

SoonerSelect

SUMMARY OF MANAGED CARE GUARDRAILS

in State Statute

State Statutes

[56 O.S. § 4002.2](#)

[56 O.S. § 4002.5](#)

[56 O.S. § 4002.7](#)

[56 O.S. § 4002.11](#)

[56 O.S. § 4002.12](#)



Reimbursement

- Until July 1, 2027, the Oklahoma Health Care Authority shall establish minimum rates of reimbursement from contracted entities to providers who elect not to enter into value-based payment arrangements under subsection B of this section or other alternative payment agreements for health care items and services furnished by such providers to enrollees of the state Medicaid program. Except as provided by subsection I of this section, until July 1, 2027, such reimbursement rates shall be equal to or greater than:
- For an item or service provided by a participating provider who is in the network of the contracted entity, one hundred percent (100%) of the reimbursement rate for the applicable service in the applicable fee schedule of the Authority; or
- For an item or service provided by a non-participating provider or a provider who is not in the network of the contracted entity, ninety percent (90%) of the reimbursement rate for the applicable service in the applicable fee schedule of the Authority as of January 1, 2021.



Access to Care

- Requires contracted entities to use the same drug formulary as OHCA and establishes minimum pharmacy access requirements.
- Sets maximum time limits for prior authorization approvals for different circumstances, including 24 hours for inpatient behavioral health.
- Gives OHCA authority to set standards for appeals of adverse determinations of prior authorization requests.



Governance

- Requires managed care entities to have a shared governance structure with at least one third of the body comprised of Oklahoma provider organizations, including:
 - Medicaid providers
 - Essential Community Providers
 - Teaching hospitals



Provider Network/Contracting

- Requires managed care entities to offer contracts to all Essential Community Providers, defined to include:
 - Community Mental Health Centers and Certified Community Behavioral Health Clinics
 - Comprehensive Community Addiction Recovery Centers
 - State-operated mental health hospitals and all licensed hospitals
 - Any provider providing critical access to services (providing services not reasonably available from another provider or providing the majority of services within the region)
- Prohibits a managed care entity from withholding a contract on the basis of independent practice or lack of hospital affiliation.



Performance Monitoring

- Requires OHCA to provide scorecards for each contracted entity, including average speed of authorizations, rates of claim denials, and provider/member satisfaction survey results.

Questions?
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