Title 20. Public Health and Welfare

Chapter XVII. Generally, Department of Human Services

Subchapter A. Generally

Part 707. Marketing Activities by Direct Service Providers and Provider-Led Arkansas Shared Savings Entities

Codification Notes. This part was initially promulgated in Ark. R. 2026-68 (eff. July 1, 2026).

Subpart 1. Definitions

20 CAR § 707-101. Definitions.

As used in this part:

(1) "Direct service provider" means an organization or individual that delivers healthcare services to enrollable Medicaid beneficiary populations;

(2) "PASSE" means a Provider-Led Arkansas Shared Savings Entity that serves Medicaid clients with complex behavioral health, developmental disabilities, or intellectual disabilities; and

(3) "Risk-based provider organization" means an entity that:

(A) Is licensed by the Insurance Commissioner under the rules established for risk-based provider organizations by the commissioner;

(B) Is obligated to assume the financial risk for the delivery of specifically defined healthcare services to an enrollable Medicaid beneficiary population; and

(C) Is paid by the Department of Human Services on a capitated basis with a global payment made, whether or not a particular member of an enrollable Medicaid beneficiary population receives services during the period covered by the payment.

Authority. Arkansas Code § 20-77-2709.

History. Ark. R. 2026-68 (eff. July 1, 2026)

Subpart 2. Marketing Activities

20 CAR § 707-201. Direct Service Providers

(a) A direct service provider shall comply with provisions applicable to providers in the federal managed care rule on marketing activities at 42 C.F.R. § 438.104, as existing on January 1, 2025.

(b) It shall not be a marketing violation for a direct service provider to inform an existing or potential Medicaid enrollee in a risk-based provider organization of its network status with a particular risk-based provider organization.

(c) A direct service provider is not prohibited from responding to an individual's questions about open enrollment or network status if the direct service provider does not attempt to influence that individual's choice of risk-based provider organization or respond in any manner that is inaccurate or misleading.

(d) A direct service provider is not required to separate communications about its network status from communications about open enrollment if the direct service provider informs the existing or potential enrollee that the enrollee has freedom of choice among risk-based provider organizations and network providers.

(e) A direct service provider may inform a potential or actual enrollee in a risk-based provider organization whether a direct service provider is or will be in-network with a particular risk-based provider organization and the consequences of choosing a risk-based provider organization in which the direct service provider is not participating as a network direct service provider.

Authority. Arkansas Code § 20-77-2709.

History. Ark. R. 2026-68 (eff. July 1, 2026)

20 CAR § 707-202. Provider-Led Arkansas Shared Savings Entities.

(a) A PASSE may only distribute information to a current member of their PASSE.

(b) Other than the welcome information if a member transitions to their PASSE, a PASSE cannot provide any information to a Medicaid member that is a member of another PASSE.

(c) Participating providers and direct service providers may inform potential members and members that they are in-network with a PASSE and the consequences of choosing a PASSE in which a provider is not an in-network provider.

(d) Participating providers and direct services providers cannot distribute information to a Medicaid member about enrolling in a specific PASSE.

Authority. Arkansas Code § 20-77-2709.

History. Ark. R. 2026-68 (eff. July 1, 2026)