STATE OF OKLAHOMA

1st Session of the 58th Legislature (2021)

HOUSE BILL 1091 By: Bush

AS INTRODUCED

An Act relating to Medicaid; creating the Ensuring Access to Medicaid Act; recognizing certain statements; establishing conditions for Medicaid providers; requiring certain provisions for provider contracts entered into by the Oklahoma Health Care Authority; requiring certain time frames for claim processing; requiring timely authorizations for certain patients; requiring network contracts to be offered to certain providers; requiring certain provider payment rates; providing for credentialing and recredentialing; requiring certain fund disposition; providing for authorization requirements and time frames; repealing 56 O.S. 2011, Section 1010.2, which relates to definitions; repealing 56 O.S. 2011, Section 1010.3, which relates to establishment of the Oklahoma Medicaid Healthcare Options System; repealing 56 O.S. 2011, Section 1010.4, which relates to implementation of system; repealing 56 O.S. 2011, Section 1010.5, which relates to contract provisions; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4002.1 of Title 56, unless there is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Ensuring Access to Medicaid Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4002.2 of Title 56, unless there is created a duplication in numbering, reads as follows:

Recognizing that many Oklahomans do not have health care benefits or health care coverage, that the Oklahoma Health Care Authority is changing payment delivery models to capitated managed care, and that certain provisions must be statutory in order to preserve the rights and access of Oklahomans to quality health care, the Oklahoma Legislature hereby establishes the conditions for which providers will participate in Medicaid.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4002.3 of Title 56, unless there is created a duplication in numbering, reads as follows:

As a condition of any proposed or potential plan participating in capitated managed care, the Oklahoma Health Care Authority (OHCA) shall require the following contract provisions:

1. Claims shall be processed in the time frame provided by Section 1219 of Title 36 of the Oklahoma Statutes and no less than ninety percent (90%) of all claims shall be paid within fourteen (14) days of submission to the plan;

2. Authorizations shall be facilitated within twenty-four (24) hours for inpatients transferring to post-acute care and long-term acute care facilities;

3. All plans shall offer network contracts to all community providers designated as essential by the Centers for Medicare and Medicaid Services (CMS);

4. All plans shall offer payment rates to contracted providers that are no lower than the fee schedule of OHCA in effect on the date of service;

5. All plans shall formally credential and recredential physicians or other providers at a frequency required by a single, consolidated Medicaid provider enrollment and credentialing process established by OHCA. The required frequency of recredentialing may be less than once in three (3) years;

6. When the state appropriates funds to OHCA for specific purposes, including, but not limited to, increases in reimbursement rates, participating plans and subcontractors shall apportion such funds in accordance with legislative directive; and

7. Plan review and issue determinations for prior authorization for care ordered by primary care or specialist providers shall be timely and must occur in accordance with the following:

a. within twenty-four (24) hours of receipt of the request for any patient who is not hospitalized at the time of the request, provided that if the request does

not include sufficient or adequate documentation, the plan review and issue determination shall occur within a time frame and in accordance with a process established by OHCA. The process established by OHCA pursuant to this paragraph shall include a time frame of at least forty-eight (48) hours within which a provider may submit the necessary documentation,

b. within one (1) business day of receipt of the request for services for a hospitalized patient, including, but not limited to, acute care inpatient services or equipment necessary to discharge the patient from an inpatient facility,

c. within one (1) hour of receipt of the request for a hospitalized patient if the request is related to post-stabilization care or a life-threatening condition, or

d. before issuing an adverse determination on a prior authorization request and within forty-eight (48) hours of receiving the request, the plan shall provide the requesting physician with reasonable opportunity to discuss the request with another physician who practices in the same or similar specialty, but not necessarily the same sub-specialty, and who has

experience treating the same population as the patient on whose behalf the request is submitted.

SECTION 4. REPEALER 56 O.S. 2011, Sections 1010.2, 1010.3, 1010.4 and 1010.5, are hereby repealed.

SECTION 5. This act shall become effective November 1, 2021.

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