

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 54<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 2788</b>
<b>Version:</b>	<b>Introduced</b>
<b>Request Number:</b>	<b>8151</b>
<b>Author:</b>	<b>McCullough</b>
<b>Date:</b>	<b>2/13/2014</b>
<b>Impact:</b>	<b>Budget Neutral</b>

**Research Analysis**

HB 2788, as introduced, directs the health care authority to refer suspected fraud by both provider and Medicaid recipient to the Medicaid fraud control unit. The Attorney General is allowed access to and may take possession of all records held by a Medicaid recipient during the course of an investigation. Additionally, the measure directs the health care authority to establish a managed care program and to apply for applicable federal Medicaid waivers. The authority will select and negotiate with plans to participate in the program while considering several quality factors during selection, including accreditation, fraud and abuse prevention, quality standards, availability and access, and additional benefits. Incentives will be provided to plans that offer plans in rural regions of the state. Plans will be under contract for five years and must include physician compensation, hospital compensation, access, collection of encounter data, a plan for continuous improvement, program integrity functions, grievance procedures, penalties, prompt payment requirements, the acceptance of electronic claims, and itemized accounting.

All Medicaid recipients must be enrolled in a managed care plan, unless exempted under the measure. Medicaid recipients will be automatically enrolled in a plan if they do not voluntarily enroll. Enrollees will have ninety days to change plans. Newborns will automatically be enrolled in their mother's plan, and she may choose another plan for her child within ninety days after birth. The measure specifies the minimum services that a plan must provide.

Furthermore, the measure directs the aging services division of the department of human services to formulate a memorandum of agreement with the authority for the establishment of a managed long-term care plan. Eligible Medicaid recipients must receive long-term care services by participating in a long-term care managed care program. The measure specifies the minimum services that a long-term plan must provide. Nursing home and hospice Medicaid providers must participate in all managed care plans selected by the authority in the region in which the provider is located. Eligible Medicaid recipients will be automatically enrolled in a long-term plan if they do not voluntarily enroll. Enrollees referred to hospice services have thirty days to select another plan to access a hospice provider of their choice.

Prepared By: Scott Tohlen

**Fiscal Analysis**

HB 2788, as introduced, would be budget neutral, according to officials at the Health Care Authority.

Prepared By: Mark Nichols

**Other Considerations**

None.

© 2014 Oklahoma House of Representatives, see Copyright Notice at [www.okhouse.gov](http://www.okhouse.gov)