

BILL SUMMARY
2nd Session of the 56th Legislature

Bill No.:	SB890
Version:	ENGR
Request Number:	
Author:	Rep. Roberts, Sean and Sen. Brecheen
Date:	3/22/2018
Impact:	\$173K-275K first year; \$99K-205K annually

Research Analysis

The engrossed measure requires hospitals and ambulatory surgical facilities that bill Medicaid or Medicare to provide certain current price information to the State Department of Health. The Department must make the information available on its website.

Prepared By: Scott Tohlen

Fiscal Analysis

From the State Department of Health:

Least costly - Receive aggregate/summarized information from facilities on the most frequent DRGs, CPTs and imaging procedures. (1st year \$173,200, subsequent years \$98,800)

- 480 hrs * \$90 development of submission site = \$43,200. OMES: <http://openrange-ok.force.com/ServicesList>

Internal projected costs:

- 480 hrs * \$65 development of reporting site OK2SHARE = \$31,200
- 1FTE * \$80,000 program staff (1st year and annual) = \$80,000
- 180 hrs * \$90 per year ongoing IT support (1st year and annual) = \$16,200
- 40 hrs * \$65 reporting site support (annual) = \$2,600

More costly – Receive record level data for each of the identified DRGs, CPTs and imaging procedures. (1st year \$274,400, subsequent years \$205,200)

- 480 hrs * \$90 development of submission site = \$43,200. OMES: <http://openrange-ok.force.com/ServicesList>

Internal projected costs:

- 480 hrs * \$65 development of reporting site OK2SHARE = \$31,200
- 2 FTE * \$80,000 program staff (1st year and annual) = \$160,000
- .5 FTE * \$80,000 per year ongoing IT support (1st year and annual) = \$40,000
- 80 hrs * \$65 reporting site support (annual) = \$5,200

NOTE cost is a rough estimate based on time estimates provided several years ago for 2nd Session of the 54th Legislature (2014) HB 2400.

Prepared By: Stacy Johnson

Other Considerations

Questions/Clarification:

- Is the intent to collect event level information or aggregate information from facilities?
- Combinations of CPTs can influence the rates.
- Self-pay rates may vary on a sliding scale or by some other means.
- Electronic health records software tends to flow to financial systems that would have the reimbursement information that is being requested instead of financials to electronic health record. In order to collect information directly from the electronic health records software it would require significant changes at the facility level and substantial infrastructure requirements (that is not currently in place) at OSDH to fully implement this mode of collection and reporting.

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