

1 ENGROSSED SENATE
2 BILL NO. 1045

By: Thompson and Hall of the
Senate

3 and

4 Wallace and Hilbert of the
5 House

6
7 An Act relating to the Supplemental Hospital Offset
8 Payment Program; amending 63 O.S. 2011, Section
9 3241.2, as last amended by Section 1, Chapter 56,
10 O.S.L. 2019 (63 O.S. Supp. 2020, Section 3241.2),
11 which relates to definitions; modifying and adding
12 definitions; amending 63 O.S. 2011, Section 3241.3,
13 as last amended by Section 2, Chapter 56, O.S.L. 2019
14 (63 O.S. Supp. 2020, Section 3241.3), which relates
15 to supplemental hospital offset payment program fee;
16 modifying assessment methodology; stating allowed
17 expenses; fixing certain rates for specified time
18 periods; requiring annual determination of base year;
19 clarifying rulemaking entity; rendering portion of
fee null and void under certain condition; removing
termination date of fee; amending 63 O.S. 2011,
Section 3241.4, as last amended by Section 3, Chapter
345, O.S.L. 2016 (63 O.S. Supp. 2020, Section
3241.4), which relates to Supplemental Hospital
Offset Payment Program Fund; removing limitation on
certain transfers; extending time period for certain
payments; allowing access payments through directed
payments; allowing certain transfers of directed
payments; clarifying rulemaking entity; updating
statutory reference; providing an effective date; and
declaring an emergency.

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

21 SECTION 1. AMENDATORY 63 O.S. 2011, Section 3241.2, as
22 last amended by Section 1, Chapter 56, O.S.L. 2019 (63 O.S. Supp.
23 2020, Section 3241.2), is amended to read as follows:
24

1 Section 3241.2. As used in the Supplemental Hospital Offset
2 Payment Program Act:

3 1. "Authority" means the Oklahoma Health Care Authority;

4 2. "Base year" means a hospital's fiscal year as reported in
5 the Medicare Cost Report or as determined by the Authority if the
6 hospital's data is not included in the Medicare Cost Report. The
7 base year data ~~will~~ shall be used in all assessment calculations;

8 3. ~~"Net hospital patient revenue" means the gross hospital~~
9 ~~revenue as reported on Worksheet G-2 (Columns 1 and 2, Lines "Total~~
10 ~~inpatient routine care services", "Ancillary services", and~~
11 ~~"Outpatient services") of the Medicare Cost Report, multiplied by~~
12 ~~the hospital's ratio of total net to gross revenue, as reported on~~
13 ~~Worksheet G-3 (Column 1, Line "Net patient revenues") and Worksheet~~
14 ~~G-2 (Part I, Column 3, Line "Total patient revenues")~~ "Directed
15 payments" means payment arrangements allowed under 42 C.F.R. Section
16 438.6(c) that permit states to direct specific payments made by
17 managed care plans to providers under certain circumstances and can
18 assist states in furthering the goals and priorities of their
19 Medicaid programs;

20 4. "Hospital" means an institution licensed by the State
21 Department of Health as a hospital pursuant to Section 1-701 of this
22 title maintained primarily for the diagnosis, treatment, or care of
23 patients;

1 5. "Hospital Advisory Committee" means the Committee
2 established for the purposes of advising the Oklahoma Health Care
3 Authority and recommending provisions within and approval of any
4 state plan amendment or waiver affecting hospital reimbursement made
5 necessary or advisable by the Supplemental Hospital Offset Payment
6 Program Act. In order to expedite the submission of the state plan
7 amendment required by Section 3241.6 of this title, the Committee
8 shall initially be appointed by the Executive Director of the
9 Authority from recommendations submitted by a statewide association
10 representing rural and urban hospitals. The permanent Committee
11 shall be appointed no later than thirty (30) days after November 1,
12 2011, and shall be composed of five (5) members ~~to serve until~~
13 ~~December 31, 2025,~~ from lists of names submitted by a statewide
14 association representing rural and urban hospitals, as follows:
15 a. one member, appointed by the Governor, who shall serve
16 as chairman, and
17 b. two members appointed each by the President Pro
18 Tempore of the ~~Oklahoma State~~ Senate and the Speaker
19 of the ~~Oklahoma~~ House of Representatives.
20 ~~Membership shall be extended until December 31, 2025, for those~~
21 ~~members who are serving as of December 31, 2019~~ Members shall serve
22 at the pleasure of the appointing authority;
23
24

1 6. "Medicaid" means the medical assistance program established
2 in Title XIX of the federal Social Security Act and administered in
3 this state by the Oklahoma Health Care Authority;

4 7. "Medicare Cost Report" means the Hospital Cost Report, Form
5 CMS-2552-96 or subsequent versions;

6 8. "Net hospital patient revenue" means the gross hospital
7 revenue as reported on Worksheet G-2 (Columns 1 and 2, Lines "Total
8 inpatient routine care services", "Ancillary services", and
9 "Outpatient services") of the Medicare Cost Report, multiplied by
10 the hospital's ratio of total net to gross revenue, as reported on
11 Worksheet G-3 (Column 1, Line "Net patient revenues") and Worksheet
12 G-2 (Part I, Column 3, Line "Total patient revenues");

13 9. "Upper payment limit" means the maximum ceiling imposed by
14 42 C.F.R., Sections 447.272 and 447.321 on hospital Medicaid
15 reimbursement for inpatient and outpatient services, other than to
16 hospitals owned or operated by state government; and

17 ~~9.~~ 10. "Upper payment limit gap" means the difference between
18 the upper payment limit and Medicaid payments not financed using
19 hospital assessments made to all hospitals other than hospitals
20 owned or operated by state government.

21 SECTION 2. AMENDATORY 63 O.S. 2011, Section 3241.3, as
22 last amended by Section 2, Chapter 56, O.S.L. 2019 (63 O.S. Supp.
23 2020, Section 3241.3), is amended to read as follows:

1 Section 3241.3. A. For the purpose of assuring access to
2 quality care for Oklahoma Medicaid consumers, the Oklahoma Health
3 Care Authority, after considering input and recommendations from the
4 Hospital Advisory Committee, shall assess hospitals licensed in
5 Oklahoma, unless exempt under subsection B of this section, a
6 supplemental hospital offset payment program fee.

7 B. The following hospitals shall be exempt from the
8 supplemental hospital offset payment program fee:

9 1. A hospital that is owned or operated by the state or a state
10 agency, the federal government, a federally recognized Indian tribe,
11 or the Indian Health Service;

12 2. A hospital that provides more than fifty percent (50%) of
13 its inpatient days under a contract with a state agency other than
14 the Authority;

15 3. A hospital for which the majority of its inpatient days are
16 for any one of the following services, as determined by the
17 Authority using the Inpatient Discharge Data File published by the
18 ~~Oklahoma~~ State Department of Health, or in the case of a hospital
19 not included in the Inpatient Discharge Data File, using
20 substantially equivalent data provided by the hospital:

- 21 a. treatment of a neurological injury,
- 22 b. treatment of cancer,
- 23 c. treatment of cardiovascular disease,
- 24 d. obstetrical or childbirth services,

1 e. surgical care, except that this exemption shall not
2 apply to any hospital located in a city of less than
3 five hundred thousand (500,000) population and for
4 which the majority of inpatient days are for back,
5 neck, or spine surgery;

6 4. A hospital that is certified by the federal Centers for
7 ~~Medicaid and Medicare~~ and Medicaid Services as a long-term acute
8 care hospital or as a children's hospital; and

9 5. A hospital that is certified by the federal Centers for
10 ~~Medicaid and Medicare~~ and Medicaid Services as a critical access
11 hospital.

12 C. The supplemental hospital offset payment program fee shall
13 be an assessment imposed on each hospital, except those exempted
14 under subsection B of this section, for each calendar year in an
15 amount calculated as a percentage of each hospital's net patient
16 revenue.

17 1. ~~The assessment rate shall be determined annually based upon~~
18 ~~the percentage of net hospital patient revenue needed to generate an~~
19 ~~amount up to the sum of~~ Funds generated by the supplemental hospital
20 offset payment program fee shall be disbursed for the following
21 purposes in the following priority order:

22 a. the nonfederal portion of the upper payment limit gap
23 used to fund supplemental or directed payments or
24 both, plus

1 b. the annual fee to be paid to the Authority under
2 subparagraph c of paragraph 1 of subsection G of
3 Section 3241.4 of this title, ~~plus~~ and

4 c. the amount to be transferred by the Authority to the
5 Medical Payments Cash Management Improvement Act
6 Programs Disbursing Fund under subsection C of Section
7 3241.4 of this title.

8 2. The assessment rate until December 31, 2012, shall be fixed
9 at two and one-half percent (2.5%). ~~At no time in~~ For the calendar
10 year ending December 31, 2022, the assessment rate shall be fixed at
11 three percent (3%). For the calendar year ending December 31, 2023,
12 the assessment rate shall be fixed at three and one-half percent
13 (3.5%). For the calendar year ending December 31, 2024 and for all
14 subsequent calendar years ~~shall,~~ the assessment rate ~~exceed~~ shall be
15 fixed at four percent (4%).

16 3. Net hospital patient revenue shall be determined using the
17 data from each hospital's Medicare Cost Report contained in the
18 Centers for Medicare and Medicaid Services' Healthcare Cost Report
19 Information System file.

20 a. Through 2013, the base year for assessment shall be
21 the hospital's fiscal year that ended in 2009, as
22 contained in the Healthcare Cost Report Information
23 System file dated December 31, 2010.

1 b. For years after 2013, the base year for assessment
2 shall be determined by rules established by the
3 Oklahoma Health Care Authority Board and beginning
4 January 1, 2022, the base year for assessment shall be
5 determined annually.

6 4. If a hospital's applicable Medicare Cost Report is not
7 contained in the Centers for Medicare and Medicaid Services'
8 Healthcare Cost Report Information System file, the hospital shall
9 submit a copy of the hospital's applicable Medicare Cost Report to
10 the Authority in order to allow the Authority to determine the
11 hospital's net hospital patient revenue for the base year.

12 5. If a hospital commenced operations after the due date for a
13 Medicare Cost Report, the hospital shall submit its initial Medicare
14 Cost Report to the Authority in order to allow the Authority to
15 determine the hospital's net patient revenue for the base year.

16 6. Partial year reports may be prorated for an annual basis.

17 7. In the event that a hospital does not file a uniform cost
18 report under 42 U.S.C., Section 1396a(a)(40), the Authority shall
19 establish a uniform cost report for such facility subject to the
20 Supplemental Hospital Offset Payment Program provided for in this
21 section.

22 8. The Authority shall review what hospitals are included in
23 the Supplemental Hospital Offset Payment Program provided for in
24 this subsection and what hospitals are exempted from the

1 Supplemental Hospital Offset Payment Program pursuant to subsection
2 B of this section. Such review shall occur at a fixed period of
3 time. This review and decision shall occur within twenty (20) days
4 of the time of federal approval and annually thereafter in November
5 of each year.

6 9. The Authority shall review and determine the amount of the
7 annual assessment. Such review and determination shall occur within
8 the twenty (20) days of federal approval and annually thereafter in
9 November of each year.

10 D. A hospital may not charge any patient for any portion of the
11 supplemental hospital offset payment program fee.

12 E. Closure, merger and new hospitals.

13 1. If a hospital ceases to operate as a hospital or for any
14 reason ceases to be subject to the fee imposed under the
15 Supplemental Hospital Offset Payment Program Act, the assessment for
16 the year in which the cessation occurs shall be adjusted by
17 multiplying the annual assessment by a fraction, the numerator of
18 which is the number of days in the year during which the hospital is
19 subject to the assessment and the denominator of which is 365.
20 Immediately upon ceasing to operate as a hospital, or otherwise
21 ceasing to be subject to the supplemental hospital offset payment
22 program fee, the hospital shall pay the assessment for the year as
23 so adjusted, to the extent not previously paid.

24

1 2. In the case of a hospital that did not operate as a hospital
2 throughout the base year, its assessment and any potential receipt
3 of a hospital access payment will commence in accordance with rules
4 for implementation and enforcement promulgated by the Oklahoma
5 Health Care Authority Board, after consideration of the input and
6 recommendations of the Hospital Advisory Committee.

7 F. 1. In the event that federal financial participation
8 pursuant to Title XIX of the Social Security Act is not available to
9 the Oklahoma Medicaid program for purposes of matching expenditures
10 from the Supplemental Hospital Offset Payment Program Fund at the
11 approved federal medical assistance percentage for the applicable
12 year, the portion of the supplemental hospital offset payment
13 program fee attributable to the provisions of subparagraphs a and b
14 of paragraph 1 of subsection C of this section shall be null and
15 void as of the date of the nonavailability of such federal funding
16 through and during any period of nonavailability.

17 2. In the event of an invalidation of the Supplemental Hospital
18 Offset Payment Program Act by any court of last resort, the
19 supplemental hospital offset payment program fee shall be null and
20 void as of the effective date of that invalidation.

21 3. In the event that the supplemental hospital offset payment
22 program fee is determined to be null and void for any of the reasons
23 enumerated in this subsection, any supplemental hospital offset
24 payment program fee assessed and collected for any period after such

1 invalidation shall be returned in full within twenty (20) days by
2 the Authority to the hospital from which it was collected.

3 G. The Oklahoma Health Care Authority Board, after considering
4 the input and recommendations of the Hospital Advisory Committee,
5 shall promulgate rules for the implementation and enforcement of the
6 supplemental hospital offset payment program fee. Unless otherwise
7 provided, the rules adopted under this subsection shall not grant
8 any exceptions to or exemptions from the hospital assessment imposed
9 under this section.

10 H. The Authority shall provide for administrative penalties in
11 the event a hospital fails to:

- 12 1. Submit the supplemental hospital offset payment program fee;
- 13 2. Submit the fee in a timely manner;
- 14 3. Submit reports as required by this section; or
- 15 4. Submit reports timely.

16 I. ~~The supplemental hospital offset payment program fee shall~~
17 ~~terminate effective December 31, 2025.~~

18 J. The Oklahoma Health Care Authority Board shall have the
19 power to promulgate emergency rules to enact the provisions of this
20 act.

21 SECTION 3. AMENDATORY 63 O.S. 2011, Section 3241.4, as
22 last amended by Section 3, Chapter 345, O.S.L. 2016 (63 O.S. Supp.
23 2020, Section 3241.4), is amended to read as follows:

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1 Section 3241.4. A. There is hereby created in the State
2 Treasury a revolving fund to be designated the "Supplemental
3 Hospital Offset Payment Program Fund".

4 B. The fund shall be a continuing fund, not subject to fiscal
5 year limitations, be interest bearing and consisting of:

6 1. All monies received by the Oklahoma Health Care Authority
7 from hospitals pursuant to the Supplemental Hospital Offset Payment
8 Program Act and otherwise specified or authorized by law;

9 2. Any interest or penalties levied and collected in
10 conjunction with the administration of this section; and

11 3. All interest attributable to investment of money in the
12 fund.

13 C. Notwithstanding any other provisions of law, the Oklahoma
14 Health Care Authority is authorized to transfer ~~Seven Million Five~~
15 ~~Hundred Thousand Dollars (\$7,500,000.00)~~ each fiscal quarter from
16 the Supplemental Hospital Offset Payment Program Fund to the
17 Authority's Medical Payments Cash Management Improvement Act
18 Programs Disbursing Fund all funds remaining after accounting for
19 the provisions of subparagraphs a and b of paragraph 1 of subsection
20 C of Section 3241.3 of this title.

21 D. Notice of Assessment.

22 1. The Authority shall send a notice of assessment to each
23 hospital informing the hospital of the assessment rate, the
24

1 hospital's net patient revenue calculation, and the assessment
2 amount owed by the hospital for the applicable year.

3 2. Annual notices of assessment shall be sent at least thirty
4 (30) days before the due date for the first quarterly assessment
5 payment of each year.

6 3. The first notice of assessment shall be sent within forty-
7 five (45) days after receipt by the Authority of notification from
8 the Centers for Medicare and Medicaid Services that the assessments
9 and payments required under the Supplemental Hospital Offset Payment
10 Program Act and, if necessary, the waiver granted under 42 C.F.R.,
11 Section 433.68 have been approved.

12 4. The hospital shall have thirty (30) days from the date of
13 its receipt of a notice of assessment to review and verify the
14 assessment rate, the hospital's net patient revenue calculation, and
15 the assessment amount.

16 5. A hospital subject to an assessment under the Supplemental
17 Hospital Offset Payment Program Act that has not been previously
18 licensed as a hospital in Oklahoma and that commences hospital
19 operations during a year shall pay the required assessment computed
20 under subsection E of Section 3241.3 of this title and shall be
21 eligible for hospital access payments under subsection E of this
22 section on the date specified in rules promulgated by the Oklahoma
23 Health Care Authority Board after consideration of input and
24 recommendations of the Hospital Advisory Committee.

1 E. Quarterly Notice and Collection.

2 1. The annual assessment imposed under subsection A of Section
3 3241.3 of this title shall be due and payable on a quarterly basis.
4 However, the first installment payment of an assessment imposed by
5 the Supplemental Hospital Offset Payment Program Act shall not be
6 due and payable until:

- 7 a. the Authority issues written notice stating that the
8 assessment and payment methodologies required under
9 the Supplemental Hospital Offset Payment Program Act
10 have been approved by the Centers for Medicare and
11 Medicaid Services and the waiver under 42 C.F.R.,
12 Section 433.68, if necessary, has been granted by the
13 Centers for Medicare and Medicaid Services,
- 14 b. the thirty-day verification period required by
15 paragraph 4 of subsection D of this section has
16 expired, and
- 17 c. the Authority issues a notice giving a due date for
18 the first payment.

19 2. After the initial installment of an annual assessment has
20 been paid under this section, each subsequent quarterly installment
21 payment shall be due and payable by the fifteenth day of the first
22 month of the applicable quarter.

23 3. If a hospital fails to timely pay the full amount of a
24 quarterly assessment, the Authority shall add to the assessment:

- 1 a. a penalty assessment equal to five percent (5%) of the
2 quarterly amount not paid on or before the due date,
3 and
4 b. on the last day of each quarter after the due date
5 until the assessed amount and the penalty imposed
6 under subparagraph a of this paragraph are paid in
7 full, an additional five-percent penalty assessment on
8 any unpaid quarterly and unpaid penalty assessment
9 amounts.

10 4. The quarterly assessment including applicable penalties and
11 interest must be paid regardless of any appeals action requested by
12 the facility. If a provider fails to pay the Authority the
13 assessment within the time frames noted on the invoice to the
14 provider, the assessment, applicable penalty, and interest will be
15 deducted from the facility's payment. Any change in payment amount
16 resulting from an appeals decision will be adjusted in future
17 payments.

18 F. Medicaid Hospital Access Payments.

19 1. To preserve the quality and improve access to hospital
20 services for hospital inpatient and outpatient services rendered on
21 or after ~~the effective date of this act~~ August 26, 2011, the
22 Authority shall make hospital access payments as set forth in this
23 section.
24

1 2. The Authority shall pay all quarterly hospital access
2 payments within ~~ten (10)~~ fourteen (14) calendar days of the due date
3 for quarterly assessment payments established in subsection E of
4 this section.

5 3. The Authority shall calculate the hospital access payment
6 amount up to but not to exceed the upper payment limit gap for
7 inpatient and outpatient services.

8 4. All hospitals shall be eligible for inpatient and outpatient
9 hospital access payments each year as set forth in this subsection
10 except hospitals described in paragraph 1, 2, 3 or 4 of subsection B
11 of Section 3241.3 of this title.

12 5. A portion of the hospital access payment amount, not to
13 exceed the upper payment limit gap for inpatient services, shall be
14 designated as the inpatient hospital access payment pool.

15 a. In addition to any other funds paid to hospitals for
16 inpatient hospital services to Medicaid patients, each
17 eligible hospital shall receive inpatient hospital
18 access payments each year:

19 i. equal to the hospital's pro rata share
20 of the inpatient hospital access
21 payment pool based upon the hospital's
22 Medicaid payments for inpatient
23 services divided by the total Medicaid
24

1 payments for inpatient services of all
2 eligible, or

3 ii. through directed payments as approved
4 by the Centers for Medicare and
5 Medicaid Services.

6 b. Inpatient hospital access payments shall be made on a
7 quarterly basis.

8 6. A portion of the hospital access payment amount, not to
9 exceed the upper payment limit gap for outpatient services, shall be
10 designated as the outpatient hospital access payment pool.

11 a. In addition to any other funds paid to hospitals for
12 outpatient hospital services to Medicaid patients,
13 each eligible hospital shall receive outpatient
14 hospital access payments each year:

15 i. equal to the hospital's pro rata share
16 of the outpatient hospital access
17 payment pool based upon the hospital's
18 Medicaid payments for outpatient
19 services divided by the total Medicaid
20 payments for outpatient services of all
21 eligible, or

22 ii. through directed payments as approved
23 by the Centers for Medicare and
24 Medicaid Services.

1 b. Outpatient hospital access payments shall be made on a
2 quarterly basis.

3 7. A portion of the inpatient hospital access payment pool and
4 of the outpatient hospital access payment pool shall be designated
5 as the critical access hospital payment pool.

6 a. In addition to any other funds paid to critical access
7 hospitals for inpatient and outpatient hospital
8 services to Medicaid patients, each critical access
9 hospital shall receive hospital access payments:

10 i. equal to the amount by which the
11 payment for these services was less
12 than one hundred one percent (101%) of
13 the hospital's cost of providing these
14 services, as determined using the
15 Medicare Cost Report, or

16 ii. through directed payments as approved
17 by the Centers for Medicare and
18 Medicaid Services.

19 b. The Authority shall calculate hospital access payments
20 for critical access hospitals and deduct these
21 payments from the inpatient hospital access payment
22 pool and the outpatient hospital access payment pool
23 before allocating the remaining balance in each pool
24

1 as provided in subparagraph a of paragraph 5 and
2 subparagraph a of paragraph 6 of this subsection.

3 c. Critical access hospital payments shall be made on a
4 quarterly basis.

5 8. A hospital access payment shall not be used to offset any
6 other payment by Medicaid for hospital inpatient or outpatient
7 services to Medicaid beneficiaries, including without limitation any
8 fee-for-service, per diem, private hospital inpatient adjustment, or
9 cost-settlement payment.

10 9. If the Centers for Medicare and Medicaid Services finds that
11 the Authority has made payments to hospitals that exceed the upper
12 payment limits determined in accordance with 42 C.F.R. 447.272 and
13 42 C.F.R. 447.321, hospitals shall refund to the Authority a share
14 of the recouped federal funds that is proportionate to the
15 hospitals' positive contribution to the upper payment limit.

16 G. All monies accruing to the credit of the Supplemental
17 Hospital Offset Payment Program Fund are hereby appropriated and
18 shall be budgeted and expended by the Authority after consideration
19 of the input and recommendation of the Hospital Advisory Committee.

20 1. Monies in the Supplemental Hospital Offset Payment Program
21 Fund shall be used only for:

22 a. transfers to the Medical Payments Cash Management
23 Improvement Act Programs Disbursing Fund ~~(Fund 340)~~
24 for the state share of supplemental or directed

1 payments or both for Medicaid and SCHIP inpatient and
2 outpatient services to hospitals that participate in
3 the assessment,

4 b. transfers to the Medical Payments Cash Management
5 Improvement Act Programs Disbursing Fund ~~(Fund 340)~~
6 for the state share of supplemental or directed
7 payments or both for ~~Critical Access Hospitals~~
8 critical access hospitals,

9 c. transfers to the Administrative Revolving Fund ~~(Fund~~
10 ~~200)~~ for the state share of payment of administrative
11 expenses incurred by the Authority or its agents and
12 employees in performing the activities authorized by
13 the Supplemental Hospital Offset Payment Program Act
14 but not more than Two Hundred Thousand Dollars
15 (\$200,000.00) each year,

16 d. transfers to the Medical Payments Cash Management
17 Improvement Act Programs Disbursing Fund ~~(Fund 340) in~~
18 ~~an amount not to exceed Seven Million Five Hundred~~
19 ~~Thousand Dollars (\$7,500,000.00) each fiscal quarter~~
20 all funds remaining after accounting for the
21 provisions of subparagraphs a, b and c of this
22 paragraph, and

23 e. the reimbursement of monies collected by the Authority
24 from hospitals through error or mistake in performing

1 the activities authorized under the Supplemental
2 Hospital Offset Payment Program Act.

3 2. The Authority shall pay from the Supplemental Hospital
4 Offset Payment Program Fund quarterly installment payments to
5 hospitals of amounts available for supplemental inpatient and
6 outpatient payments or directed inpatient and outpatient payments or
7 both, and supplemental payments for ~~Critical Access Hospitals~~
8 critical access hospitals or directed payments for critical access
9 hospitals or both.

10 3. Except for the transfers described in subsection C of this
11 section, monies in the Supplemental Hospital Offset Payment Program
12 Fund shall not be used to replace other general revenues
13 appropriated and funded by the Legislature or other revenues used to
14 support Medicaid.

15 4. The Supplemental Hospital Offset Payment Program Fund and
16 the program specified in the Supplemental Hospital Offset Payment
17 Program Act are exempt from budgetary reductions or eliminations
18 caused by the lack of general revenue funds or other funds
19 designated for or appropriated to the Authority.

20 5. No hospital shall be guaranteed, expressly or otherwise,
21 that any additional costs reimbursed to the facility will equal or
22 exceed the amount of the supplemental hospital offset payment
23 program fee paid by the hospital.

1 H. After considering input and recommendations from the
2 Hospital Advisory Committee, the Oklahoma Health Care Authority
3 Board shall promulgate ~~regulations~~ rules that:

4 1. Allow for an appeal of the annual assessment of the
5 Supplemental Hospital Offset Payment Program payable under this act;
6 and

7 2. Allow for an appeal of an assessment of any fees or
8 penalties determined.

9 SECTION 4. This act shall become effective July 1, 2021.

10 SECTION 5. It being immediately necessary for the preservation
11 of the public peace, health or safety, an emergency is hereby
12 declared to exist, by reason whereof this act shall take effect and
13 be in full force from and after its passage and approval.

14 Passed the Senate the 18th day of May, 2021.

15

16

Presiding Officer of the Senate

17

18 Passed the House of Representatives the ____ day of _____,
19 2021.

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Presiding Officer of the House
of Representatives

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