

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
90th General Assembly
Regular Session, 2015

A Bill

SENATE BILL 831

By: Senator D. Sanders

For An Act To Be Entitled

AN ACT TO AUTHORIZE THE DIRECTOR OF THE DIVISION OF MEDICAL SERVICES OF THE DEPARTMENT OF HUMAN SERVICES TO DETERMINE THAT A MEDICAID PROVIDER IS OUT OF BUSINESS AND THAT A MEDICAID OVERPAYMENT OWED BY THE MEDICAID PROVIDER CANNOT BE COLLECTED UNDER STATE LAW AND PROCEDURES; AND FOR OTHER PURPOSES.

Subtitle

TO AUTHORIZE THE DIRECTOR OF THE DIVISION OF MEDICAL SERVICES OF THE DEPARTMENT OF HUMAN SERVICES TO DETERMINE THAT A MEDICAID PROVIDER IS OUT OF BUSINESS AND THAT A MEDICAID OVERPAYMENT CANNOT BE COLLECTED.

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

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

20-77-131. Determination that a Medicaid provider is out of business.

(a) As used in this section, "entity" means:

(1) A corporation, including without limitation a professional, medical, or dental corporation;

(2) A limited liability company, including without limitation a professional, medical, or dental limited liability company; and

(3) A partnership, including without limitation a limited partnership.



(b)(1) For the purpose of determining whether an overpayment must be refunded to the federal government, the Director of the Division of Medical Services of the Department of Human Services is authorized to determine and certify that a Medicaid provider is out of business and that an overpayment owed by the provider cannot be collected under state law and procedures.

(2) The director may make this determination on the basis of any facts and circumstances deemed relevant and material by the director.

(c) For the purpose of this section, the director may conclusively presume a provider to be out of business as of:

(1) The date of suspension, expiration, surrender, or revocation of a license or certification required for the provider to operate; or

(2) For a provider that did business in the form of an entity, the date of:

(A) Dissolution of the entity;

(B) Occurrence of an event which would trigger dissolution; or

(C) Forfeiture or revocation of the entity's charter or authority to do business by the Secretary of State or other state authority.

(d) A determination or certification made by the director under this section:

(1) Does not abrogate, limit, or modify a provider's debt or obligation to repay;

(2) Is not a defense to recoupment of Medicaid payments from a provider; and

(3) May not serve as the basis for an adverse action against a provider.

(e) The Department of Human Services may promulgate rules to administer this section.