## OKLAHOMA STATE SENATE CONFERENCE COMMITTEE REPORT

Mr. Preside	May 21, 2024 Mr. President:				
Mr. Speaker					
The Conference Committee, to which was referred					
		<u>SB1703</u>			
By: [	Daniels of the Senate and Mc	Entire of the House			
Title: N	Medicaid; adding provisions re	elating to recovery of expenses Emerg	ency		
together with Engrossed House Amendments thereto, beg leave to report that we have had the same under consideration and herewith return the same with the following recommendations:					
1. That	the House recede from all Ar	nendments			
	F	Respectfully submitted,			
	` <u>s</u>	ENATE CONFEREES			
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		HOUSE CONFEREES:			
	General Conte	rence Committee on Appropriations			
Senate Act	ionDate	House Action	_Date		

1	ENGROSSED HOUSE AMENDMENTS
2	TO ENGROSSED SENATE 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 to recovery of expenses; prohibiting certain insurers
8	authorization; requiring response to certain inquiry within specified time frame; clarifying language; and declaring an emergency.
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L 4	AMENDMENT NO. 1. Page 1, Lines 6 through 9.5, strike title to read
L5	"[ state Medicaid program - recovery of expenses -
L 6	insurers - third-party administrators - denial of
L7	claims - acceptance of authorization - inquiry
L 8	response -
L 9	emergency ]"
20	AMENDMENT NO. 2. Page 1, Line 12, strike the enacting clause
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1	Passed the House of Representatives the 25th day of April, 2024.
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4	Presiding Officer of the House of
5	Representatives
6	Passed the Senate the day of, 2024.
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9	Presiding Officer of the Senate
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1	ENGROSSED SENATE
	BILL NO. 1703 By: Daniels of the Senate
2	and
3	McEntire of the House
4	MCENCILE OF the house
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6	An Act relating to the state Medicaid program;
7	amending 63 O.S. 2021, Section 5051.2, which relates to recovery of expenses; prohibiting certain insurers
8	<pre>and third-party administrators from denying claims on specified grounds; requiring acceptance of certain authorization; requiring response to certain inquiry</pre>
9	within specified time frame; clarifying language; and declaring an emergency.
10	declaring an emergency.
11	
12	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
13	SECTION 1. AMENDATORY 63 O.S. 2021, Section 5051.2, is
14	amended to read as follows:
15	Section 5051.2. A. Whenever the Oklahoma Health Care Authority
16	pays for medical services or renders medical services, for or on
17	behalf of a person who has been injured or suffered an illness or
18	disease, the right of the provider of the services to reimbursement
19	shall be automatically assigned to the Oklahoma Health Care
20	Authority, upon notice to the insurer or other party obligated as a
21	matter of law or agreement to reimburse the provider on behalf of
22	the patient.
23	B. Upon the assignment, the Authority, for purposes of the
24	claim for reimbursement, becomes a provider of medical services.

- C. The assignment of the right to reimbursement shall be applied and considered valid against any employer or insurer under the Administrative Workers' Compensation Act in this state.
- D. Each insurer, upon receiving a claim from the Oklahoma Health Care Authority, shall accept the state's right of recovery, 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 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 of submission, the format of the claim, or for failure to present proper documentation of coverage at the point of sale.
- Advantage plan, shall not deny the Authority claims solely on the basis that a claimed item or service did not receive prior authorization under the rules or coverage policies of the insurer or third-party administrator. The insurer or third-party administrator shall accept an authorization provided by the Authority for an item or service covered under the state Medicaid program or under a homeand community-based services waiver for such individual as if such authorization was made by the insurer or third-party administrator 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

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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15	Presiding Officer of the Senate
16	riebraring orriver or one condec
17	Passed the House of Representatives the day of,
18	2024.
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20	Presiding Officer of the House
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