

1 STATE OF OKLAHOMA

2 2nd Session of the 51st Legislature (2008)

3 SENATE BILL 1690

By: Adelson

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6 AS INTRODUCED

7 An Act relating to poor persons; amending Section 3,  
8 Chapter 315, O.S.L. 2006 (56 O.S. Supp. 2007, Section  
9 1011.3), which relates to the Medicaid Reform Act of  
2006; clarifying reference; and providing an  
effective date.

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

13 SECTION 1. AMENDATORY Section 3, Chapter 315, O.S.L.  
14 2006 (56 O.S. Supp. 2007, Section 1011.3), is amended to read as  
15 follows:

16 Section 1011.3 The Oklahoma Health Care Authority shall have  
17 the following powers, duties, and responsibilities with respect to  
18 the development of the program established in Section ~~2~~ 1011.2 of  
19 this ~~act~~ title:

20 1. The consumer education component shall include the  
21 following:

- 22 a. to develop a choice counseling system to ensure that  
23 the choice counseling process and related material are  
24 designed to provide consumers an understanding of both

1 public and private health insurance options provided  
2 by this act including incentives through face-to-face  
3 interaction, by telephone, and in writing, and through  
4 other forms of relevant media,

5 b. to develop a system to ensure that there is record of  
6 recipient acknowledgment that choice counseling has  
7 been provided, and

8 c. to develop a choice counseling system that promotes  
9 health literacy and includes an educational component  
10 that is intended to promote proper utilization of the  
11 health care system;

12 2. The consumer choice component shall include the following:

13 a. to develop a system to enable insurable Medicaid  
14 consumers to access commercial health insurance  
15 policies,

16 b. to develop an actuarially sound cost per Medicaid  
17 consumer within different age groups and other  
18 relevant categories including health status to provide  
19 medically necessary services which may be separated to  
20 cover comprehensive care, enhanced services, and  
21 catastrophic care. This cost would be converted into  
22 a credit or instrument of value for the Medicaid  
23 consumer to purchase qualified health insurance  
24 policies,

- 1 c. in conjunction with the Oklahoma Insurance Department,  
2 to determine benefits and standards for commercial  
3 insurers accessed by Medicaid consumers,
- 4 d. to allow consumers to purchase health care coverage  
5 through an employer-sponsored health insurance plan  
6 instead of through a qualified health insurance plan.  
7 This provision shall be known as the employee choice  
8 option. A recipient who chooses the Medicaid employee  
9 choice option shall have an opportunity for a  
10 specified period of time, as authorized by the Centers  
11 for Medicare and Medicaid Services, to select and  
12 enroll in a qualified health insurance plan,
- 13 e. to develop a process for Medicaid consumers to select  
14 commercial health insurance options, the Oklahoma  
15 Health Care Authority shall develop a plan to  
16 implement a personal health account system as an  
17 enhanced benefit. Monies deposited into a personal  
18 health account shall only be used by the recipient to  
19 defray health-care-related costs including, but not  
20 limited to, copayments, noncovered benefits, and  
21 wellness initiatives. The Health Care Authority shall  
22 promulgate rules guiding personal health account  
23 transactions; and  
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1           3. To provide a grievance-resolution process for Medicaid  
2 consumers enrolled in a health plan. This process shall include a  
3 mechanism for an expedited review of a grievance if the life of a  
4 Medicaid recipient is in imminent and emergent jeopardy.

5           4. To provide a grievance-resolution process for health care  
6 providers employed by or contracted with a health plan to settle  
7 disputes among the provider and the health plan or the provider and  
8 the Oklahoma Health Care Authority.

9           5. By July 1, 2008, the Oklahoma Health Care Authority shall  
10 institute cost-sharing methods and/or benefit modifications within  
11 federal limitations to eligible persons whose family income is  
12 between one hundred thirty-three percent (133%) and one hundred  
13 eighty-five percent (185%) of the federal poverty level. The  
14 benefits shall be no less than the state-sponsored health care  
15 coverage through the state premium assistance program authorized in  
16 subsection D of Section 1010.1 of Title 56 of the Oklahoma Statutes.

17           6. Notwithstanding any other provision of this section,  
18 coverage, cost sharing, and any other component of employer-  
19 sponsored health insurance shall be governed by applicable state and  
20 federal laws.

21           7. The Oklahoma Health Care Authority shall develop a system to  
22 ensure that the implementation of the provisions of this act do not  
23 negatively affect the ability of American Indian or Alaska Native  
24 beneficiaries to access services at Indian Health Service

1 facilities, tribally operated health facilities and Urban Indian  
2 Health Programs.

3 8. The Oklahoma Health Care Authority shall develop a system to  
4 ensure that the implementation of the provisions of this act do not  
5 negatively affect the reimbursement structure between the Oklahoma  
6 Health Care Authority and the Indian Health Service facilities,  
7 tribally operated health facilities and urban health programs.

8 9. The Oklahoma Health Care Authority shall develop mechanisms  
9 through intergovernmental transfers which will allow tribally  
10 operated facilities that elect to provide services to beneficiaries  
11 other than American Indian or Alaska Native beneficiaries to receive  
12 reimbursement for such services.

13 SECTION 2. This act shall become effective November 1, 2008.

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