



Drug Reimbursement Appeal Process: Arkansas Act 570

Effective Date: August 4, 2025

Policy Owner: Provider Compensation

Purpose

To establish a formal appeal process for contracted providers who believe they were reimbursed for a drug billed through the medical benefit at a rate below their actual acquisition cost, as required under Arkansas Act 570 of 2025 (AR H 1703). This policy ensures Ambetter from Arkansas Health & Wellness complies with legislative mandates while promoting transparency and fairness in provider reimbursements.

Scope

This policy applies to:

- All Ambetter from Arkansas Health & Wellness contracted providers
- Claims involving reimbursement for medications (NDC, CPT®, or HCPCS coded)
- All Ambetter from Arkansas Health & Wellness lines of business and affiliates operating under Arkansas jurisdiction

Definitions

- Acquisition Cost: The amount paid by the provider to purchase a drug, inclusive of rebates or discounts tied to volume-based purchasing.
- Contracting Entity: Arkansas Health & Wellness/NovaSys Health, or any PBM or administrator acting on behalf of Ambetter from Arkansas Health & Wellness/Novasys Health.
- Appeal: A formal, provider-initiated request to review and adjust reimbursement when it is below acquisition cost.

Policy Statement

Ambetter from Arkansas Health & Wellness shall allow any provider to file an appeal when they receive reimbursement for a drug at less than their acquisition cost. Upon a valid appeal, Ambetter from Arkansas Health & Wellness must evaluate the claim, and if verified, adjust the reimbursement to no less than 110% of the actual acquisition cost, as required by law.

Procedures

5.1 Appeal Submission

Appeals must be submitted within 60 business days of the date of payment or denial. Appeals must include:



- Provider identification (NPI, TIN, contact name, email, phone number)
- Claim number(s), drug name, NDC, CPT, or HCPCS code
- Date of service and reimbursement amount
- Documentation of acquisition cost (current invoice or receipt)
- Documentation of all rebates or discounts received
- Statement of discrepancy and requested resolution

Providers may submit appeals via:

- **Secure Email:** Providers@ARHealthWellness.com
 - **Subject Line:** ARHW Drug Reimbursement Appeal
- **Appeals Phone Line:** 501-299-8045

In the event that a retail pharmacy is requesting a reimbursement appeal for payment made under the pharmacy benefit, the pharmacy should be directed to reach out to Express Scripts through the following channels:

- Pharmacy Provider Portal: [Express Scripts](#)
- Pharmacy Help Desk: 833-750-9906

5.2 Internal Review Timeline

Appeals must be reviewed and resolved within 30 business days of receipt. Ambetter from Arkansas Health & Wellness will notify providers of:

- Approval and reimbursement adjustment; OR
- Denial with rationale and any additional documentation needed

5.3 Reimbursement Adjustment

If the appeal is approved:

- Ambetter from Arkansas Health & Wellness shall reprocess the original claim at 110% of acquisition cost.
- This updated reimbursement rate shall be applied to all subsequent claims for the same drug (identified by NDC, CPT, or HCPCS code) for the remainder of the fiscal quarter.

If the appeal is initiated in the last month of the fiscal quarter, the adjusted rate will extend through the entire next fiscal quarter.

Quarterly Notification Option

Providers may proactively submit a quarterly list of drugs where acquisition cost exceeds contracted reimbursement. Ambetter from Arkansas Health & Wellness may adjust rates to



110% of the acquisition cost for those drugs, without requiring a formal appeal, for the duration of the current fiscal quarter.

Documentation and Retention

Ambetter from Arkansas Health & Wellness will maintain:

- All submitted appeals, communications, decisions, and reimbursement adjustments
- Audit logs of responses and reprocessed claims

Records must be retained for six years for audit and compliance purposes.

Member Appeals

This policy applies only to provider reimbursement appeals. Member-initiated appeals regarding coverage decisions or cost-sharing must follow the Ambetter from Arkansas Health & Wellness internal appeals and grievance procedures.