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, 2026, requires contracted entities to pay fee-for-service claims for participating/in-network providers at rates that are at least equal to the Medicaid fee schedule. This applies to all providers who do not enter into value-based payment arrangements.
- If alternative value-based payment methodologies are used for CCBHCs in lieu of PPS, they must be equal to the PPS reimbursement as established by OHCA.
- Requires 90% of clean claims to be paid within 14 days.

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.

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

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? Please visit: