1	State of Arkansas A	s Engr	rossed: H3/1//25	
2	95th General Assembly		A Bill	
3	Regular Session, 2025			HOUSE BILL 1622
4				
5	By: Representatives Gramlich, L. John	son		
6	By: Senator J. Boyd			
7				
8	Fo	r An A	Act To Be Entitled	
9	AN ACT TO AMEND T	THE ME	DICAID FAIRNESS ACT; TO	MODIFY
10	THE DEFINITION OF	''ADV	ERSE DECISION" UNDER THE	
11	MEDICAID FAIRNESS	ACT;	TO PROVIDE FOR ADMINIST	RATIVE
12	RECONSIDERATION U	JNDER	THE MEDICAID FAIRNESS AC	T; AND
13	FOR OTHER PURPOSE	ES.		
14				
15				
16			Subtitle	
17	TO AMEND TH	E MEDI	ICAID FAIRNESS ACT; TO	
18	MODIFY THE	DEFINI	ITION OF "ADVERSE	
19	DECISION" U	NDER T	THE MEDICAID FAIRNESS	
20			IDE FOR ADMINISTRATIVE	
21			JNDER THE MEDICAID	
22	FAIRNESS AC	Г.		
23				
24	BE IT ENACTED BY THE GENERAL	ASSEM	BLY OF THE STATE OF ARKA	NSAS:
25		1 0	00 77 1700(0)	1 1 6
26			20-77-1702(2), concernin	_
27	"adverse decision" within the	e Medi	cald fairness Act, is am	ended to read as
28 29	follows:	1 2 -	ion" means any decision	h
29 30	(2)(A) "Adverse of Human Services or its revi		·	•
31	Medicaid provider or recipier			ersery arrects a
32	medicald provider of recipier (i)		pt of and payment for Me	diacid aloims and
33	services, including, but not			dicaid Claims and
34	betvices, including, but not	(a)	Appropriate level of ca	re or coding:
35		(b)	Medical necessity;	20 01 0001116,
36		(c)	Prior authorization;	
		(0)		

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

1	(ii) Multiple appears 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.
16	
17	/s/Gramlich
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31 32	
33	
34	
35	
36	
50	