

Title 310 - Oklahoma State Department of Health [\[Return\]](#)

Chapter 2 - Procedures of the State Department of Health [\[Return\]](#)

Subchapter 27 - Contracts With Charitable Health Care Providers

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[Source: Codified 7-11-08]

310:2-27-1. Purpose

The rules of this Subchapter are adopted to implement Senate Bill 930, Oklahoma Sessions 2007, for the administration of contracts between charitable health care providers and the Oklahoma State Department of Health or a city-county health department for the benefit of Oklahoma residents who are medically indigent. These rules establish eligibility criteria for charitable health care providers and medically indigent persons, procedures for entering into and revoking contracts between the Oklahoma State Department of Health or a city-county health department and a charitable health care provider and responsibilities and obligations pursuant to such contracts.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08]

310:2-27-2. Definitions

The following words or terms used in this Subchapter shall have the meaning described below unless the context clearly indicates otherwise:

"Charitable health care provider" or "charitable provider" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of business or the practice of a profession and who provides care to a medically indigent person, as defined in this subchapter, with no expectation of or acceptance of compensation of any kind. [51 O.S.Supp.2007, § 152(3)]

"Charitable provider contract" means an annual agreement executed in compliance with this subchapter between a charitable health care provider and a contracting agency for the provision of health care services to the medically indigent.

"Claim" as used in 'claims history' means any written demand presented by a claimant or the claimant's authorized representative to recover money as compensation for an act or omission committed by a person who provides health care.

"Claims history" means a summary of the claims made against the applicant for a charitable provider contract with a contracting agency, including the number of claims, a brief description of each claim, the type of health care services being provided that precipitated each claim, and the money that was paid, or is being paid, for each claim, if any.

"Commissioner" means the Commissioner of Health and the chief executive officer of the Oklahoma State Department of Health.

"Contracting agency" means either the Oklahoma State Department of Health or a city-county health department.

"Department" means the Oklahoma State Department of Health.

"Free clinic" means a facility where the health care professional receives no form of compensation as provided at 76 O.S.Supp.2004, § 32 and the clinic requires no form of compensation from any patient.

"Medically indigent" means a person requiring medically necessary hospital or other health care services for the person or the dependents of the person who has no public or private third-party coverage, and whose personal resources are insufficient to provide for needed health care. [51 O.S.Supp.2007, § 152(8)]

"Person" means a human being or natural person, and does not include governmental agencies, corporations or other business entities.

"Person whose personal resources are insufficient to provide for needed health care" means a person who has declared that the person, or family of the person seeking health care services, does not have sufficient resources to pay for the needed health care.

"Risk Management" means the Office of the Risk Management Administrator of the Department of Central Services as provided at 51 O.S.Supp.2006, § 156.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08]

310:2-27-3. Contingency

The execution or continuation of a contract between a contracting agency and a charitable health care provider, as defined within and provided for in this subchapter, is contingent upon funding being available to the contracting agency for this purpose, and nothing within this subchapter shall be construed to grant to a charitable health care provider any greater rights than those otherwise provided by law.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08]

310:2-27-4. Application to contract as a charitable health care provider

(a) The Department shall develop and provide an application form for a person to use when applying with a contracting agency to enter into a charitable provider contract.

(b) A person may apply to enter into a charitable provider contract as a charitable health care provider if such applicant:

(1) is licensed, certified, or otherwise authorized by the laws of Oklahoma to administer, in the ordinary course of business or in the practice of a profession, the health care that is the subject of the charitable health care contract;

(2) will provide health care to the medically indigent, as defined in section 310:2-27-2; and

(3) submits a complete application to a contracting agency requesting to enter into a charitable provider contract, and the application must include:

(A) the scope of service the applicant will provide to the medically indigent; and

(B) the applicant's claims history for the last ten (10) years.

(c) State Risk Management will determine the amount of the insurance premium the Department would be required to pay into the State's self-insurance pool and manage claims related to the program, if and when they occur.

(d) A health care provider whose application to be granted a charitable provider contract from a contracting agency is denied may re-submit the application with a different scope of service.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08; Amended at 36 Ok Reg 1649, eff 9-13-19]

310:2-27-5. Charitable provider responsibilities

(a) The charitable provider is responsible for determining the patient is medically indigent before providing health care services by confirming that the person seeking services has:

- (1) no health insurance;
- (2) not been informed that he or she is Medicaid eligible; and
- (3) insufficient income to pay for the needed health care services.
- (b) All professional services rendered by the charitable provider to the medically indigent must be provided gratuitously and with no expectation or acceptance of compensation of any kind.
- (c) Upon receipt of a claim by the charitable health care provider indicating that the claimant is seeking compensation for an act or omission by the charitable provider occurring when rendering professional services to a medically indigent person at, or on referral from, a free clinic, the charitable health care provider shall submit the claim to Risk Management and the contracting agency and shall not submit such claims to a professional malpractice insurance carrier.
- (d) The charitable provider shall keep records related to the performance of the charitable health care contract during the term of the contract for a period of two years after the contract ends. Upon request, the charitable provider shall make these records available to the contracting agency or Risk Management.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08]

310:2-27-6. Termination or rescission of charitable health care contracts

- (a) Charitable health care contracts may be terminated or rescinded by the Department in the event of noncompliance with any provision of the charitable provider contract or this subchapter or the unavailability of funding for such contracts. Before terminating or rescinding a contract, the Department will give the charitable health care provider thirty (30) days written notice and request information as to why the charitable health care contract should not be terminated or rescinded.
- (b) Upon completing the review of any information submitted in re-consideration of terminating or rescinding the charitable provider contract, the Department will provide the charitable health care provider its decision in writing. This final decision is not appealable.

[Source: Added at 25 Ok Reg 507, eff 12-04-07 (emergency); Added at 25 Ok Reg 2387, eff 7-11-08]