Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: January 16, 2018

The proposed policy was submitted to the Medical Advisory Committee on September 21, 2017 as an emergency policy change. The proposed policy was presented for Tribal Consultation on September 5, 2017. These rules are currently in effect as emergency rules but must be promulgated through the permanent rulemaking process. The proposed Permanent Rule change is scheduled to be presented to the Board of Directors on February 8, 2018.
Reference: APA WF 17-03

SUMMARY:
Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) Four Walls – The proposed I/T/U revisions are to align policy with federal regulations and allow I/T/Us to be reimbursed at the OMB rate for services provided outside of the four walls of their facilities.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (F)(1) and (3) of Title 63 of Oklahoma Statutes; Section 5003 through 5016 of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 42 CFR PART 136; 42 CFR 440.90; P.L. 93-638

RULE IMPACT STATEMENT:

TO: Tywanda Cox
Federal and State Policy

FROM: Tatiana Reed
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-03

A. Brief description of the purpose of the rule:

Proposed Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) changes will allow I/T/Us who are

designated as Federally Qualified Health Centers to be reimbursed at the Office of Management and Budget (OMB) rate for services provided outside of the four walls of their facilities. Policy changes are needed to comply with federal regulations. These proposed revisions were promulgated during the emergency rule making session.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

Contracted I/T/U healthcare providers who are providing services outside of the four wall limitation will most likely be affected.

C. A description of the classes of persons who will benefit from the proposed rule:

Contracted I/T/U healthcare providers may benefit by continuing to receive the OMB reimbursement for off-site services.

SoonerCare members receiving services at an ITU may benefit by continuing to access these services.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable impact of the proposed rule upon any classes of persons or political subdivisions.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Services provided to the Native American population are 100 percent federally funded; therefore, no impact on state revenue is expected.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule will not have an economic impact on any political subdivision nor will it require the cooperation of any political subdivision in implementing or enforcing the rule.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have a positive effect on the public health and safety of SoonerCare members receiving services at an I/T/U.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The Agency has determined that the proposed rules will have no detrimental effect on the public health, safety and environment if they are not implemented.

K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared October 25, 2017.

RULE TEXT

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 110. INDIAN HEALTH SERVICES, TRIBAL PROGRAMS, AND URBAN INDIAN CLINICS (I/T/Us)

317:30-5-1096. ~~I/T/U off-site services~~Off-site services

~~I/T/U covered services provided off-site or outside of the I/T/U setting, including mobile clinics or places of residence, are compensable when billed by the I/T/U.~~I/T/U covered services provided off-site or outside of the I/T/U setting, including mobile clinics or places of residence, are compensable at the OMB rate when billed by an I/T/U that has been designated as a Federally Qualified Health Center. The I/T/U must meet provider participation requirements listed in OAC 317:30-5-1088. I/T/U off-site services may be covered if the services rendered were within the provider's scope of practice and are of the same integrity of services rendered at the I/T/U facility.