

1 ENGROSSED HOUSE
2 BILL NO. 1091

By: Bush, Fugate, Phillips,
Talley, Provenzano and
Moore of the House

3
4 and

Kidd of the Senate

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8 [Medicaid - creating the Ensuring Access to Medicaid
9 Act - effective date]
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12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 4002.1 of Title 56, unless there
15 is created a duplication in numbering, reads as follows:

16 This act shall be known and may be cited as the "Ensuring Access
17 to Medicaid Act".

18 SECTION 2. NEW LAW A new section of law to be codified
19 in the Oklahoma Statutes as Section 4002.2 of Title 56, unless there
20 is created a duplication in numbering, reads as follows:

21 Recognizing that many Oklahomans do not have health care
22 benefits or health care coverage, that the Oklahoma Health Care
23 Authority is changing payment delivery models to capitated managed
24 care, and that certain provisions must be statutory in order to

1 preserve the rights and access of Oklahomans to quality health care,
2 the Oklahoma Legislature hereby establishes the conditions for which
3 providers will participate in Medicaid.

4 SECTION 3. NEW LAW A new section of law to be codified
5 in the Oklahoma Statutes as Section 4002.3 of Title 56, unless there
6 is created a duplication in numbering, reads as follows:

7 As a condition of any proposed or potential plan participating
8 in capitated managed care, the Oklahoma Health Care Authority (OHCA)
9 shall require the following contract provisions:

10 1. Claims shall be processed in the time frame provided by
11 Section 1219 of Title 36 of the Oklahoma Statutes and no less than
12 ninety percent (90%) of all claims shall be paid within fourteen
13 (14) days of submission to the plan;

14 2. Authorizations shall be facilitated within twenty-four (24)
15 hours for inpatients transferring to post-acute care and long-term
16 acute care facilities;

17 3. All plans shall offer network contracts to all community
18 providers designated as essential by the Centers for Medicare and
19 Medicaid Services (CMS);

20 4. All plans shall offer payment rates to contracted providers
21 that are no lower than the fee schedule of OHCA in effect on the
22 date of service;

23 5. All plans shall formally credential and recredential
24 physicians or other providers at a frequency required by a single,

1 consolidated Medicaid provider enrollment and credentialing process
2 established by OHCA. The required frequency of recredentialing may
3 be less than once in three (3) years;

4 6. When the state appropriates funds to OHCA for specific
5 purposes, including, but not limited to, increases in reimbursement
6 rates, participating plans and subcontractors shall apportion such
7 funds in accordance with legislative directive; and

8 7. Plan review and issue determinations for prior authorization
9 for care ordered by primary care or specialist providers shall be
10 timely and must occur in accordance with the following:

11 a. within twenty-four (24) hours of receipt of the
12 request for any patient who is not hospitalized at the
13 time of the request, provided that if the request does
14 not include sufficient or adequate documentation, the
15 plan review and issue determination shall occur within
16 a time frame and in accordance with a process
17 established by OHCA. The process established by OHCA
18 pursuant to this paragraph shall include a time frame
19 of at least forty-eight (48) hours within which a
20 provider may submit the necessary documentation,

21 b. within one (1) business day of receipt of the request
22 for services for a hospitalized patient, including,
23 but not limited to, acute care inpatient services or
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1 equipment necessary to discharge the patient from an
2 inpatient facility,

3 c. within one (1) hour of receipt of the request for a
4 hospitalized patient if the request is related to
5 post-stabilization care or a life-threatening
6 condition, or

7 d. before issuing an adverse determination on a prior
8 authorization request and within forty-eight (48)
9 hours of receiving the request, the plan shall provide
10 the requesting physician with reasonable opportunity
11 to discuss the request with another physician who
12 practices in the same or similar specialty, but not
13 necessarily the same subspecialty, and who has
14 experience treating the same population as the patient
15 on whose behalf the request is submitted.

16 SECTION 4. REPEALER 56 O.S. 2011, Sections 1010.2,
17 1010.3, 1010.4 and 1010.5, are hereby repealed.

18 SECTION 5. This act shall become effective November 1, 2021.
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1 Passed the House of Representatives the 11th day of March, 2021.

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4 Presiding Officer of the House
of Representatives

5 Passed the Senate the ____ day of _____, 2021.

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9 Presiding Officer of the Senate