

**Bill Summary**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1645</b>
<b>Version:</b>	<b>INT</b>
<b>Request No.</b>	<b>2888</b>
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**Bill Analysis**

SB 1645 provides that when the Oklahoma Health Care Authority conducts an audit of a long-term care provider, it shall give the provider 1 week notice before conducting the initial audit for each audit cycle. The measure clarifies that a clerical error from the provider shall not constitute fraud or be subject to criminal penalties. The measure also clarifies that submission of a corrected claim shall not constitute fraud or be subject to criminal penalties. Audits relating to a identified problem that has been disclosed to the long-term care provider shall be limited to a claim that is identified by a claim number. The measure provides that approval of a service, long-term care provider, or patient eligibility upon adjudication of a claim shall not be reversed unless the long-term care provider obtained the adjudication by fraud or misrepresentation of claim elements. The measure specifies that providers shall have 60 days after receiving the preliminary report to produce documentation to address any discrepancy found during the audit. No audited period shall exceed 24 months from the date the claim was submitted to the Authority. The measure directs the Authority to establish an appeals process and authorizes providers to appeal a decision by the administrative judge with the district court in which the long-term care provider is located.

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