Rule Impact Statement (2025)

A. Purpose of the proposed rule and legal authority *(75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))*

The proposed policy revisions expand recognition of facility accreditation to include all accreditation bodies approved by the Centers for Medicare & Medicaid Services (CMS), in order to ensure any properly-accredited facilities are eligible to contract with OHCA.

Legal Authority: The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board.

B. Brief description of the proposed rule *(75 OS 253(B)(2)(b)(3))*

The proposed policy revisions expand recognition of facility accreditation to include all accreditation bodies approved by the Centers for Medicare & Medicaid Services (CMS). Facilities accredited by any CMS-approved organization will be eligible to contract with the Oklahoma Health Care Authority (OHCA). The revisions also include minor updates to reflect the new name of a related Behavioral Health service rule.

C. Classification of proposed rule *(75 OS 253(B)(2)(b)(2))*
Classification: ☐ Major ☒Nonmajor
Justification: (Include estimate of total implementation and compliance costs over 5 years and basis for estimate. If ≥ $1,000,000 → classified as major.)
Total annual implementation and compliance costs: There are no implementation or compliance costs associated with updating accreditation options.
Methodology used to calculate costs *(75 OS 253(B)(2)(b)(7)):*

***D.* Description of affected classes of persons most likely to be impacted by the proposed rule** *(75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))*

No persons or classes of persons will be impacted by this proposed rule.

E. Description of classes who will benefit from the proposed rule *(75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))*

Some new providers, including possibly some psychiatric hospitals, may benefit from this proposed rule if they have received accreditation from a CMS-approved provider not already explicitly recognized by OHCA.

F. Comprehensive economic impact analysis *(75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))*
Methodology used to calculated costs *(75 OS 253(B)(2)(b)(7)):*

No economic impact is anticipated.

G. Probable costs and benefits to OHCA and other agencies *(75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))*

No costs are associated with this proposed rule. Benefits include giving some new providers including acute psychiatric hospitals another pathway to accreditation and maintaining SoonerCare contractual requirements.

H. Economic impact on political subdivisions and whether their cooperation is required *(75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))*

No impact on political subdivisions is anticipated. No cooperation from political subdivisions is required.

I. Economic impact on small businesses *(75 OS 253(B)(2)(b)(9), 75 OS 303 (D)(2)(g))*

Small businesses are not anticipated to be negatively impacted by the proposed rule.

J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives *(75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))*

Nonregulatory alternatives would not achieve the desired result as existing rules only list certain accreditation providers, to the exclusion of others which have met CMS requirements. No compliance costs are anticipated. Allowing other accreditation sources may allow hospitals to leverage their potentially lower fee structures and help control costs.

K. Effect of the rule on public health, safety, and the environment *(75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))*

This update to the rule will expand access of another accrediting organization to maintain access to care, lower costs & more stability due to lower accreditation fees through CIHQ, and quality standards due to accreditation enforcing CMS Conditions of Participation, which covers infection control, patient rights, and emergency preparedness that improves patient outcomes and reduces preventable harm.

L. Detrimental effects if the proposed rule is not implemented *(75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))*

Not implementing the proposed rule keeps the State out of alignment with CMS practices and can result in higher compliance costs for providers.

M. Summary of and preliminary comparison to existing or proposed federal regulations *(75 OS 303(D)(2)(n))*

CMS granted one such accreditation provider, the Center for Improvement in Healthcare Quality (CIHQ) “deeming authority” as an accrediting organization. Facilities accredited by CIHQ are automatically considered to meet CMS Conditions of Participation, enabling participation in

Medicare & Medicaid, and it expands choices of accrediting bodies, and adding them diversifies the market.

N. Analysis of alternatives to adopting the proposed rule *(75 OS 303(D)(2)(l))*

Alternatives include specifically adding each new accreditation provider approved by CMS to OHCA rules, which would incur greater costs in terms of employee time and resources, and OHCA's list of approved accreditation providers would always lag behind the CMS-approved list. OHCA could, instead of this policy, continue to require each accreditation provider to petition the agency individually for approval.

O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule *(75 OS 303(D)(2)(m))*

Development of the proposed rule began before the requirement to track internal time and resources used to develop the proposed rule. Estimated at 200-300 hours including legal, policy review, and administrative support.

P. Date statement prepared or modified *(75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))*
Prepared 12.5.2025
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