1 SENATE FLOOR VERSION February 26, 2020 AS AMENDED 2 3 SENATE BILL NO. 1370 By: McCortney of the Senate 4 and 5 McEntire of the House 6 7 [state Medicaid program - I/T/U Shared Savings 8 Program - reimbursement - savings - fund - federal guidance - care coordination agreements - I/T/U 9 Shared Savings Revolving Fund - codification effective date -10 emergency] 11 12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 13 A new section of law to be codified SECTION 1. 14 NEW LAW 15 in the Oklahoma Statutes as Section 1011.16 of Title 56, unless there is created a duplication in numbering, reads as follows: 16 The purpose of this act is to maximize and direct the 17 reinvestment of any savings to the Oklahoma Health Care Authority 18 generated by enhanced federal matching authorized under Section 19 1905(b) of the Social Security Act at a rate of one hundred percent 20 (100%) for covered services received through participating Indian 21 Health Services, Tribal, and Urban Indian (I/T/U) facilities. 22 There is hereby created the I/T/U Shared Savings Program. 23 В. Pursuant to guidance of the Centers for Medicare & Medicaid Services 24

- (CMS), authorized services provided by a non-I/T/U Medicaid provider to an American Indian or Alaska Native (AI/AN) Medicaid beneficiary as a result of a referral from an I/T/U facility provider may be eligible for the enhanced federal matching rate of one hundred
 - C. 1. The Authority shall distribute up to fifty percent (50%) of any savings that result from the I/T/U Shared Savings Program provided for in this section to participating I/T/U facilities that have complied with the terms of this act and applicable federal law, but only after administrative costs incurred by the Authority in implementing the I/T/U Shared Savings Program have been fully satisfied.
 - 2. Distributions to participating I/T/U facilities shall be used to increase care coordination and to support health care initiatives for AI/AN populations.
 - 3. The Authority shall deposit any shared savings that remain after administrative costs have been fully paid, and after distributions have been made to participating I/T/U facilities, into the I/T/U Shared Savings Revolving Fund created in Section 2 of this act for the purpose of increasing Medicaid provider rates. Monies in the fund shall not be used to replace other general revenues appropriated and funded by the Legislature or other revenues used to support Medicaid.

percent (100%).

D. 1. All actions taken by the Authority in implementing the
I/T/U Shared Savings Program shall be made in accordance with
applicable state and federal Medicaid law and CMS State Health
Official letter (SHO) #16-002, issued on February 26, 2016, and CMS
Frequently Asked Questions (FAQs) regarding "Federal Funding for
Services 'Received Through' an IHS/Tribal Facility and Furnished to
Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002)"
issued on January 18, 2017, and as such guidance may be hereinafter
amended or modified

- 2. The Authority shall make distributions to a participating I/T/U facility in accordance with paragraph 1 of subsection C of this section, contingent upon the production of executed copies of Care Coordination Agreements (CCAs) for all services billed to Oklahoma Medicaid that were received through the I/T/U facility. CCAs must be executed between the I/T/U facility and the non-I/T/U provider and must include, at a minimum, assurances that care coordination shall involve:
 - a. the I/T/U facility practitioner providing a request for specific services by electronic or other verifiable means and relevant information about the practitioner's patient to the non-I/T/U provider,
 - b. the non-I/T/U provider sending information about the care the non-I/T/U provider provides to the patient, including the results of any screening, diagnostic or

- treatment procedures, to the I/T/U facility
 practitioner,
 - c. the I/T/U facility practitioner continuing to assume responsibility for the patient's care by assessing the information and taking appropriate action, including, when necessary, furnishing or requesting additional services, and
 - d. the I/T/U facility incorporating the patient's information in the medical record through the statewide health information exchange or other agreedupon means.
 - E. The Oklahoma Health Care Authority Board is authorized to promulgate administrative rules, and to enter into contractual agreements with I/T/U facilities, as needed to effectuate the provisions of this act. As part of the rulemaking process, the Authority shall comply with the Tribal Consultation Requirements provided by the Medicaid State Plan.
 - F. The Authority shall promptly seek any necessary federal approval for the implementation of this act. In the event that any necessary federal approval is not obtained, or in the event funding of Oklahoma Medicaid from state, federal, or other sources is withdrawn, reduced or limited in any way that affects implementation of the I/T/U Shared Savings Program, the I/T/U Shared Savings

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- Program may be terminated immediately by the Authority, and no court or tribunal shall have jurisdiction to review such termination.
 - SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1011.17 of Title 56, unless there is created a duplication in numbering, reads as follows:
 - A. There is hereby created in the State Treasury a revolving fund for the Oklahoma Health Care Authority to be designated the "I/T/U Shared Savings Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the Authority pursuant to this section and otherwise specified or authorized by law.

All monies accruing to the credit of the fund are hereby appropriated and shall be budgeted and expended by the Authority to increase Medicaid provider rates, unless otherwise provided by law. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

B. An annual report shall be prepared by the Authority's Chief Financial Officer and shall be submitted to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives no later than thirty (30) days following the end of each State Fiscal Year. The annual report shall account for:

1 1. The savings realized by the Authority as a result of the 2 I/T/U Shared Savings Program; 3 The administrative costs incurred by the Authority as a result of the I/T/U Shared Savings Program; 4 5 3. The monies distributed to participating I/T/U facilities as a result of I/T/U Shared Savings Program, including, but not limited 6 7 to, a summary of all specific distributions; The balance of savings realized by the Authority as a result 8 9 of the I/T/U Shared Savings Program and accruing to the credit of 10 the fund, after payment of administrative costs and distributions to 11 participating I/T/U facilities; and 12 5. The monies expended on increasing Medicaid provider rates including, but not limited to, identification of the types of 13 providers affected and the percentage by which the providers' rates 14 15 were increased. SECTION 3. This act shall become effective July 1, 2020. 16 SECTION 4. It being immediately necessary for the preservation 17 of the public peace, health or safety, an emergency is hereby 18 declared to exist, by reason whereof this act shall take effect and 19 be in full force from and after its passage and approval. 20

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February 26, 2020 - DO PASS AS AMENDED

COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS