

1 ENGROSSED SENATE
2 BILL NO. 1703

By: Daniels of the Senate

3 and

4 McEntire of the House

5
6 An Act relating to the state Medicaid program;
7 amending 63 O.S. 2021, Section 5051.2, which relates
8 to recovery of expenses; prohibiting certain insurers
9 and third-party administrators from denying claims on
10 specified grounds; requiring acceptance of certain
11 authorization; requiring response to certain inquiry
12 within specified time frame; clarifying language; and
13 declaring an emergency.

14 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

15 SECTION 1. AMENDATORY 63 O.S. 2021, Section 5051.2, is
16 amended to read as follows:

17 Section 5051.2. A. Whenever the Oklahoma Health Care Authority
18 pays for medical services or renders medical services, for or on
19 behalf of a person who has been injured or suffered an illness or
20 disease, the right of the provider of the services to reimbursement
21 shall be automatically assigned to the Oklahoma Health Care
22 Authority, upon notice to the insurer or other party obligated as a
23 matter of law or agreement to reimburse the provider on behalf of
24 the patient.

B. Upon the assignment, the Authority, for purposes of the
claim for reimbursement, becomes a provider of medical services.

1 C. The assignment of the right to reimbursement shall be
2 applied and considered valid against any employer or insurer under
3 the Administrative Workers' Compensation Act in this state.

4 D. Each insurer, upon receiving a claim from the Oklahoma
5 Health Care Authority, shall accept the state's right of recovery,
6 to process and, if appropriate, pay the claim to the same extent
7 that the plan would have been liable if it had been billed at the
8 point of sale or by the original provider of services. ~~Insurer~~ The
9 insurer shall not deny the Authority claims on the basis of the date
10 of submission, the format of the claim, or for failure to present
11 proper documentation of coverage at the point of sale.

12 E. An insurer or third-party administrator, except a Medicare
13 Advantage plan, shall not deny the Authority claims solely on the
14 basis that a claimed item or service did not receive prior
15 authorization under the rules or coverage policies of the insurer or
16 third-party administrator. The insurer or third-party administrator
17 shall accept an authorization provided by the Authority for an item
18 or service covered under the state Medicaid program or under a home-
19 and community-based services waiver for such individual as if such
20 authorization was made by the insurer or third-party administrator
21 for such item or service.

22 F. If the Authority submits an inquiry regarding a claim to an
23 insurer or third-party administrator not later than three (3) years
24 after the date of provision of the claimed item or service, the

1 insurer or third-party administrator shall respond to the inquiry
2 within sixty (60) days of receiving the inquiry.

3 G. Insurer An insurer shall make appropriate payments to the
4 Authority as long as the claim is submitted for consideration within
5 three (3) years from the date the service was furnished. Any action
6 by the Authority to enforce the payment of the claim shall be
7 commenced within six (6) years of the submission of the claim by the
8 Authority.

9 SECTION 2. It being immediately necessary for the preservation
10 of the public peace, health or safety, an emergency is hereby
11 declared to exist, by reason whereof this act shall take effect and
12 be in full force from and after its passage and approval.

13 Passed the Senate the 12th day of March, 2024.

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16 Presiding Officer of the Senate

17 Passed the House of Representatives the ____ day of _____,
18 2024.

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20 _____
21 Presiding Officer of the House
22 of Representatives
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