

Bill Summary
1st Session of the 58th Legislature

Bill No.:	SB 1337
Version:	CCR
Request No.:	3891
Author:	Sen. McCortney
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Bill Analysis

SB 1337 amends the Ensuring Access to Medicaid Act. The measure requires the Oklahoma Health Care Authority to enter into capitated contracts with contracted entities for the delivery of Medicaid services as well as with dental benefits managers. The measure prohibits the Authority from issuing any requests for proposals or entering into any contract to transform the delivery system for the aged, blind, and disabled populations eligible for SoonerCare. Additionally, the Authority is directed to issue requests for proposals for all Medicaid services other than dental services as well as issue requests for proposals for dental services. The measure requires the Authority to specify the services covered and not covered in the request for proposals. Implementation of the program shall be no later October 1, 2023 subject to federal approval.

Additionally, the measure requires the Authority to issue a request for proposals for the Children's Specialty Plan. The measure requires the contracted entity for the Children's Specialty Plan to coordinate with dental benefit managers for dental service benefits. The measure prohibits the Authority from implementing the transformation of the Medicaid delivery system until it receives written confirmation from the Centers for Medicare and Medicaid Services (CMS) of approval of managed care directed payments. All capitated contracts will be the result of requests for proposals issued by the Authority. 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.'

The measure provides that 1 provider-led entity must be awarded a contract by the Authority unless no provider-led entity submits a responsive reply to fulfill the contract requirements. Requirements for provider-led entities as well as scoring criteria used to award contracts are outlined in the measure. The Authority is required to develop network adequacy standards for all contracted entities that at a minimum meet the requirements of the measure. The measure also directs the Authority to establish standards as needed to prohibit contracted entities from excluding essential community providers, providers who receive directed payments, and other providers as determined by the Authority. All contracted entities are required to contract with local Oklahoma provider organizations for a model of care containing the components outlined in the measure. The Authority is also directed to develop standard contract terms for contracted entities as well as oversee, monitor, and enforce the terms of capitated contracts.

Additionally, the measure directs the Authority to preserve or increase supplemental payments and improve existing levels of funding, and requires certain reporting. The measure also provides

for the establishment and utilization of certain quality measures and requires the Authority to obtain federal approval for managed care directed payments prior to implementation of capitated contracts. The measure directs proceeds from the existing insurance premium tax collected under the Ensuring Access to Medicaid Act to the Medicaid Health Improvement Revolving Fund created in the measure. The Fund will be used by the Authority to supplement the state Medicaid program, to supplement the Supplemental Hospital Offset Payment Program, and to supplement the Rate Preservation Fund.

CCR Changes

The Conference Committee Report for SB 1337 completely substitutes engrossed language with the language described above.

Prepared by: Kalen Taylor