Bill Summary
2nd Session of the 59th Legislature

Bill No.:	**HB 1810**
Version:	**CS**
Request No.:	**1998**
Author:	**Sen. Gillespie**
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Bill Analysis

HB 1810 modifies "adverse determination" as it relates to the state Medicaid program to mean a determination by a contracted entity or its designee utilization review entity that an admission, availability of care, continued stay, or other health care service that is a covered Medicaid benefit has been reviewed and does not meet the contracted entity's or the Oklahoma Health Care Authority's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness. The measure requires all children involved in a Family Centered Services (FCS) case through the Child Welfare Services division of the Department of Human Services, children in the custody of the Department of Human Services, children who are placed at home in a trial reunification plan, and Medicaid enrolled parents and guardians whose are in an FCS case to be included in a Children's Specialty Plan. The measure defines health care service, material change, and medically necessary. Prior authorization and urgent health care service are also defined in the measure.

The measure requires each contracted entity that uses a third-party utilization review entity to administer prior authorizations on its behalf to comply with the provisions of the Ensuring Access to Medicaid Act. Prior authorization requirements shall be required to be posted on the contracted entity's website for members and participating providers. Any modifications to prior authorization requirements shall be posted on the contracted entity's website prior to implementation. Such entities shall also provide participating providers credentialed to perform the service, and members who have a chronic condition and are already receiving the service which the prior authorization changes will impact, notice of the new or amended requirement 60 days prior to implementation. Adverse determinations must be made by a licensed physician or a licensed mental health professional when appropriate. Each contracted entity shall implement a Prior Authorization Application Programming Interface (API) by January 1, 2027. The measure prohibits any contracted entity from denying services if the authorized service is provided within 45 business days from the date the provider received the prior authorization unless the member was no longer eligible for the service on the date it was provided.

The measure repeals the current definitions section of the Ensuring Access to Medicaid Act.

Repealer: 56 O.S. Section 4002.2

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