OF RIGHTS ACT; AND FOR OTHER PURPOSES.  
12  
13

## Subtitle

15 TO AMEND THE LAW CONCERNING CERTAIN  
16 AUDITS OF HEALTHCARE PROVIDERS; AND TO  
17 CREATE THE ARKANSAS MEDICAL AUDIT BILL  
18 OF RIGHTS ACT.  
19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
21

22 SECTION 1. Arkansas Code Title 23, Chapter 99, is amended to add an  
23 additional subchapter to read as follows:  
24

25 Subchapter 19 – Arkansas Medical Audit Bill of Rights Act  
26

27 23-99-1901. Title.

28 This subchapter shall be known and may be cited as the "Arkansas  
29 Medical Audit Bill of Rights Act".  
30

31 23-99-1902. Definitions.

32 As used in this subchapter:

33 (1) "Audit" means an investigation or review of a claim  
34 submitted by a healthcare provider if the investigation or review:

35 (A) Is conducted by an auditor; and

36 (B) Involves records, documents, or information other than



1 the filed claim;

2 (2) "Auditor" means:

3 (A) A managed care company;

4 (B) An insurance company;

5 (C) A third party payor; or

6 (D) An entity that represents a responsible party,

7 including a company or group that administers claims services;

8 (3)(A) "Clerical or recordkeeping error" means a mistake in the  
 9 filed claim regarding a required document or record.

10 (B) "Clerical or recordkeeping error" includes without  
 11 limitation:

12 (i) A typographical error;

13 (ii) A scrivener's error; or

14 (iii) A computer error; and

15 (4) "Healthcare provider" means a person who is licensed,  
 16 certified, or otherwise authorized by the laws of this state to administer  
 17 healthcare services.

18  
 19 23-99-1903. Arkansas Medical Audit Bill of Rights.

20 (a) Notwithstanding any other law, when an audit is conducted by an  
 21 auditor, the audit shall be conducted according to the following bill of  
 22 rights:

23 (1) An auditor conducting the initial on-site audit shall give  
 24 the healthcare provider notice of the audit at least one (1) week before  
 25 conducting the initial on-site audit for each audit cycle;

26 (2) An audit that involves the application of clinical or  
 27 professional judgment shall be conducted by or in consultation with a  
 28 pharmacist;

29 (3)(A) A clerical or recordkeeping error shall not:

30 (i) Constitute fraud; or

31 (ii) Be subject to criminal penalties without proof  
 32 of intent to commit fraud.

33 (B) A claim arising under subdivision (a)(3)(A)(i) of this  
 34 section may be subject to recoupment;

35 (4)(A) A finding of an overpayment or underpayment of a filed  
 36 claim may be a projection based on the number of patients served by the

1 healthcare provider having a similar diagnosis.

2 (B) Recoupment of claims under subdivision (a)(4)(A) of  
3 this section shall be based on the actual overpayment unless the projection  
4 for overpayment or underpayment is part of a settlement by the healthcare  
5 provider;

6 (5)(A) When an audit is for a specifically identified problem  
7 that has been disclosed to the healthcare provider, the audit shall be  
8 limited to a claim that is identified by a claim number.

9 (B) For an audit other than that described in subdivision  
10 (b)(5)(A) of this section, the audit shall be limited to twenty-five (25)  
11 randomly selected claims.

12 (C) If an audit reveals the necessity for a review of  
13 additional claims, the audit shall be conducted on site.

14 (D) Except for an audit initiated under subdivision  
15 (b)(5)(A) of this section, an auditor shall not initiate an audit of a  
16 healthcare provider more than two (2) times in a calendar year;

17 (6) A recoupment shall not be based on:

18 (A) Documentation requirements in addition to the  
19 requirements for creating or maintaining documentation prescribed by the  
20 Arkansas State Board of Pharmacy, the Arkansas State Medical Board, or as  
21 prescribed by federal law or regulation; or

22 (B) A requirement that a healthcare provider perform a  
23 professional duty in addition to the professional duties prescribed by the  
24 Arkansas State Medical Board;

25 (7)(A) Recoupment shall only occur following the correction of a  
26 claim and shall be limited to amounts paid in excess of amounts payable under  
27 the corrected claim.

28 (B) Following a notice of overpayment, a healthcare  
29 provider shall have at least sixty (60) days to file a corrected claim;

30 (8) Approval of a healthcare service, healthcare provider, or  
31 patient eligibility upon adjudication of a claim shall not be reversed unless  
32 the healthcare provider obtained the adjudication by fraud or  
33 misrepresentation of claim elements;

34 (9) Each healthcare provider shall be audited under the same  
35 standards and parameters as other similarly situated healthcare providers  
36 audited by the auditor;

1           (10) A healthcare provider shall be allowed at least sixty (60)  
2 days following receipt of the preliminary audit report in which to produce  
3 documentation to address any discrepancy found during the audit;

4           (11) The period covered by an audit shall not exceed twenty-four  
5 (24) months from the date the claim was submitted to or adjudicated by an  
6 auditor;

7           (12)(A) The preliminary audit report under subdivision (a)(10)  
8 of this section shall be delivered to a healthcare provider within one  
9 hundred twenty (120) days after the conclusion of the audit.

10           (B) A final audit report shall be delivered to the  
11 healthcare provider within six (6) months after receipt of the preliminary  
12 audit report or receipt of the final appeal as provided for in this  
13 subsection, whichever is later; and

14           (13) Notwithstanding any other provision in this section, the  
15 auditor conducting the audit shall not use the accounting practice of  
16 extrapolation in calculating recoupments or penalties for audits.

17           (b) A recoupment of any disputed funds shall only occur after final  
18 internal disposition of the audit, including the appeals process as described  
19 in subsection (c) of this section.

20           (c)(1) An auditor that conducts an audit shall:

21           (A) Establish an appeals process under which a healthcare  
22 provider may appeal an unfavorable preliminary audit report to the auditor;  
23 and

24           (B) Provide a copy of the final audit report to the health  
25 benefit plan sponsor after the completion of any review process.

26           (2) If following the appeal under subdivision (c)(1)(A) of this  
27 section the auditor finds that an unfavorable audit report or any portion of  
28 the unfavorable audit report is unsubstantiated, the auditor shall dismiss  
29 the audit report or the unsubstantiated portion of the audit report without  
30 any further proceedings.

31           (d) The total amount of any recoupment on an audit shall be refunded  
32 to the party responsible for payment of the claim.

33           (e) This section does not apply to any audit, review, or investigation  
34 that involves alleged fraud, willful misrepresentation, or abuse, including  
35 without limitation:

36           (1) Fraud involving the Arkansas Medicaid Program as described

1 in § 5-55-111;

2 (2) Abuse as defined in § 20-77-1702;

3 (3) Fraud as defined in § 20-77-1702; or

4 (4) Insurance fraud.

5 (f) The Insurance Commissioner shall promulgate rules to implement,  
6 administer, and enforce this subchapter.

7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36