Rule Impact Statement (2025)

A. Purpose of the proposed rule and legal authority *(75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))*

The proposed rule removes visit limits for certain adult physician services, including the four-visit per-month limit for office visits and the two-visit per-month limit for nursing facility visits. The change aligns coverage with medical necessity standards and modern utilization management practices. The rule is agency-initiated under The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board.

B. Brief description of the proposed rule *(75 OS 253(B)(2)(b)(3))*

The Oklahoma Health Care Authority proposes revising policy to eliminate existing limits on physician visits for adults, allowing members to receive medically necessary services. This change is intended to improve access to primary and preventive care and ensure members can receive timely outpatient treatment. In addition, the rule includes non-substantive clean-up to align existing abortion-related language with other sections of policy and ensure consistency with state law. These edits do not change coverage requirements.

C. Classification of proposed rule *(75 OS 253(B)(2)(b)(2))*

Classification: ☐ Major ☒ Nonmajor

Justification: (Include estimate of total implementation and compliance costs over 5 years and basis for estimate. If ≥ $1,000,000 → classified as major.)

Total annual implementation and compliance costs:

Methodology used to calculate costs *(75 OS 253(B)(2)(b)(7)):*

The proposed rule is anticipated to have a fiscal impact of less than $1,000,000 over the next 5 years; however, the budget estimate is not yet finalized. Fiscal analysis will be completed through OHCA's internal budget review process, and this Rule Impact Statement will be updated upon completion of that analysis to reflect the finalized budget impact.

D. **Description of affected classes of persons most likely to be impacted by the proposed rule** *(75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))*

Physicians, PAs, APRNs who provide outpatient and nursing facility services; the change removes limits that previously affected reimbursement. SoonerCare members age 21 and older receiving outpatient or nursing facility physician services.

E. **Description of classes who will benefit from the proposed rule** *(75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))*

Members, who will have improved access to medically necessary physician visits without arbitrary monthly caps. Physicians and clinics, who will have fewer claim denials related to visit limits and greater alignment with standard practice patterns.

F. **Comprehensive economic impact analysis** *(75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))*
Methodology used to calculated costs *(75 OS 253(B)(2)(b)(7))**:***

Preliminary review indicates that the rule may result in increased Medicaid expenditures associated with implementation; however, the magnitude of those costs cannot be finalized until completion of the fiscal analysis. This Rule Impact Statement will be updated to reflect the finalized economic impact once the analysis is complete. No fee changes are proposed at this time.

G. **Probable costs and benefits to OHCA and other agencies** *(75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))*

OHCA anticipates fiscal impacts associated with implementation of the proposed rule. Cost estimates for services provided to the managed care population are $44,009 for state fiscal year 2026 and $105,623 for state fiscal year 2027; however, total costs to the agency have not yet been finalized pending completion of fiscal analysis for the fee-for-

service population. Fiscal analysis is currently in progress through OHCA's internal budget review process.

No material administrative cost is expected to OHCA or other state agencies. No new systems, staffing, or reporting requirements. Benefits include reduced claim denials for visit-limit exceedances and reduced administrative burden for OHCA staff related to policy exceptions and manual reviews. No impact on other state agencies.

H. Economic impact on political subdivisions and whether their cooperation is required *(75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))*

The rule does not impact political subdivisions, and their cooperation is not required.

I. Economic impact on small businesses *(75 OS 253(B)(2)(b)(9), 75 OS 303 (D)(2)(g))*
Provider practices, including many small clinics, may benefit from reduced administrative complexity and fewer denied claims. No new costs or compliance burdens are imposed.

J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives *(75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))*

The agency reviewed whether operational guidance or provider communications could resolve the issue but determined formal rule changes were necessary to remove hard caps embedded in rules. The chosen approach minimizes burden by eliminating requirements rather than adding new obligations.

K. Effect of the rule on public health, safety, and the environment *(75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))*

Removing visit caps supports timely access to medically necessary care, which may reduce avoidable emergency room use and prevent worsening of unmanaged health conditions. No impact on the environment.

L. Detrimental effects if the proposed rule is not implemented *(75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))*

If the rule is not implemented, numerical caps will continue to limit access to medically necessary care, resulting in possible delays, unnecessary emergency utilization, and providers would continue to face denials unrelated to clinical need.

M. Summary of and preliminary comparison to existing or proposed federal regulations *(75 OS 303(D)(2)(n))*

Federal Medicaid regulations do not impose monthly numerical caps on physician visits. The proposed rule aligns Oklahoma policy with federal medical-necessity standards and does not exceed or conflict with federal requirements.

N. Analysis of alternatives to adopting the proposed rule *(75 OS 303(D)(2)(l))*

Alternatives considered included maintaining current limits or addressing them through internal policy or managed care contract language. These were rejected because the caps are codified in rule and cannot be overridden operationally. Formal rule change is the only method to ensure full, consistent removal

O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule *(75 OS 303(D)(2)(m))*

Approximately 35 staff hours across Policy, Finance, and Medical were used for review, drafting, and coordination. No external resources were required

P. Date statement prepared or modified *(75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))*

Prepared date: December 1, 2025