

BILL SUMMARY
1st Session of the 58th Legislature

Bill No.:	HB1091
Version:	FA1
Request Number:	7865
Author:	Bush
Date:	3/03/2021
Impact:	Please see previous summary of this measure

Research Analysis

HB 1091 creates the “Ensuring Access to Medicaid Act.” The measure establishes the conditions for which providers will participate in Medicaid. The measure requires certain provisions by the Oklahoma Health Care Authority (OHCA) for any proposed or potential plan participating in capitated managed care. The measure requires certain timeframes for claims processing and timely authorizations for certain patients. The measure requires all plans to offer network contracts to all providers designated as essential.

The measure requires certain payment rates to providers. All plans are required to credential and recredential physicians or other providers at a certain frequency. Participating plans and subcontractors are required to apportion state appropriations in accordance with legislative directive. The measure provides timeframes and requirements for review of prior authorizations.

Lastly, the measure repeals the following sections:

56 O.S. 2011, Section 1010.2, which relates to definitions.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=83583>

56 O.S. 2011, Section 1010.3, which relates to establishment of the Oklahoma Medicaid Healthcare Options System.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=83584>

56 O.S. 2011, Section 1010.4, which relates to implementation of system.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=83585>

56 O.S. 2011, Section 1010.5, which relates to contract provisions.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=83586>

Modifications in the Floor Amendment

The Floor substitute for HB 1091 adds subsections D-J in Section 3 and adds Section 4 in the bill.

The floor substitute requires that all plans are compliant with the conditions for processing and determining claims payment. When claims are denied, the floor substitute requires the plan to establish a process for health care providers to submit additional information as necessary to justify the claim(s). Providers of capitated managed care are required to provide health care providers detailed explanations of the basis for denial and descriptions of additional information necessary to substantiate claims.

The floor substitute prohibits the denial of claims that were pre-approved in a prior authorization determination or on administrative errors or omissions as specified by the Oklahoma Health Care Authority (OHCA).

Post-payment audits by plans are subject to certain requirements by OHCA.

All plans are required to utilize uniform procedures and follow requirements established by OHCA. No material changes to a plan are allowed during a plan year unless OHCA has approved the material change. The floor substitute requires plans to provide patient data as requested by health care providers at no charge to the provider.

The floor substitute requires OHCA to continue establishing payment rates for health care items and services. Payment rates established one year may not be less than the payment rates for the previous year.

OHCA is required to develop procedures for individuals or health care providers to seek review by the plan of any adverse determination made by the plan. The floor substitute also requires OHCA to develop a uniform set of policies, procedures, and requirements for arbitration of disputes and to develop network adequacy standards for all plans.

The floor substitute allows OHCA to enter into contracts with an organization that offers a regional plan to participate in capitated managed care under the State Medicaid Program.

Lastly, the floor substitute allows OHCA to establish and administer a risk corridor program for participating plans.

Prepared By: Dan Brooks

Fiscal Analysis

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

Prepared By: Mark Tygret

Other Considerations

None.