

1 **SENATE FLOOR VERSION**

2 March 2, 2026

3 **AS AMENDED**

4 SENATE BILL NO. 1380

By: Stewart of the Senate

and

Stinson of the House

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7
8 **[state Medicaid program - eligibility - death record**
9 **verifications - deceased individuals - funds -**
10 **reviews - effective date]**

11
12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 56 O.S. 2021, Section 246, is
14 amended to read as follows:

15 Section 246. A. This act shall be known and may be cited as
16 the "Act to Restore Hope, Opportunity and Prosperity for Everyone"
17 or the "HOPE Act".

18 B. Prior to ~~awarding assistance~~ approving coverage under the
19 state Medicaid program, the Oklahoma Health Care Authority shall
20 verify eligibility information of each applicant, including death
21 record verification conducted immediately prior to approval,
22 excluding those applicants who would be eligible under the Tax
23 Equity and Fiscal Responsibility Act of 1982 (TEFRA) and excluding
24 those applicants with intellectual disabilities receiving ~~Home and~~

1 ~~Community Based Medicaid waiver~~ Medicaid home- and community-based
2 services and state-funded services.

3 C. The information verified by the Authority shall include, but
4 is not limited to:

5 1. Earned and unearned income;

6 2. Employment status and changes in employment;

7 3. Immigration status;

8 4. Residency status, including a nationwide best-address source
9 to verify individuals are residents of the state;

10 5. Enrollment status in other state-administered public
11 assistance programs;

12 6. Financial resources;

13 7. Incarceration status;

14 8. Death records, which shall be verified through, at a
15 minimum, the Social Security Administration's Death Master File and
16 the State Department of Health's system of vital statistics;

17 9. Enrollment status in public assistance programs outside of
18 this state; and

19 10. Potential identity fraud or identity theft.

20 D. If the death of an applicant is confirmed prior to approval,
21 the Authority shall deny the application and ensure that no Medicaid
22 coverage or payments are authorized on behalf of the deceased
23 individual.

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1 B. The information provided to the Authority shall include, but
2 is not limited to:

- 3 1. Earned and unearned income;
- 4 2. Employment status and changes in employment;
- 5 3. Residency status;
- 6 4. Enrollment status in other state-administered public
7 assistance programs;
- 8 5. Financial resources;
- 9 6. Incarceration status;
- 10 7. Death records;
- 11 8. Lottery winnings; and
- 12 9. Enrollment status in public assistance programs outside of
13 this state.

14 C. 1. The Authority shall conduct monthly death record
15 verification for all individuals enrolled in the state Medicaid
16 program beginning no later than January 1, 2027. Such verification
17 shall include, at a minimum, comparison against the Social Security
18 Administration's Death Master File and the State Department of
19 Health's system of vital statistics.

20 2. Upon confirmation of death, the Authority shall disenroll
21 the deceased enrollee from the state Medicaid program promptly.

22 3. The Authority shall ensure that no Medicaid payments are
23 made on behalf of a deceased enrollee for services rendered after
24 the date of death.

1 4. The Authority shall recoup any funds expended on behalf of a
2 deceased enrollee for capitated payments or services occurring after
3 the date of death, to the extent permitted under state and federal
4 law.

5 D. The Authority shall sign a memorandum of understanding with
6 any department, agency or division for information detailed in
7 subsection B of this section.

8 ~~D.~~ E. The Authority shall contract with one or more independent
9 vendors to provide information detailed in subsection B of this
10 section. Any contract entered under this subsection shall establish
11 annualized savings that exceed the contract's total annual cost to
12 the state.

13 ~~E.~~ F. The Authority shall explore joining any multistate
14 cooperative to identify individuals who are also enrolled in public
15 assistance programs outside of this state, including the National
16 Accuracy Clearinghouse.

17 ~~F.~~ G. Nothing in this section shall preclude the Authority from
18 receiving or reviewing additional information related to eligibility
19 not detailed in this section or from contracting with one or more
20 independent vendors to provide additional information not detailed
21 in this section.

22 ~~G.~~ H. If the Authority receives information concerning an
23 individual enrolled in the state Medicaid program that indicates a
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1 change in circumstances that may affect eligibility, the Authority
2 shall review the individual's case using the following procedures:

3 1. If the information does not result in the Authority finding
4 a discrepancy or change in an individual's circumstances that may
5 affect eligibility, the Authority shall take no further action;

6 2. If the information results in the Authority finding a
7 discrepancy or change in an individual's circumstances that may
8 affect eligibility, the Authority shall promptly redetermine
9 eligibility after receiving such information;

10 3. If the information results in the Authority finding a
11 discrepancy or change in an individual's circumstances that may
12 affect eligibility, the individual shall be given an opportunity to
13 explain the discrepancy; provided, however, that self-declarations
14 by applicants or recipients shall not be accepted as verification;

15 4. The Authority shall provide notice to the individual which
16 shall describe in sufficient detail the circumstances of the
17 discrepancy or change, the manner in which the applicant or
18 recipient may respond, and the consequences of failing to take
19 action. The applicant or recipient shall have ten (10) business
20 days to respond in an attempt to resolve the discrepancy or change.
21 The explanation provided by the recipient or applicant shall be
22 given in writing. After receiving the explanation, the Authority
23 may request additional documentation if it determines that there is
24 risk of fraud, misrepresentation or inadequate documentation;

1 5. If the individual does not respond to the notice, the
2 Authority shall discontinue assistance for failure to cooperate, in
3 which case the Authority shall provide notice of intent to
4 discontinue assistance. Eligibility for assistance shall not be
5 established or reestablished until the discrepancy or change has
6 been resolved;

7 6. If an individual responds to the notice and disagrees with
8 the findings, the Authority shall reinvestigate the matter. If the
9 Authority finds that there has been an error, the Authority shall
10 take immediate action to correct it and no further action shall be
11 taken. If, after an investigation, the Authority determines that
12 there is no error, the Authority shall determine the effect on the
13 individual's case and take appropriate action. Written notice of
14 the Authority action shall be given to the individual; and

15 7. If the individual agrees with the findings, the Authority
16 shall determine the effect on the individual's case and take
17 appropriate action. Written notice of the Authority action shall be
18 given to the individual. In no case shall the Authority discontinue
19 assistance upon finding a discrepancy or change in circumstances
20 until the individual has been given notice of the discrepancy and
21 the opportunity to respond as required under the HOPE Act.

22 I. The State Auditor and Inspector shall conduct periodic
23 reviews of the Oklahoma Health Care Authority to ensure compliance
24 with the requirements of this section.

1 SECTION 3. This act shall become effective November 1, 2026.

2 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
3 March 2, 2026 - DO PASS AS AMENDED
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