

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

SENATE BILL 542

By: Senator B. Davis
By: Representative L. Johnson

For An Act To Be Entitled

AN ACT TO AMEND THE MEDICAID PROVIDER-LED ORGANIZED CARE ACT; TO IMPROVE THE ENROLLMENT AND SELECTION PROCESS IN RISK-BASED PROVIDER ORGANIZATIONS; TO EMPOWER MEDICAID BENEFICIARIES WITH USEFUL INFORMATION ABOUT RISK-BASED PROVIDER ORGANIZATIONS AVAILABLE TO THEM; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE MEDICAID PROVIDER-LED ORGANIZED CARE ACT; TO IMPROVE THE ENROLLMENT AND SELECTION PROCESS IN RISK-BASED PROVIDER ORGANIZATIONS; AND TO EMPOWER BENEFICIARIES WITH INFORMATION.

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

SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 27, is amended to add additional sections to read as follows:

20-77-2709. Quality rating system.

(a) The risk-based provider organizations shall have a basic quality rating system that is accessible online that includes ratings for each risk-based provider organization based on data that includes at a minimum the following measures that are currently collected by the risk-based provider organization:

(1) The number of days before initial delivery of home- and community-based services for individuals who have received a waiver slot in



1 the Community and Employment Support Waiver;

2 (2) The care coordinator caseload ratios;

3 (3) The scores of a satisfaction survey of members of the risk-
4 based provider organization that includes at least the following:

5 (A) The satisfaction of individuals assessed with
6 intellectual and developmental disabilities with their level of integration
7 into the community;

8 (B) The satisfaction of individuals assessed with
9 intellectual and developmental disabilities who report satisfaction with
10 their living arrangements;

11 (C) The numbers and percentages of enrollees assessed with
12 intellectual and developmental disabilities who are engaged in meaningful,
13 competitive employment;

14 (D) The satisfaction with care coordinators by individuals
15 assessed with intellectual and developmental disabilities and by intellectual
16 and developmental disabilities service providers;

17 (E) The satisfaction with care coordinators by individuals
18 assessed with behavioral health needs and by behavioral health providers;

19 (F) The satisfaction with the website or portal of the
20 risk-based provider organizations by individuals assessed with intellectual
21 and developmental disabilities and by intellectual and developmental
22 disabilities service providers;

23 (G) The satisfaction with the website or portal of the
24 risk-based provider organizations by individuals assessed with behavioral
25 health needs and by behavioral health providers;

26 (H) The overall satisfaction with the risk-based provider
27 organization by individuals assessed with intellectual and developmental
28 disabilities and by intellectual and developmental disabilities service
29 providers; and

30 (I) The overall satisfaction with the risk-based provider
31 organization by individuals assessed with behavioral health needs and by
32 behavioral health providers;

33 (4) The percentage of individuals assessed with intellectual and
34 developmental disabilities who receive follow-up care after an emergency
35 department visit within seven (7) days;

36 (5) The percentage of individuals assessed with behavioral

1 health needs who receive follow-up care after an emergency department visit
2 within seven (7) days;

3 (6) The percentage of members between three (3) years age and
4 twenty-one (21) years of age who had at least one (1) comprehensive well-care
5 visit with a primary care provider or an obstetrician-gynecologist
6 practitioner during the measurement year;

7 (7) The percentage of newly enrolled members who receive an
8 initial contact with a care coordinator within fourteen (14) days;

9 (8) The percentage of enrolled members who receive monthly
10 contact with a care coordinator; and

11 (9) The incidence of enrollee complaints or grievances.

12 (b) The ratings shall be prominently displayed on the website of
13 Department of Human Services for risk-based provider organizations.

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15 20-77-2710. Provider directories.

16 (a) Each risk-based provider organization shall provide to enrollees
17 real-time access to its provider network directory through a link on the
18 website of Department of Human Services and on the website of the risk-based
19 provider organization.

20 (b) The risk-based provider organizations shall ensure that the
21 provider directories are updated for the upcoming plan year so that enrollees
22 can make informed decisions.

23 (c) When an existing network provider's status has or will change to
24 out-of-network, the risk-based provider organization shall make that change
25 in the provider directory within ten (10) business days of the change being
26 communicated to or from the risk-based provider organization.

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28 20-77-2711. Beneficiary support office.

29 (a) The Department of Human Services shall have a dedicated
30 beneficiary support system that is adequately staffed and trained to meet the
31 requirements of 42 C.F.R. § 438.71, as existing on January 1, 2025.

32 (b) Enrollees and other members of the public shall be able to easily
33 contact the department for information about the risk-based provider
34 organization, including open enrollment, choice counseling, updated
35 information on provider networks, assistance in understanding how to use the
36 quality rating system to select a plan, and other pertinent information.

1 (c) The ombudsman shall also have the authority to help enrollees
2 informally resolve issues between enrollees and risk-based provider
3 organizations.

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5 SECTION 2. DO NOT CODIFY. Rules.

6 The Department of Human Services may promulgate rules to implement this
7 act.

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9 SECTION 3. EFFECTIVE DATE.

10 This act shall be effective on January 1, 2026.
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