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 is a Permanent Rule. The proposed policy was presented at the November 7, 2017 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on January 18, 2018 and the OHCA Board of Directors on February 8, 2018.

Reference: APA WF # 17-24A

SUMMARY:
ADvantage Waiver – The proposed revisions to the ADvantage Waiver include cleanup to remove and update outdated policy in order to align with current business practices.

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 430, 431 et. Al.

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Carmen Johnson
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-24A

A. Brief description of the purpose of the rule:

The proposed revisions amend language to remove the outdated Interactive Voice Response Authentication system references and

replace with the Electronic Verification (EVV) system. The EVV system is the current industry standard for electronic billing and verification software systems. Proposed revisions will provide clarification of the Electronic Verification Visit (EVV) system billing process, which is currently in place for billing of personal care and nursing services in the ADvantage and the State Plan Personal Care program. Revisions also ensure that the technological terms used in this policy accurately reflect the advances in electronic billing and verification software systems. In addition, the proposed revisions to the ADvantage Waiver include clean-up to remove and update outdated policy in order to align with current business practices.

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:

The classes of persons affected by the proposed revisions are Department of Human Services Aging Services, ADvantage Waiver services and State Plan Personal Care services providers, which bear no costs associated with the implementation of the rules.

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

The proposed rule will benefit home agency, personal care and nursing providers that utilize the EVV system, as they will be able to effectively monitor and verify when service visits occur and document the precise time service begins and ends.

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 economic impact on individuals who receive Department of Human Services Aging Services or ADvantage Waiver services.

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:

The probable cost to DHS includes the cost of printing and

distributing the rules, estimated to be less than $20.

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 does not have an impact on any political subdivisions or require their cooperation in enforcing the rules.

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 does not have an adverse effect on small business 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 proposed rule will not increase compliance costs. There are no less costly or non-regulatory methods or less intrusive methods.

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 revisions bring the rule into compliance with federal and state laws, thereby increasing program effectiveness, positively impacting the health, safety and well-being of affected persons.

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

If the proposed rules are implemented, the rules will not be in compliance with federal and state law. The proposed rules are intended to comply with federal and state laws, thereby contributing to the health, safety and well-being of vulnerable Oklahomans.

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

Prepared: November 2, 2017

RULE TEXT

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 95. AGENCY PERSONAL CARE SERVICES

317:30-5-950. Eligible providers

~~Payment~~Reimbursement for personal care is made only to agencies that ~~have been~~are certified as ~~personal care~~home care agency providers by the Oklahoma State Department of Health and are certified by the ADvantage Administration ~~AA~~(AA) as meeting applicable federal, state and local laws, rules and regulations. In order to be eligible for ~~payment,~~reimbursement, the ~~personal care~~home care agency must have an approved provider agreement on file with the ~~OHCA, in accordance with OAC 317:30-3-2.~~Oklahoma Health Care Authority (OHCA), per Oklahoma Administrative Code (OAC) 317:30-30-3-2. Service time of ~~Personal Care~~personal care is documented solely through the ~~Interactive Voice Response Authentication (IVRA)~~Electronic Visit Verification (EVV) system when services are provided in the member's home. ~~Providers are~~The home care agency is required to use the ~~IVRA~~EVV system ~~after access to the system is made available by OKDHS~~. The ~~IVRA~~EVV system provides alternate backup solutions ~~should~~when the automated system ~~be~~is unavailable. In the event of ~~IVRA~~EVV backup system failure, the provider ~~will document~~documents the time in accordance with their agency backup plan. The agency's backup procedures are only permitted when the ~~IVRA~~EVV system is unavailable. Refer to OAC 317:35-17-22 for additional instructions.

317:30-5-953. Billing

~~A billing unit of service for Personal Care skilled nursing service equals a visit.~~ A billing unit ~~of service~~ for ~~Personal Care~~personal care services provided by a ~~PC service~~home care agency is 15 minutes of ~~PC services delivery.~~service delivery and equals a visit. Billing procedures for ~~Personal Care~~personal care services are contained in the ~~OKMMIS~~Oklahoma Medicaid Management Information Systems (OKMMIS) Billing and Procedure Manual. Service time for ~~Personal Care~~personal care and ~~Nursing~~nursing is documented solely through the ~~Interactive Voice Response Authentication (IVRA)~~Electronic Visit Verification (EVV) system ~~after access to the system is made available by OKDHS~~. The ~~IVRA~~EVV system provides

alternate backup solutions ~~should~~when the automated system ~~be~~is unavailable. In the event of ~~IVRA~~EVV backup system failure, the provider ~~will document~~documents time in accordance with their agency backup plan. The agency's backup procedures are ~~only~~ permitted only when the ~~IVRA~~EVV system is unavailable.