

**AMENDMENT EIGHT TO THE CONTRACT BETWEEN OKLAHOMA
HEALTH CARE AUTHORITY
AND
HUMANA HEALTHY HORIZONS IN OKLAHOMA**

The Oklahoma Health Care Authority (OHCA) and Humana Healthy Horizons in Oklahoma (hereinafter referred to as Contractor) mutually consent to modify the language of the Agreement associated with Solicitation Number 8079004727 as enumerated below.

The purpose of this Amendment is to incorporate recently passed Oklahoma Statute concerning Prior Authorization timelines for managed care into the Contractor's existing Medicaid Managed Care contract, in accordance with 42 C.F.R. § 438.3(e)(2), OHCA policy, and applicable State Plan coverage.

1. The following sections of the SoonerSelect Contract shall be modified to reflect the changes to Prior Authorization timeliness standards required by 56 O.S. 4002.6 and related law made by Oklahoma HB1810 passed in the 2025 state legislative session.

The entirety of the text under Section 1.8.6.3 shall be replaced as follows:

1.8.6.3 Timeliness Standards

Standard Authorizations

The Contractor shall decide standard Prior Authorization requests as expeditiously as the SoonerSelect Enrollee's health requires and in no event later than seven (7) calendar days after receipt of the request for service and receipt of all information necessary to make a determination on the Prior Authorization.

If the Contractor fails to decide the Standard Prior Authorization within the seven (7) calendar day timeframe, the Prior Authorization is automatically deemed approved.

If a SoonerSelect Enrollee requests an extension, a provider requests an extension on behalf of the SoonerSelect Enrollee, or if the Enrollee or provider fails to provide the necessary documentation and information required to make a determination on the Prior Authorization, an extension of up to an additional seven (7) days is granted to Contractor so that the Contractor may obtain the necessary documentation and to give notice to the Enrollee and provider of its determination on the prior authorization. For Private Duty Nursing (PDN), State Plan Personal Care (SPPC), or nursing home admissions requiring Pre-Admission Screening and Resident Review (PASSR), the extension granted may be up to fourteen (14) calendar days.

Any Prior Authorization types or services not listed as Expedited Prior Authorizations in Section 1.8.6.3 shall be considered Standard Prior Authorizations.

Expedited Authorizations

If the Provider indicates or if the Contractor is aware that the Enrollee has a need for urgent health care services and that adhering to the standard seven (7) calendar day timeframe could jeopardize the Enrollee's life, health or ability to attain, maintain, or regain maximum function, the Contractor shall decide the Prior Authorization for relevant services as expeditiously as necessary and in no event later than seventy-two (72) hours after the receipt of the request for services and the receipt of all necessary information to make a determination on the Prior Authorization.

If the Contractor fails to decide the Expedited Prior Authorization within the seventy-two (72) hour timeframe, the Prior Authorization is automatically deemed approved.

No extensions are permitted for Expedited Prior Authorization.

Prior Authorizations for biomarker testing shall be considered Expedited Prior Authorizations for the purposes of Section 1.8.6.3. However, Contractor must decide the Prior Authorizations for urgent biomarker testing within twenty-four (24) hours while non-urgent biomarker testing is subject to the regular Expedited Prior Authorization timeframe of seventy-two (72) hours pursuant to 56 O.S. §4003.

Prior Authorizations for covered prescription drugs shall be considered Expedited Prior Authorizations for the purposes of Section 1.8.6.3, but, instead of the regular seventy-two (72) hour timeframe for Expedited Prior Authorizations, Contractor must decide Prior Authorizations for covered prescription drugs within twenty-four (24) hours after the receipt of the request for services and the receipt of all necessary information to make a determination on the Prior Authorization.

The entirety of text under Section 1.18.6.6 shall be replaced as follows:

1.18.6.6 Prior Authorization Denial or Limitation

In accordance with 42 C.F.R. §§ 438.404(c)(3) and 438.210(d)(1), when the action for which the notice of Adverse Benefit Determination is being provided is a "Standard authorization decision" under 42 C.F.R. § 438.210(d)(1) to deny or limit services, the Contractor shall provide notice to the Enrollee as expeditiously as the Enrollee's conditions requires and no later than seven (7) calendar days after the Contractor obtains all information necessary to make a decision on the Prior Authorization. Following any extension granted under Section 1.8.6.3 of this Contract, the Contractor may extend the notice timeframe to the end of the extension timeframe granted under Section 1.8.6.3 if:

- The Enrollee or a Provider acting as the Authorized Representative of the Enrollee requests an extension; or
- The Contractor, if OHCA requests justification, demonstrates a need for additional information and how the extension is in the Enrollee's interest.

The entirety of text under Section 1.18.6.7 shall be replaced as follows:

1.18.6.7 Expedited Prior Authorization Denial

In accordance with 42 C.F.R. §§ 438.404(c)(6) and 438.210(d)(2), when the action for which the notice of Adverse Benefit Determination is being provided is an "Expedited authorization decision" under 42 C.F.R. § 438.210(d)(2) to deny or limit services or is an Adverse Benefit Determination made on a Prior

Authorization listed as an Expedited Prior Authorization under Section 1.8.6.3 of this Contract, the Contractor shall provide notice to the Enrollee as expeditiously as the Enrollee’s conditions requires and no later than seventy-two (72) hours after the Contractor obtains all information necessary to make a decision on the Prior Authorization or no later than twenty-four (24) hours after Contractor obtains all information necessary to make a decision on the Prior Authorization depending on the decision timeframe permitted in Section 1.8.6.3 of this Contract.

The entirety of text under Section 1.18.6.8 shall be replaced as follows:

1.18.6.8 Untimely Prior Authorization Decisions

In accordance with 56 O.S. §4002.6(E)(2), the Contractor shall give notice on the date that the timeframes expire. When Prior Authorization decisions are not reached within the applicable timeframes for either Standard Prior Authorizations or Expedited Prior Authorizations, the Prior Authorization is automatically deemed approved.

The section of the table in Appendix 1E: Liquidated Damages referring to Section 1.8.6.3 “Timeliness Standards,” Section 1.18.6.6 “Prior Authorization Denial or Limitation,” and Section 1.18.6.7 “Expedited Prior Authorization Denial” shall be replaced as follows:

Appendix 1E: Liquidated Damages

| Contract Requirement | Performance Standard | Liquidated Damages |
|--|---|--|
| <p>Section 1.8.6.3: “Timeliness Standards”</p> <p>Section 1.18.6.6: “Prior Authorization Denial or Limitation”</p> <p>Section 1.18.6.7: “Expedited Prior Authorization Denial”</p> | <p>The Contractor fails to comply with the timeliness requirements for processing Prior Authorizations.</p> | <p>OHCA may assess Liquidated Damages of:</p> <p>a. \$5,000 for each calendar month the Contractor fails to adjudicate all Standard Prior Authorization (PA) requests within seven (7) calendar days or within the permitted extended timeframe.</p> <p>b. \$10,000 for each calendar month the Contractor fails to adjudicate all Expedited PA requests within seventy-two (72) hours or within twenty-four (24) hours depending on the requirements of Section 1.8.6.3 and Section 1.18.6.7.</p> |

This Amendment shall be effective on November 1, 2025, or upon the date of the last signature by both parties, whichever occurs first. All other terms or provisions of the Agreement shall remain unchanged and in full force and effect.

