

SB 759

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THE STATE SENATE  
Tuesday, February 27, 2001

Senate Bill No. 759  
As Amended

SENATE BILL NO. 759 - By: EASLEY of the Senate and EDDINS of the House.

[ poor persons - Oklahoma Medicaid Healthcare Options System - effective date ]

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 3, Chapter 336, O.S.L. 1993, as last amended by Section 1, Chapter 383, O.S.L. 2000 (56 O.S. Supp. 2000, Section 1010.3), is amended to read as follows:

Section 1010.3 A. 1. There is hereby established the Oklahoma Medicaid Healthcare Options System. The Oklahoma Health Care Authority shall be responsible for converting the present system of delivery of the Oklahoma Medicaid Program to a managed care system.

2. The System shall be administered by the Oklahoma Health Care Authority and shall consist of a statewide system of managed care contracts with participating providers for the provision of hospitalization, eye care, ~~dental care~~ and medical care coverage to members and the administration, supervision, monitoring and evaluation of such contracts. The contracts for the managed care health plans shall be awarded on a competitive bid basis.

1           3. The System shall use both full and partial capitation models  
2 to service the medical needs of eligible persons. The highest  
3 priority shall be given to the development of prepaid capitated  
4 health plans provided, that prepaid capitated health plans shall be  
5 the only managed care model offered in the high density population  
6 areas of Oklahoma City and Tulsa.

7           B. The Oklahoma Medicaid Healthcare Options System shall  
8 initiate a process to provide for the orderly transition of the  
9 operation of the Oklahoma Medicaid Program to a managed care program  
10 within the System.

11          C. Except as hereinafter provided, the System shall develop  
12 managed care plans for all persons eligible for Title XIX of the  
13 federal Social Security Act, 42 U.S.C., Section 1396 et seq., as  
14 follows:

15          1. On or before January 1, 1996, managed care plans shall be  
16 developed for a minimum of fifty percent (50%) of the participants  
17 in the Temporary Assistance for Needy Families (TANF) program and  
18 participants categorized as noninstitutionalized medically needy.  
19 On or before July 1, 1997, all participants in the Temporary  
20 Assistance for Needy Families (TANF) program and participants  
21 categorized as noninstitutionalized medically needy shall be  
22 enrolled in a managed care plan;

1           2. On or before July 1, 1999, managed care plans shall be  
2 developed for all participants categorized as aged, blind or  
3 disabled;

4           3. On or before July 1, 2001, managed care plans shall be  
5 developed for all participants who are institutionalized; provided,  
6 however, this requirement shall not apply to individuals who are  
7 developmentally disabled; and

8           4. On or before July 1, 2000, a proposal for a Medicaid waiver  
9 to implement a managed care pilot program for participants with  
10 long-term care needs shall be developed and presented to the Joint  
11 Legislative Oversight Committee established in Section 1010.7 of  
12 this title. The pilot program shall provide a continuum of services  
13 for participants including, but not limited to, case management,  
14 supportive assistance in residential settings, homemaker services,  
15 home-delivered meals, adult day care, respite care, skilled nursing  
16 care, specialized medical equipment and supplies, and  
17 institutionalized long-term care. Payment for these services shall  
18 be on a capitated basis. The Joint Legislative Oversight Committee  
19 shall review the waiver application for the pilot program on or  
20 before December 1, 2000. In no instance shall the waiver  
21 application be presented to the Health Care Financing Administration  
22 prior to the review by the Committee.

1       D. The Oklahoma Health Care Authority shall establish a  
2 separate program for the provision of dental care to Medicaid  
3 beneficiaries. Such program shall allow beneficiaries to choose the  
4 dentist of their choice, as long as the dentist has agreed to comply  
5 with the terms and conditions of the dental care program established  
6 by the Authority.

7       E. The Oklahoma Health Care Authority shall apply for any  
8 federal Medicaid waivers necessary to implement the System. The  
9 application made pursuant to this subsection shall be designed to  
10 qualify for federal funding primarily on a prepaid capitated basis.  
11 Such funds may only be used for eye care, dental care, medical care  
12 and related services for eligible persons.

13       ~~E.~~ F. Except as specifically required by federal law, the  
14 System shall only be responsible for providing care on or after the  
15 date that a person has been determined eligible for the System, and  
16 shall only be responsible for reimbursing the cost of care rendered  
17 on or after the date that the person was determined eligible for the  
18 System.

19       SECTION 2. This act shall become effective November 1, 2001.

20       COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS, dated 2-21-01 - DO  
21       PASS, As Amended and Coauthored.