Oklahoma Health Care Authority

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the Oklahoma Health Care Authority (OHCA) Proposed Changes Blog.

OHCA COMMENT DUE DATE: February 17, 2017

The proposed policy is a Permanent Rule. The proposed policy was presented at the January 3, 2017 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee MAC on March 9, 2017 and the OHCA Board of Directors on March 23, 2017.

Reference: APA WF 16-32

SUMMARY:
Provider Contracting Updates and Language Clean-up- The proposed revisions amend rules to mirror contracting requirements for various provider types. In addition, revisions update hospital abuse reporting policy.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes, Section 1-2-101 of Title 10A of Oklahoma Statutes; Section 58 of Title 22 of Oklahoma Statutes; Section 10-104 of Title 43A of Oklahoma Statutes

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

From: Likita Gunn
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 16-32

A. Brief description of the purpose of the rule:

Proposed revisions to Optometrists, Renal Dialysis

Facilities, and Podiatrists provider type's amends rules to ensure policy mirrors OHCA contracting requirements.

Birthing Center policy is also amended to clarify that a contract with the OHCA is required for reimbursement of services. The proposed change will align Birthing Centers policy with all other provider types.

Proposed revisions update also Hospital Policy to mirror OHCA contracting requirements, to update Statutes for reporting abuse, and to amend abuse reporting requirements.

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:

No classes of persons will be affected by the proposed rule as the changes to policy are clean-up only. The proposed changes will mirror current practice.

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

No classes of persons will benefit from the proposed rule.

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:

The proposed rule should have no economic impact and no fee changes, as the proposed rule change should only require a change in business practice for providers.

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 affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed rule is budget neutral.

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 or require their cooperation 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 nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

There are no other legal methods to minimize compliance costs.

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 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. Opportunities for public input are provided throughout the rulemaking process, in addition to formal public comment periods and tribal consultations.

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

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

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

This rule impact statement was prepared on November 16, 2016.

RULE TEXT

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 3. HOSPITALS

317:30-5-40. Eligible providers

(a) All general medical/surgical hospitals and critical access hospitals eligible for reimbursement under this Part must be licensed by the appropriate state survey agency, meet Medicare conditions of participation, and have a current contract on file with the Oklahoma Health Care Authority (OHCA).

(b) Children specialty hospitals must be appropriately licensed and certified and have a current contract with the OHCA.

(c) Eligibility requirements for specialized rehabilitation hospitals are covered in OAC 317:30-5-110; inpatient psychiatric hospitals are covered in OAC 317:30-5-95~~. Requirements for~~; and long term care hospitals are ~~found~~covered in OAC 317:30-5-60.

(d) Certain providers who provide professional and other services within an inpatient or outpatient hospital require separate contracts with the OHCA.

(e) Reimbursement for laboratory services is made in accordance with the Clinical Laboratory Improvement Amendment of 1988 (CLIA). These regulations provide that payment may be made only for services furnished by a laboratory that meets CLIA conditions. Eligible providers must be certified under the CLIA program and have obtained a CLIA ID number from the Center for Medicare and Medicaid Services (CMS) and have a current contract on file with this Authority.

317:30-5-49. ~~Child abuse~~Reporting suspected abuse

~~(a) Instances of child abuse and/or neglect are to be reported in accordance with State Law. Section 7103 of Title 10 of the Oklahoma Statutes mandates reporting suspected abuse or neglect to the Oklahoma Department of Human Services. Section 7104 of Title 10 of the Oklahoma Statutes further requires reporting of criminally injurious conduct to the nearest law enforcement agency.~~

~~(b) Each hospital must designate a person, or persons, within the facility who is responsible for reporting suspected instances of medical neglect, including instances of withholding of medically indicated treatment (including appropriate nutrition, hydration and medication) from disabled infants with life-threatening conditions. The hospital must report the name~~

~~of the individual so designated to this agency, which is responsible for administering this provision within the State of Oklahoma. The hospital administrator is assumed to be the contact person unless someone else is specifically designated.~~
~~(c) The Child Abuse Unit of the Oklahoma Child Welfare Unit is responsible for coordination and consultation with the individual designated. In turn, the hospital is responsible for prompt notification to the Child Abuse Unit of any case of suspected medical neglect or withholding of medically-indicated treatment from disabled infants with life-threatening conditions. This information must be communicated to Child Abuse Unit, Child Welfare Services, P.O. Box 25352, Oklahoma City, OK 73125, Telephone: (405) 521-2283. Should a report need to be made when the office is closed, telephone the statewide toll-free Child Abuse Hot Line: 1-800-522-3511.~~
~~(d) Each Hospital should provide the name, title and telephone number of the designated individual and return it to the OHCA. This information is updated annually as part of the contract renewal. Should the designation change before that time, OHCA should be furnished revised information.~~

Instances of child abuse and/or neglect are to be reported in accordance with State law. Any person suspecting child abuse or neglect shall immediately report it to the Oklahoma Department of Human Services (OKDHS) hotline, at 1-800-522-3511; any person suspecting abuse, neglect, or exploitation of a vulnerable adult shall immediately report it to the local OKDHS County Office, municipal or county law enforcement authorities, or, if the report occurs after normal business hours, the OKDHS hotline. 10A O.S. § 1-2-101; 43A O.S. § 10-104. Health care professionals who are requested to report incidents of domestic abuse by adult victims with legal capacity shall promptly make a report to the nearest law enforcement agency, per 22 O.S. § 58.

PART 23. PODIATRISTS

317:30-5-260. Eligible providers

~~Payment is made for compensable services to podiatrists licensed in the state where they practice. Each podiatrist must have a current contract with the Oklahoma Health Care Authority (OHCA).~~Payment can be made to a podiatrist licensed in the state where they practice, who has a current contract on file with the Oklahoma Health Care Authority (OHCA).

PART 29. RENAL DIALYSIS FACILITIES

317:30-5-305. Eligible providers

~~Payment is made to Medicare certified Renal Dialysis Centers~~

~~which have a current contract with the Oklahoma Health Care Authority for compensable services provided on or after June 1, 1987.~~Payment can be made to a Medicare certified Renal Dialysis Centers when its clinical services are under the medical direction of a physician licensed by the Oklahoma State Board of Medical Licensure and Supervision, the Oklahoma Board of Osteopathic Examiners, or the appropriate licensing body of the state where the provider is located. Renal Dialysis Centers must also have a current contract on file with the Oklahoma Health Care Authority.

PART 45. OPTOMETRISTS

317:30-5-430. Eligible providers

Payment can be made to a licensed optometrist who has a current ~~Memorandum of Agreement~~contract on file with the Oklahoma Health Care Authority (OHCA) for services within the scope of Optometric practice as defined ~~in state law.~~by controlling State law; provided, however, that services performed by out-of-state providers shall only be compensable to the extent that they are covered services.

PART 87. BIRTHING CENTERS

317:30-5-890. Eligible providers

Eligible providers are birthing centers that are currently licensed by the Oklahoma State Health Department and meet the requirements listed in ~~(1) - (4)~~(1)-(5) of this subsection:

(1) Have a current written agreement with a board certified ~~OB/GYN~~Obstetrician-Gynecologist (OB/GYN) to provide coverage for consultation, collaboration or referral services as defined by the American College of Nurse-Midwives.

(2) Have a current medical director who is a board certified ~~OB/GYN~~OB-GYN and is responsible for establishing patient protocols and other functions as defined in requirements for state licensure. This individual may, or may not, be the physician providing individual patient coverage for consultation, collaborative or referral service.

(3) Have a written agreement with a referral hospital which is a Class II hospital. Class II hospital is defined as a facility with 24 hour availability of ~~OB/GYN~~OB-GYN and capability of performing a C-section within 30 minutes of the decision to operate. The 30 minute timeframe is subject to each hospital's unique circumstance, logistical issues that include, but are not limited to, obtaining informed consent, transporting the patient, and any other potential problems that may arise.

(4) Must be accredited by the Commission for the

Accreditation of Freestanding Birth Centers.
(5) Have a current contract on file with the Oklahoma Health Care Authority.