

BILL SUMMARY
2nd Session of the 58th Legislature

Bill No.:	SB1337
Version:	FA1
Request Number:	11469
Author:	Rep. McEntire
Date:	4/28/2022
Impact:	Please see previous summary of this measure

Research Analysis

The floor substitute (FA1) for SB 1337 provides legislative intent regarding the state's Medicaid program. The bill modifies and adds certain definitions to the measure.

FA1 requires the Oklahoma Health Care Authority (OHCA) to enter into capitated contracts with contracted entities for the delivery of Medicaid services as well as with dental benefits managers. The measure prohibits OHCA to issue any requests for proposals or enter into any contract to transform the delivery system for the aged, blind, and disabled populations eligible for SoonerCare. The Authority is required to specify services covered in requests for proposals.

OHCA is directed to issue requests for proposals no later than October 1, 2023, for all Medicaid services other than dental services for the following Medicaid populations:

- pregnant women
- children
- deemed newborns
- parents and caretaker relatives and;
- the expanded population

Capitated contracts will cover all Medicaid services other than dental services including primary care, inpatient and outpatient services and emergency room services, behavioral health services and prescription drug services. FA1 requires OHCA to specify the services not covered in the request for proposals.

OHCA is directed to issue requests for proposals no later than October 1, 2023 for dental services for the following populations:

- pregnant women
- children
- deemed newborns
- parents and caretaker relatives
- the expanded population, and;
- members of the Children's Specialty Plan

FA1 requires OHCA to issue a request for proposals no later than October 1, 2023 for the Children's Specialty Plan. The measure requires the contracted entity for the Children's Specialty Plan to coordinate with dental benefit managers for dental service benefits. The measure prohibits OHCA from implementing the transformation of the Medicaid delivery system until it receives written confirmation from the Centers for Medicare and Medicaid Services (CMS).

All capitated contracts will be the result of requests for proposals issued by OHCA. OHCA is also directed to award no less than three statewide capitated contracts to provide comprehensive integrated health services including but not limited to medical, behavioral health, and pharmacy services and no less than two capitated contracts to provide dental coverage to Medicaid members.

At least one of the awarded contracts must be provided to a provider-led entity unless no provider-led entity submits a responsive reply to fulfill the contract requirements. FA1 provides the requirements for provider-led entities. Contracts will be awarded based on scoring criteria outlined in the measure. OHCA is required to develop network adequacy standards for all contracted entities that at a minimum meet the requirements of this act.

The measure also directs OHCA to establish such requirements as may be necessary to prohibit contracted entities from excluding essential community providers, providers who receive directed payments, and other providers as OHCA may specify from contracts with contracted entities. Each contracted entity is required to contract with local Oklahoma provider organizations for a model of care containing; care coordination, care management, utilization management, disease management, network management, or another model of care as approved by the Authority. OHCA will develop standard contract terms for contracted entities as well as oversee, monitor, and enforce the terms of capitated contracts specified in the bill.

FA1 provides all of the functions contracted entities will be responsible for and all the requirements established by OHCA. The measure also provides all the requirements directed to OHCA to implement the Ensuring Access to Medicaid Act. FA1 provides the requirements of the Advisory Committee and provides directives to the Oklahoma Insurance Commissioner. The measure modifies, adds, and updates statutory language.

Lastly, the measure declares an emergency and provides that this act will become effective only if Engrossed SB 1396 of the 2nd Session of the 58th Oklahoma Legislature is enacted into law.

REPEALER:

FA1 repeals:

56 O.S. 2021, Sections 1010.2, 1010.3, 1010.4, 1010.5, 4002.3, and 4002.9

[§ 1010.2. Definitions](#)

[§ 1010.3. Establishment of Oklahoma Medicaid Healthcare Options System - Administration - Development of Managed Care Plans - Applications for Federal Medicaid Waivers](#)

[§ 1010.4. Implementation of System](#)

[§ 1010.5. Required Contract Provisions](#)

[§ 4002.3. Enrollment in a Capitated Managed Care Delivery Model](#)

[§ 4002.9. Non-compliance Remedies](#)

63 O.S. 2021, Sections 5009.5, 5011, and 5028

[§ 5009.5. Actuarial Certification - Medicaid](#)

[§ 5011. State and Education Employee Health Care Benefit Plans - Duties of Authority](#)

[§ 5028. Request for Proposals for Care Coordination Models for Aged, Blind and Disabled Persons](#)

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Fiscal Analysis

The measure is currently under review and impact information will be completed.

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Other Considerations

None.