

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 3. GENERAL PROVIDER POLICIES
PART 1. GENERAL SCOPE AND ADMINISTRATION

317:30-3-20.1 Pharmacy grievance procedures and processes
[REVOKED]

~~This section shall apply to Pharmacy Providers for appeals to findings of audits conducted by the OHCA Pharmacy department. Aggrieved providers may appeal to a subcommittee of the Drug Utilization Review Board.~~

~~(1) If a provider disagrees with a decision of the OHCA Pharmacy department audit team which has determined that the provider has received an overpayment, the provider may appeal, within 20 days of the date of that decision, the decision to a three member subcommittee of the Drug Utilization Review Board (DURB). The subcommittee shall consist of three of the four pharmacist members of the DURB. In the event that there are less than three pharmacist members appointed at any given time, the panel will be completed with other DURB members.~~

~~(2) The appeal from the OHCA Pharmacy department audit team decision shall be commenced by the receipt of a letter from the appellant provider. The letter must set out with specificity the overpayment decision to which the provider objects along with the grounds for appeal. The letter should explain in detail, the factual and/or legal basis for disagreement with the allegedly erroneous decision. The letter shall also include all relevant exhibits the provider believes necessary to decide the appeal.~~

~~(3) Upon the receipt of the appeal by the docket clerk, the matter shall be docketed for the next meeting of the DURB. Any appeal received less than three weeks before a scheduled DURB meeting will be set for the following DURB meeting.~~

~~(4) The appeal shall be forwarded to the OHCA Pharmacy Department Audit Team by the docket clerk for distribution to the members of the subcommittee and for preparation of the OHCA's case.~~

~~(5) At the discretion of the DURB, witnesses may be called and information may be solicited from any party by letter, telephonic communication, fax, or other means. The subcommittee may request that members of the Authority be present during their consideration of the appeal. Members of the Authority's Legal Division may be asked to answer legal questions regarding the appeal.~~

~~(6) The subcommittee shall issue a recommendation regarding the appeal, in writing, within 30 days of the hearing. An exception to the 30 day rule will apply in cases where the subcommittee sets the cases over until its next scheduled meeting in order to gather additional evidence. The written recommendation shall list the members of the subcommittee who participated in the decision. In cases where an appeal must be continued, the subcommittee shall issue a letter within 30 days of the initial hearing to inform the appellant of the continuance.~~

~~(7) The recommendation, after being formalized, shall be sent to the docket clerk for review by the State Medicaid Director. The State Medicaid Director shall issue a decision regarding the appeal within 10 days of the docket clerk's receipt of the recommendation from the DURB. The decision shall be issued to the appellant or his/her authorized agent.~~

~~(8) If the provider is dissatisfied with the Medicaid Director's decision, it may be appealed to the OHCA CEO under OAC 317:2-1-4(1).~~