

1 **SENATE FLOOR VERSION**

2 February 29, 2024

3 COMMITTEE SUBSTITUTE  
4 FOR

5 SENATE BILL NO. 1703

By: Daniels

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

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  
24 matter of law or agreement to reimburse the provider on behalf of  
the patient.

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

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

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

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

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

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

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

16 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES  
17 February 29, 2024 - DO PASS AS AMENDED BY CS

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