

Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

OHCA COMMENT DUE DATE: January 15, 2020

The proposed policy is a Permanent Rule. The proposed policy was presented at the November 5, 2019 Tribal Consultation. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on January 9, 2020 and the OHCA Board of Directors on January 22, 2020.

Reference: APA WF # 19-38

SUMMARY:

Title XXI Parity Compliance—The proposed revisions will amend policy to remove the two visit limitation for the Unborn Child populations covered under the Title XXI State Plan. The revisions are needed to comply with Parity federal regulations which instruct the State to provide equivalent services to all children covered under the Plan.

LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 of Title 63 of Oklahoma Statutes; Title 42 of the Code of Federal Regulations (CFR), Sections (§) 440.240 and 440.250; 42 CFR § 431.53; 42 CFR § 440.170 and the Oklahoma Health Care Authority Board.

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

TO: Maria Maule
Legal Services

FROM: Sasha Teel
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 19-##

A. Brief description of the purpose of the rule:

The proposed revisions will amend policy to remove the two visit limitation for Unborn Child populations covered under the Title XXI State Plan. All visits shall require medical review to deem whether the medical visit affects fetal effect. The revisions are needed to comply with Parity federal regulations which instruct the State to provide equivalent services to all children covered under the Plan. Under federal parity law requirements, children covered by Children's Health Insurance Program (CHIP), including those in the Unborn Child category, must have the same access to Secretary-approved coverage of all Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits including health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illness and conditions as per the approved State Plan.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

No classes of person will be affected by the proposed rule.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule will benefit the Unborn Child populations covered through the Title XXI State Plan. The proposal will allow coverage of medically-necessary medical appointments that evaluate and/or treat maternal conditions that are related to or impact the pregnancy outcome.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivision.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The agency anticipates that the proposed changes have an approximate budget impact of 337,260 total, with \$107,957 in state share for SFY 2021.

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

There is no economic impact on political subdivisions.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small business.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety, and environment.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

OHCA does not believe there is a detrimental effect on the public health and safety if the rule is not passed.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: October 11, 2019

Modified: November 4, 2019

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY

**CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-
ELIGIBILITY**

SUBCHAPTER 22. PREGNANCY RELATED BENEFITS COVERED UNDER TITLE XXI

317:35-22-2. Scope of coverage for Title XXI Pregnancy

(a) Pregnancy related services provided are prenatal, delivery, postnatal care when included in the global delivery fee, and other related services that are medically necessary to optimize pregnancy outcomes within the defined program benefits.

(b) ~~Only two~~Medical visits per month for other related services to evaluate and/or treat conditions that may adversely impact the pregnancy are covered. All visits shall require medical review to deem whether the medical visit is within the scope of coverage.