

Oklahoma Health Care Authority

Administrative Rules Report | Executive Order 2020-03

Comprehensive Review of Administrative Rules as of July 29, 2020

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Method Used to Conduct Review: Policy Specialist reviewed OHCA's administrative rules to identify unnecessary, costly, ineffective, duplicative or outdated sections and verified section list with subject matter experts.

TOTAL NUMBER OF UNNECESSARY, COSTLY, INEFFECTIVE, DUPLICATIVE OR OUTDATED REGULATIONS: 56

Title 317 Oklahoma Health Care Authority

Chapter 1

Subchapter 1. Organization and Administration

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
1-1-3	Amending of rules	07/14/95					X		This section is outdated and information can be found in 1-1-13.

Chapter 1

Subchapter 3. Formal and Informal Procedures

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
1-3-3.1	Drug Utilization Review Board	11/03/09					X		This section is outdated and information can be found in 30-5-86.

Chapter 30 - Medical Providers-Fee for Service

Subchapter 1-General Provisions

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
30-1-3	Description of rules	01/05/95					X		This section can be removed as is no longer needed.

Chapter 30 - Medical Providers-Fee for Service

Subchapter 3 - General Provider Policies

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
30-3-3	Group billings	01/05/95			X				This section can be deleted because language will be added to provider contracts.
30-3-3.1	Medicaid Income Deferral Program	07/16/02					X		This section is not currently being done.
30-3-4	Electronic fund transfer/direct deposit	01/05/95			X				This section can be deleted because language is found in provider contracts.
30-3-8	Pre-billing	01/05/95			X				This section can be deleted because language is found in provider contracts.
30-3-10	Sales tax	01/05/95					X		This section can be removed because language is not applicable.
30-3-21	Appeals procedures for nursing facilities	01/05/95					X		This section can be removed since appeal procedures for denial, failure to renew, or termination of a nursing facility agreement are described at 30-5-124(h).
30-3-23	Reconsideration request	01/05/95					X		This section can be combined with 30-3-6
30-3-39	Home and Community Based Services Waivers	06/25/11			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-40	Home and Community-Based Services Waivers (HCBS) for person with intellectual disabilities or certain person with related conditions	01/05/95			X				This can be combined or moved to waiver sections within Part 51.
30-3-41	Home and Community Based Services Waivers for	01/05/95			X				This can be combined or moved to waiver sections within applicable sections (30-5-760 et seq and 50-1-1 et seq.).

	person with physical disabilities								
30-3-42	Services in a Nursing Facility (NF)	01/05/95			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-43	Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	01/05/95			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-44	Personal care	01/05/95			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-45	Services for persons age 65 or older in mental health hospitals	01/05/95			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-46	Services for persons infected with tuberculosis	01/05/95			X				This can be combined or moved to waiver sections within applicable chapters.
30-3-61	Self-Directed Services	12/03/09			X				This can be combined or moved to waiver sections within applicable chapters.

Chapter 30 - Medical Providers-Fee for Service

Subchapter 5 – Individual Providers and Specialties

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
30-5-17	Authorized examinations – eligibility determinations	01/05/95					X		DHS said this was no longer needed in our rules.
30-5-31	General coverage by category	01/24/97			X				This section can be removed as information is found in another section.
30-5-40.2	Definitions	12/01/06					X		This section is not needed because there are not enough definitions for this section to be pertinent and the words in this section are defined throughout policy.
30-5-42.19.	340B Drug Discount Program	09/02/14					X		This section is covered in 30-5-87.
30-5-70.3	Provider identifications numbers	06/26/00					X		This section could be moved to billing manual.

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30-5-70.4	Federal/State cost share-optional program	06/26/00					X		This section can be moved to the manual as this is informational only.
30-5-80	National drug code	01/05/95					X		This section could be moved to billing manual.
30-5-86.2	Case management	06/26/00					X		This section is no longer needed as this is practice and not a mandate.
30-5-106	Payment rates	01/05/95					X		This section can be removed as payment rate information will be added to a general section within each applicable Part.
30-5-180	Purpose and general provisions	12/01/06					X		This section is no longer applicable.
30-5-180.1	Definitions	12/01/06					X		This section is no longer applicable.
30-5-180.2	Eligibility	12/01/06					X		This section is no longer applicable.
30-5-180.3	Services	12/01/06					X		This section is no longer applicable.
30-5-180.4	Fraud	12/01/06					X		This section is no longer applicable.
30-5-180.5	Pharmacy Benefit Manager	12/01/06					X		This section is no longer applicable.
30-5-219	General information	11/01/07					X		This section can be moved and combined with 30-5-221.
30-5-250	Purpose	01/01/15					X		This section is no longer needed because 30-5-252 also defines Health Homes.
30-5-264	Purpose	07/01/19					X		This section is no longer needed because 30-5-266. also defines CCBHCs.
30-5-291.1	Payment rates	08/01/07					X		This section can be removed as payment rate information will be added to a general section within each applicable Part.
30-5-291.2	Procedure codes	08/01/07					X		This section refers to the Physician's CPT Manual for procedure codes.
30-5-297	Payment rates	08/01/07					X		This section can be removed as payment rate information will be added to a general section within each applicable Part.
30-5-298	Procedure codes	08/01/07					X		This section refers to the Physician's CPT Manual for procedure codes.
30-5-336.3	Destination	12/21/06					X		This section can be combined with 30-5-336.4 as both sections talk about ambulance destination requirements.
30-5-336.7	Waiting time	12/21/06					X		This section can be combined with 30-5-336.8 as "waiting time" could be considered a "special situation" in which it would become reimbursable under certain conditions.
30-5-548	Procedure codes	01/05/95					X		This section just refers to HCPCS codes for DME.

30-5-579.	Prescription drugs purchased under the 340B Drug Discount Program provided by Clinics	09/01/15					X		This section is covered in 30-5-87.
30-5-641.1	Periodic and interperiodic screening examination	06/11/99			X				This section can be removed because it only refers to another section.
30-5-363.	340B Drug Discount Program	09/02/14					X		This section is covered in 30-5-87.
30-5-664.6	Prescription drugs purchased under the 340B Drug Discount Program provided by Health Centers	09/02/14					X		This section is covered in 30-5-87.
30-5-664.9	Family planning services provided by Health Centers	06/07/06						X	This section can be removed as family planning services are considered primary care services that are later defined in 30-5-661.5.
30-5-677	Payment rates	01/05/95						X	This section can be removed as payment rate information will be added to a general section within each applicable Part.
30-5-678	Procedure codes	01/05/95						X	This section refers to the CPT Manual.

Chapter 35 – Medical Assistance for Adults and Children-Eligibility

Subchapter 3 – Coverage and Exclusions

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
35-3-2	SoonerCare transportation and subsistence	01/06/95			X				This section can be removed as similar language is found in Chapter 30, Subchapter 5, Part 32.

Chapter 35 – Medical Assistance for Adults and Children-Eligibility

Subchapter 11 – Projects

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
35-11-1	Grants and local projects	01/06/95					X		This section is no longer needed.

Chapter 40 – Developmental Disabilities Services
 Subchapter 5 – Member Services

Section	Title	Date Created	Costly	Ineffective	Duplicate	Location Of Duplication	Outdated/ Unnecessary	Necessary	Explanation of determined category
40-5-54	Selection of Specialized Foster Care provider	07/01/98			X				This section can be moved to DHS contracts.

END OF REPORT