

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 2nd Session of the 59th Legislature (2024)

4 HOUSE BILL 3367

 By: McEntire

5
6
7 AS INTRODUCED

8 **[poor persons - access to Medicaid Act - definition**
9 **- effective date]**

10
11
12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 56 O.S. 2021, Section 4002.2, as
14 last amended by Section 1, Chapter 334, O.S.L. 2022 (56 O.S. Supp.
15 2023, Section 4002.2), is amended to read as follows:

16 Section 4002.2 As used in the Ensuring Access to Medicaid Act:

17 1. "Adverse determination" has the same meaning as provided by
18 Section 6475.3 of Title 36 of the Oklahoma Statutes;

19 2. "Accountable care organization" means a network of
20 physicians, hospitals, and other health care providers that provides
21 coordinated care to Medicaid members;

22 3. "Claims denial error rate" means the rate of claims denials
23 that are overturned on appeal;

1 4. "Capitated contract" means a contract between the Oklahoma
2 Health Care Authority and a contracted entity for delivery of
3 services to Medicaid members in which the Authority pays a fixed,
4 per-member-per-month rate based on actuarial calculations;

5 5. "Children's Specialty Plan" means a health care plan that
6 covers all Medicaid services other than dental services and is
7 designed to provide care to:

- 8 a. children in foster care,
- 9 b. former foster care children up to twenty-five (25)
10 years of age,
- 11 c. juvenile justice involved children, ~~and~~
- 12 d. children receiving adoption assistance,
- 13 e. children involved in a Family Centered Services (FCS)
14 case through the Child Welfare Services division of
15 the Department of Human Services,
- 16 f. children in the custody of the Department of Human
17 Services and placed at home under court supervision,
- 18 g. children who are placed at home in a trial
19 reunification plan administered by the Department of
20 Human Services, and
- 21 h. Medicaid enrolled parents and guardians whose children
22 are in a Family Centered Services case, are in trial
23 reunification, or are in the custody of the Department
24

1 of Human Services in Foster Care or under court
2 supervision;

3 6. "Clean claim" means a properly completed billing form with
4 Current Procedural Terminology, 4th Edition or a more recent
5 edition, the Tenth Revision of the International Classification of
6 Diseases coding or a more recent revision, or Healthcare Common
7 Procedure Coding System coding where applicable that contains
8 information specifically required in the Provider Billing and
9 Procedure Manual of the Oklahoma Health Care Authority, as defined
10 in 42 C.F.R., Section 447.45 (b);

11 7. "Commercial plan" means an organization or entity that
12 undertakes to provide or arrange for the delivery of health care
13 services to Medicaid members on a prepaid basis and is subject to
14 all applicable federal and state laws and regulations;

15 8. "Contracted entity" means an organization or entity that
16 enters into or will enter into a capitated contract with the
17 Oklahoma Health Care Authority for the delivery of services
18 specified in the Ensuring Access to Medicaid Act that will assume
19 financial risk, operational accountability, and statewide or
20 regional functionality as defined in the Ensuring Access to Medicaid
21 Act in managing comprehensive health outcomes of Medicaid members.
22 For purposes of the Ensuring Access to Medicaid Act, the term
23 contracted entity includes an accountable care organization, a
24

1 provider-led entity, a commercial plan, a dental benefit manager, or
2 any other entity as determined by the Authority;

3 9. "Dental benefit manager" means an entity that handles claims
4 payment and prior authorizations and coordinates dental care with
5 participating providers and Medicaid members;

6 10. "Essential community provider" means:

7 a. a Federally Qualified Health Center,

8 b. a community mental health center,

9 c. an Indian Health Care Provider,

10 d. a rural health clinic,

11 e. a state-operated mental health hospital,

12 f. a long-term care hospital serving children (LTCH-C),

13 g. a teaching hospital owned, jointly owned, or

14 affiliated with and designated by the University

15 Hospitals Authority, University Hospitals Trust,

16 Oklahoma State University Medical Authority, or

17 Oklahoma State University Medical Trust,

18 h. a provider employed by or contracted with, or

19 otherwise a member of the faculty practice plan of:

20 (1) a public, accredited medical school in this

21 state, or

22 (2) a hospital or health care entity directly or

23 indirectly owned or operated by the University

24

Hospitals Trust or the Oklahoma State University
Medical Trust,

- i. a county department of health or city-county health department,
- j. a comprehensive community addiction recovery center,
- k. a hospital licensed by the State of Oklahoma including all hospitals participating in the Supplemental Hospital Offset Payment Program,
- l. a Certified Community Behavioral Health Clinic (CCBHC),
- m. a provider employed by or contracted with a primary care residency program accredited by the Accreditation Council for Graduate Medical Education,
- n. any additional Medicaid provider as approved by the Authority if the provider either offers services that are not available from any other provider within a reasonable access standard or provides a substantial share of the total units of a particular service utilized by Medicaid members within the region during the last three (3) years, and the combined capacity of other service providers in the region is insufficient to meet the total needs of the Medicaid members,
- o. a pharmacy or pharmacist, or

1 p. any provider not otherwise mentioned in this paragraph
2 that meets the definition of "essential community
3 provider" under 45 C.F.R., Section 156.235;

4 11. "Material change" includes, but is not limited to, any
5 change in overall business operations such as policy, process or
6 protocol which affects, or can reasonably be expected to affect,
7 more than five percent (5%) of enrollees or participating providers
8 of the contracted entity;

9 12. "Governing body" means a group of individuals appointed by
10 the contracted entity who approve policies, operations, profit/loss
11 ratios, executive employment decisions, and who have overall
12 responsibility for the operations of the contracted entity of which
13 they are appointed;

14 13. "Local Oklahoma provider organization" means any state
15 provider association, accountable care organization, Certified
16 Community Behavioral Health Clinic, Federally Qualified Health
17 Center, Native American tribe or tribal association, hospital or
18 health system, academic medical institution, currently practicing
19 licensed provider, or other local Oklahoma provider organization as
20 approved by the Authority;

21 14. "Medical necessity" has the same meaning as provided by
22 rules promulgated by the Oklahoma Health Care Authority Board;

23 15. "Participating provider" means a provider who has a
24 contract with or is employed by a contracted entity to provide

1 services to Medicaid members as authorized by the Ensuring Access to
2 Medicaid Act;

3 16. "Provider" means a health care or dental provider licensed
4 or certified in this state or a provider that meets the Authority's
5 provider enrollment criteria to contract with the Authority as a
6 SoonerCare provider;

7 17. "Provider-led entity" means an organization or entity that
8 meets the criteria of at least one of the following two
9 subparagraphs:

10 a. a majority of the entity's ownership is held by
11 Medicaid providers in this state or is held by an
12 entity that directly or indirectly owns or is under
13 common ownership with Medicaid providers in this
14 state, or

15 b. a majority of the entity's governing body is composed
16 of individuals who:

17 (1) have experience serving Medicaid members and:

18 (a) are licensed in this state as physicians,
19 physician assistants, nurse practitioners,
20 certified nurse-midwives, or certified
21 registered nurse anesthetists,

22 (b) at least one board member is a licensed
23 behavioral health provider, or

24 (c) are employed by:

- 1 i. a hospital or other medical facility
2 licensed by this state and operating in
3 this state, or
4 ii. an inpatient or outpatient mental
5 health or substance abuse treatment
6 facility or program licensed or
7 certified by this state and operating
8 in this state,

9 (2) represent the providers or facilities described
10 in division (1) of this subparagraph including,
11 but not limited to, individuals who are employed
12 by a statewide provider association, or

13 (3) are nonclinical administrators of clinical
14 practices serving Medicaid members;

15 18. "Statewide" means all counties of this state including the
16 urban region; and

17 19. "Urban region" means:

18 a. all counties of this state with a county population of
19 not less than five hundred thousand (500,000)
20 according to the latest Federal Decennial Census, and

21 b. all counties that are contiguous to the counties
22 described in subparagraph a of this paragraph,

23 combined into one region.
24

SECTION 2. This act shall become effective November 1, 2024.

COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS AND BUDGET, dated
02/15/2024 - DO PASS, As Amended.