1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	2nd Session of the 59th Legislature (2024)
4	ENGROSSED SENATE BILL NO. 1703 By: Daniels of the Senate
5	
6	and
7	McEntire of the House
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9	An Act relating to the state Medicaid program; amending 63 O.S. 2021, Section 5051.2, which relates to recovery of expenses; prohibiting certain insurers and third-party administrators from denying claims on specified grounds; requiring acceptance of certain authorization; requiring response to certain inquiry within specified time frame; clarifying language; and dealaring an emergency
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12	
13	declaring an emergency.
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15	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
16	SECTION 1. AMENDATORY 63 O.S. 2021, Section 5051.2, is
17	amended to read as follows:
18	Section 5051.2. A. Whenever the Oklahoma Health Care Authority
19	pays for medical services or renders medical services, for or on
20	behalf of a person who has been injured or suffered an illness or
21	disease, the right of the provider of the services to reimbursement
22	shall be automatically assigned to the Oklahoma Health Care
23	Authority, upon notice to the insurer or other party obligated as a
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matter of law or agreement to reimburse the provider on behalf of
 the patient.

Upon the assignment, the Authority, for purposes of the 3 Β. 4 claim for reimbursement, becomes a provider of medical services. 5 С. The assignment of the right to reimbursement shall be 6 applied and considered valid against any employer or insurer under the Administrative Workers' Compensation Act in this state. 7 Each insurer, upon receiving a claim from the Oklahoma 8 D. 9 Health Care Authority, shall accept the state's right of recovery, 10 to process and, if appropriate, pay the claim to the same extent that the plan would have been liable if it had been billed at the 11 12 point of sale or by the original provider of services. Insurer The insurer shall not deny the Authority claims on the basis of the date 13 of submission, the format of the claim, or for failure to present 14 proper documentation of coverage at the point of sale. 15

An insurer or third-party administrator, except a Medicare 16 Ε. Advantage plan, shall not deny the Authority claims solely on the 17 basis that a claimed item or service did not receive prior 18 authorization under the rules or coverage policies of the insurer or 19 third-party administrator. The insurer or third-party administrator 20 shall accept an authorization provided by the Authority for an item 21 or service covered under the state Medicaid program or under a home-22 and community-based services waiver for such individual as if such 23

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1 authorization was made by the insurer or third-party administrator
2 for such item or service.

F. If the Authority submits an inquiry regarding a claim to an insurer or third-party administrator not later than three (3) years after the date of provision of the claimed item or service, the insurer or third-party administrator shall respond to the inquiry within sixty (60) days of receiving the inquiry.

8 <u>G. Insurer An insurer shall make appropriate payments to the</u> 9 Authority as long as the claim is submitted for consideration within 10 three (3) years from the date the service was furnished. Any action 11 by the Authority to enforce the payment of the claim shall be 12 commenced within six (6) years of the submission of the claim by the 13 Authority.

14 SECTION 2. It being immediately necessary for the preservation 15 of the public peace, health or safety, an emergency is hereby 16 declared to exist, by reason whereof this act shall take effect and 17 be in full force from and after its passage and approval.

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19 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS AND BUDGET, dated 04/18/2024 - DO PASS.

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