

**Bill Summary**  
2<sup>nd</sup> Session of the 58<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1337</b>
<b>Version:</b>	<b>FS</b>
<b>Request No.:</b>	<b>3711</b>
<b>Author:</b>	<b>Sen. McCortney</b>
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**Bill Analysis**

The FS for SB 1337 directs the Oklahoma Health Care Authority to enter into contracts with organizations or entities that that will assume financial risk, operational accountability and statewide or regional functionality for the delivery of capitated care as defined in the measure. The Authority is directed to issue requests for proposals no later than January 1, 2023 for Medicaid services as well as with dental benefits managers. The proposed services shall cover pregnant women, children, deemed newborns, parents and caretakers, and the expanded population for the Medicaid services. The requests for proposals for dental benefits managers shall cover pregnant women, children, parents and caretakers, the expanded population, and members of the Children’s Specialty Plan. The Children’s Specialty Plan, as defined in the measure, shall cover children in foster care and former foster care children up to age 25, juvenile justice involved children, and children receiving adoption assistance. Children in the Specialty Plan shall also receive Medicaid services.

The Authority is also directed to award no less than 3 statewide capitated contracts to provide comprehensive integrated health services including but not limited to medical, behavioral health, and pharmacy services and no less than 2 capitated contracts to provide dental coverage to Medicaid members. At least 1 of the awarded contracts must be provided to a provider-led entity. Contracts shall be awarded based on scoring criteria outlined in the measure. The measure also directs the Authority to establish such requirements as may be necessary to prohibit contracted entities from excluding essential community providers, providers who receive directed payments, and other providers as the Authority may specify from contracts with contracted entities. Contracted entities must hold a certificate of authority as a health maintenance organization. No less than 1/3 of the entity’s board must be comprised of representatives of local Oklahoma provider organizations. Additionally, 2 members must be representatives of local Oklahoma provider organizations.

The measure also strikes language relating to managed care contracts.

Prepared by: Kalen Taylor