



1 (100%) for covered services received through participating Indian  
2 Health Service, Tribal and Urban Indian (I/T/U) facilities.

3 B. There is hereby created the I/T/U Shared Savings Program.  
4 Pursuant to guidance of the Centers for Medicare & Medicaid Services  
5 (CMS), authorized services provided by a non-I/T/U Medicaid provider  
6 to an American Indian or Alaska Native (AI/AN) Medicaid beneficiary  
7 as a result of a referral from an I/T/U facility provider may be  
8 eligible for the enhanced federal matching rate of one hundred  
9 percent (100%).

10 C. 1. The Authority shall distribute up to fifty percent (50%)  
11 of any savings that result from the I/T/U Shared Savings Program  
12 provided for in this section to participating I/T/U facilities that  
13 have complied with the terms of this act and applicable federal law,  
14 but only after administrative costs incurred by the Authority in  
15 implementing the I/T/U Shared Savings Program have been fully  
16 satisfied.

17 2. Distributions to participating I/T/U facilities shall be  
18 used to increase care coordination and to support health care  
19 initiatives for AI/AN populations.

20 3. The Authority shall deposit any shared savings that remain  
21 after administrative costs have been fully paid, and after  
22 distributions have been made to participating I/T/U facilities, into  
23 the I/T/U Shared Savings Revolving Fund created in Section 2 of this  
24 act for the purpose of increasing Medicaid provider rates. Monies

1 in the fund shall not be used to replace other general revenues  
2 appropriated and funded by the Legislature or other revenues used to  
3 support Medicaid.

4 D. 1. All actions taken by the Authority in implementing the  
5 I/T/U Shared Savings Program shall be made in accordance with  
6 applicable state and federal Medicaid law and CMS State Health  
7 Official letter (SHO) #16-002, issued on February 26, 2016, and CMS  
8 Frequently Asked Questions (FAQs) regarding "Federal Funding for  
9 Services 'Received Through' an IHS/Tribal Facility and Furnished to  
10 Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002)"  
11 issued on January 18, 2017, and as such guidance may be hereinafter  
12 amended or modified.

13 2. The Authority shall make distributions to a participating  
14 I/T/U facility in accordance with paragraph 1 of subsection C of  
15 this section, contingent upon the production of executed copies of  
16 Care Coordination Agreements (CCAs) for all services billed to  
17 Oklahoma Medicaid that were received through the I/T/U facility.  
18 CCAs must be executed between the I/T/U facility and the non-I/T/U  
19 provider and must include, at a minimum, assurances that care  
20 coordination shall involve:

21 a. the I/T/U facility practitioner providing a request  
22 for specific services by electronic or other  
23 verifiable means and relevant information about the  
24 practitioner's patient to the non-I/T/U provider,

1           b.    the non-I/T/U provider sending information about the  
2                    care the non-I/T/U provider provides to the patient  
3                    including the results of any screening, diagnostic or  
4                    treatment procedures, to the I/T/U facility  
5                    practitioner,

6           c.    the I/T/U facility practitioner continuing to assume  
7                    responsibility for the patient's care by assessing the  
8                    information and taking appropriate action including,  
9                    when necessary, furnishing or requesting additional  
10                   services, and

11          d.    the I/T/U facility incorporating the patient's  
12                    information in the medical record through the  
13                    statewide health information exchange or other agreed-  
14                    upon means.

15          E.    The Oklahoma Health Care Authority Board is authorized to  
16                    promulgate administrative rules and to enter into contractual  
17                    agreements with I/T/U facilities as needed to effectuate the  
18                    provisions of this act. As part of the rulemaking process, the  
19                    Authority shall comply with the Tribal Consultation Requirements  
20                    provided by the Medicaid State Plan.

21          F.    The Authority shall promptly seek any necessary federal  
22                    approval for the implementation of this act. In the event that any  
23                    necessary federal approval is not obtained, or in the event funding  
24                    of Oklahoma Medicaid from state, federal or other sources is

1 withdrawn, reduced or limited in any way that affects implementation  
2 of the I/T/U Shared Savings Program, the I/T/U Shared Savings  
3 Program may be terminated immediately by the Authority, and no court  
4 or tribunal shall have jurisdiction to review such termination.

5 SECTION 2. NEW LAW A new section of law to be codified  
6 in the Oklahoma Statutes as Section 5061.2 of Title 63, unless there  
7 is created a duplication in numbering, reads as follows:

8 A. There is hereby created in the State Treasury a revolving  
9 fund for the Oklahoma Health Care Authority to be designated the  
10 "I/T/U Shared Savings Revolving Fund". The fund shall be a  
11 continuing fund, not subject to fiscal year limitations, and shall  
12 consist of all monies received by the Authority pursuant to this act  
13 and otherwise specified or authorized by law.

14 All monies accruing to the credit of the fund are hereby  
15 appropriated and shall be budgeted and expended by the Authority to  
16 increase Medicaid provider rates, unless otherwise provided by law.  
17 Expenditures from the fund shall be made upon warrants issued by the  
18 State Treasurer against claims filed as prescribed by law with the  
19 Director of the Office of Management and Enterprise Services for  
20 approval and payment.

21 B. An annual report shall be prepared by the Authority's Chief  
22 Financial Officer and shall be submitted to the Governor, the  
23 President Pro Tempore of the Senate and the Speaker of the House of  
24

1 Representatives no later than thirty (30) days following the end of  
2 each State Fiscal Year. The annual report shall account for:

3 1. The savings realized by the Authority as a result of the  
4 I/T/U Shared Savings Program;

5 2. The administrative costs incurred by the Authority as a  
6 result of the I/T/U Shared Savings Program;

7 3. The monies distributed to participating I/T/U facilities as  
8 a result of I/T/U Shared Savings Program including, but not limited  
9 to, a summary of all specific distributions;

10 4. The balance of savings realized by the Authority as a result  
11 of the I/T/U Shared Savings Program and accruing to the credit of  
12 the fund after payment of administrative costs and distributions to  
13 participating I/T/U facilities; and

14 5. The monies expended on increasing Medicaid provider rates  
15 including, but not limited to, identification of the types of  
16 providers affected and the percentage by which the providers' rates  
17 were increased.

18 SECTION 3. This act shall become effective July 1, 2021.

19 SECTION 4. It being immediately necessary for the preservation  
20 of the public peace, health or safety, an emergency is hereby  
21 declared to exist, by reason whereof this act shall take effect and  
22 be in full force from and after its passage and approval.

23 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS AND BUDGET, dated  
24 04/08/2021 - DO PASS, As Amended.