

2024 Oklahoma Health Care Authority Questionnaire

OKHCA requires that you renew your contract with them every three years, we are currently preparing to do the renewal for your contract. Please review and answer the questions below. If you have any yes answer, please put them on a separate page. If you answer yes to malpractice claims we may have those on file. Check yes and we will let you know what we already have. This should save you some time. It is important that we answer correctly. Incorrect answers would cause you to lose the contract.

Has your license, registration, or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation, or any conditions or limitations by any state or professional licensing, registration, or certification board? Yes ___ No ___

Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected), or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff, or committee or governing board? Yes ___ No ___ *

Have you voluntarily or involuntarily surrendered, limited your privileges, or not reapplied for privileges while under investigation? Yes ___ No ___

Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? Yes ___ No ___

Have any of your board certifications or eligibility ever been revoked? Yes ___ No ___

Have you ever chosen not to re-certify, voluntarily surrendered your board certification(s), or entered into any agreement not to practice with any licensure board while under investigation? Yes ___ No ___

Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs? Yes ___ No ___

Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? Yes ___ No ___

Has your professional liability coverage ever been cancelled, restricted, declined, not renewed, or listed as high-risk by the carrier based on your individual liability history? Yes ___ No ___

Have you had any professional liability actions (pending, settled, arbitrated, mediated, or litigated) within the past 10 years? (If yes, please provide documentation for each case. Yes ___ No ___ *

X _____

Signed

Date