REINS Report: TITLE 317 CHAPTER 30. SUBCHAPTERS 3 and 5. ADOPTED CODES

Summary of proposed rule change

The Oklahoma Health Care Authority (OHCA) has proposed changes to Title 317, Chapter 30 of its administrative rules to remove caps that limit the number of visits for certain adult physician services, including four office visits per month and two visits per month to nursing facilities. This rule change addresses various sections of administrative rules that apply to visit limits. According to the agency, Oklahoma is one of the few remaining states which impose limits on office visits. The rule impact statement says the 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 language with other sections of policy and ensure consistency with state law. These edits do not change coverage requirements."

After reviewing the documents submitted by the agency, LOFT determined there was inadequate information available to fulfill its statutory obligation to provide economic analysis. As a result, LOFT sent a request for information to the agency on March 10, 2026. The agency responded on March 12, 2026 with additional information regarding the rule change. A copy of the questionnaire and responses are attached to this summary.

LOFT analysis of agency compliance with Section 303 of Title 75 of the Oklahoma Statutes

LOFT provides the following analysis in accordance with 62 O.S. § 8016: "LOFT shall inform the chairs of the designated committees if the rule impact statement from the agency is incomplete or contains substantive inaccuracies."

Determination: LOFT finds the agency's rule impact statement incomplete.

75 O.S. §303 directs agencies on how to promulgate a new administrative rule. The agency followed the process correctly: the OHCA's Notice of Rulemaking Intent appeared in the Oklahoma Register, the comment period duration was sufficient, a public hearing was held and the OHCA created all necessary documents to support the fulfillment of the statue. However, the agency's Rule Impact Statement does not provide a complete economic impact.

LOFT analysis of rule impact

OHCA provided LOFT a spreadsheet reflecting the increased cost associated with the rule change. This sheet breaks out the fiscal impact to OHCA based on the Medicaid population, which is enrolled in either a Managed Care (MCO) or Fee for Service (FFS) model. OHCA contracted with the consulting firm Guidehouse to perform the actuarial work relating to this rule change. Guidehouse estimates the increased cost for MCO patients in FY27 will be $1,102,835. **OHCA does not provide any methodology for how this number was calculated in either the Rule Impact Statement or the response to the Request for Information.** The validity of this number is critical, as it is the starting point for all subsequent calculations. Additionally, the rule impact statement does not consider whether removing visit caps will result in a positive economic impact to providers or their patients due to increased visits.

Assuming the $1,102,835 figure is correct, the State would be responsible for 15 percent of the cost to the Managed Care population, based on the State's blended Medicaid rate. The State share would then be $161,539. When applying the cost to the 616,307 members enrolled in a MCO model as of November 2025, the impact would be an annual increased cost of $1.79 per member, of which the State would be responsible for $0.26.

OHCA then applies the ratios determined in the MCO model to the members enrolled in the Fee for Service (FFS) model. In November 2025 there were 408,058 members enrolled in the FFS model. Applying the $1.79 increase in cost per member to the number of enrolled members in the FFS model provides an estimated $730,189 in increased costs for this population. The State's share of the estimated expense is 34 percent of the total, equaling $248,264 for FY 2027.

Impact to Managed Care membership

$1,102,835	Total estimated increased cost of rule changes, based on 616,307 members
X 15%	State Medicaid share
= $161,539	estimated increased annual cost to the State for FY27

Impact to Fee for Service membership

$730,189	Total estimated increased cost of rule changes, based on 408,058 members
X 34%	State share
= $248,264	estimated increased annual cost to the State for FY27
$409,803	Combined estimated increased annual costs to State due to rule changes

By summing the State's share from both models ($161,539 and $248,264 respectively), it is estimated that the impact to the agency will be $409,803 annually**. OHCA failed to provide any justification for the original $1,102,835 in increased cost to the MCO model that was created by Guidehouse and is therefore insufficient for LOFT to evaluate the accuracy of any subsequent figures.**

Summary of attachments:
Checklist of Title 303.75 completion
RFI
RFI Responses

Section Reference	Requirement Description	Completion Status
Section 303(A)(1)	NRI to 'The Oklahoma Register'.	**12/15/2025**
Section 303(A)(2)	Hold comment period	**Yes**
Section 303 (A)(3)	Hold a Hearing, if required.	**1/21/2026**
Section 303 (A)(4)	Effect the various types of business and governmental entities.	**Yes**
Section 303 (A)(5)	Effect on the various types of consumer groups.	**Yes**
Section 303(A)(6)	Notice to the Governor and appropriate cabinet secretary.	**Yes**
Section 303(A)(6) Continued	Governor or Cabinet express disapproval?	**N/A**
	'Notice of Rulemaking Intent (NRI)	**Yes**
Section 303(B)	Requirements for the Oklahoma Register Publication	
Section 303 (B)	NRI in correct format?	**Yes**
Section 303 (C)	If a hearing was not originally scheduled, Did the public request a hearing?	**N/A**
Section 303(D)(1)	Issue a rule impact statement	**Major or nonmajor classification.**
Section 303(D)(2)	Consult with counties, municipalities, and school boards if revenue or expenditures are affected.	**Description of the rule.**
Section 303(D)(3)	**Rule Impact Statement Must include the following:**	**Classes of persons the rule will affect/who will bear the costs.**
Section 303(D)(3)(a)	Statement of need	**Yes**
D3B	Major or nonmajor classification.	**Yes**
D3C	Description of the rule.	**Yes**
D3D	Classes of persons the rule will affect/who will bear the costs.	**Yes**
D3E	Classes of persons the rule will benefit	**Yes**
D3F	A comprehensive analysis of the rule's economic impact	**Yes**
D3G	Methodology and assumptions used to determine the economic impact.	**Yes**
D3H	Economic impact on any political subdivisions	**Yes**
D3I	Economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act,	**Yes**
D3J	Cost and impact of the proposed rule on business and economic development in this state, local government units of this state, and individuals.	**Yes**
D3K	Effect of the proposed rule on the public health, safety, and environment.	**Yes**
D3L	Detrimental effect on the public health, safety, and environment if the proposed rule is not implemented	**Yes**
D3M	Date of preparation	**Dec. 31, 2025**
Section 303(D)(4)	Was Rule Impact Statement waived by Governor?	
	Adoption of rule possible If adopted in substantial compliance with Title 75, Section 303	

LOFT
LEGISLATIVE OFFICE OF FISCAL TRANSPARENCY

March 10th, 2026

Clay Bullard, Director
Oklahoma Health Care Authority
4345 North Lincoln Boulevard
Oklahoma City, Oklahoma, 73105-5101

Director Bullard,

I am reaching out today to The Oklahoma Health Care Authority with the Legislative Office of Fiscal Transparency's (LOFT) 1st official request for fulfillment of data and necessary information for evaluation on **proposed rule change APA WF #26-01**

The full authority and responsibilities of this office can be found in Oklahoma Statutes, Title 62, sections 8011-8015, but below is the section of statute pertaining to requests for information:

> *Each agency or institution of the state shall, upon request, furnish and make available to the Legislative Office of Fiscal Transparency all records, documents, materials, personnel, information or other resources the Office deems necessary to conduct performance evaluation as required by this act.* 62 O.S. § 8014 (A).

LOFT requests fulfillment of this request for information by the end of business on March 12, 2026. Please submit all responses via email to jeromy.knapp@okloft.gov. Our office strives to minimize agency time, so to the extent possible, we are requesting that existing records or documents be shared. Should any request create an undue burden on staff or require further clarification, please contact our office to discuss how this request can best be accommodated. Please provide working copies of any requested Excel documents and any associated computer models, spreadsheets, work papers and calculations used to prepare such documents; the spreadsheets and models should be provided in Excel-compatible format and be fully functional with all formulas intact. Should any changes or updates to information or data provided in response to this request for information occur, please provide a supplemental response with such updated information or data in as timely a manner possible.

Please be assured that in accordance with 62 O.S. § 8014, legally confidential documents provided to LOFT will retain their confidentiality with our office.

Respectfully,

_____

Jeromy Knapp
Economist / Financial Analyst

LOFT
LEGISLATIVE OFFICE OF FISCAL TRANSPARENCY

APA WF#26-01 Request to Oklahoma Health Care Authority for Information

Request Sent: 3/10/2026
Response Due: 3/12/2026

1-1 Please provide a detailed breakdown of the anticipated increase in utilization of the program that was used in determining the $1.8 million over five years estimated costs.

1-2 Account for the difference between the stated annual cost of $409,803 over five years ($2,049,015) and the Rule Impact Statement of $1.8 million cost over five years.

1-3 How many encounters per patient are expected with this rule change?

1-4 Is there an average number of visits needed per patient to resolve medically necessary issues related to these changes?

1-5 What is the average reimbursement amount for these services broken down by provider type?

1-6 Will there be an increased demand for providers in these areas because of the rule change? If so, how many providers are expected to be needed?

1-7 Has the agency used any other state as a model for this rule change?

OKLAHOMA
Health Care Authority

Clay Bullard | Chief Executive Officer

J. Kevin Stitt | Governor

March 12, 2026

Jeromy Knapp, Economist/Financial Analyst
Legislative Office of Fiscal Transparency
2300 North Lincoln Boulevard, Room 107
Oklahoma City, Oklahoma 73105

RE: APA WF #26-01 Removal of Physician Visit Limits

Mr. Knapp,

The following is submitted in response to your letter dated March 10, 2026, in which additional information was requested for APA WF #26-01 Removal of Physician Visit Limits.

LOFT Request for Information

1. Please provide a detailed breakdown of the anticipated increase in utilization of the program that was used in determining the $1.8 million over five years estimated costs.

   Guidehouse, an actuary firm that calculates managed care capitation rates for the agency, was tasked with assistance on this request. We applied some adjustment factors similar to the managed care population to our population to develop an estimated impact. We have a very small population of people currently utilizing our current limits on physician visits. This calculation was done in the aggregate using the numbers our actuaries calculated for the managed care population and applying the same logic to the fee-for-service population.

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
oklahoma.gov/ohca
mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767

	OV CAP REMOVAL			ENROLLMENT (NOV FAST FACTS)
	SFY26	SFY27		
MCO	$ 459,515	$ 1,102,835	MCO	616,307
STATE SHARE	$ 67,308	$ 161,539	FFS	408,058
			TOTAL	1,024,365
Blended state %	15%	15%		
MCO/MEMBER	0.745594322	1.789424751		
FFS	$ 304,246	$ 730,189		
STATE SHARE	$ 103,444	$ 248,264		

	TOTAL OV CAP REMOVAL	
	SFY26	SFY27
TOTAL	$ 763,761	$ 1,833,024
STATE SHARE	$ 170,752	$ 409,803

2. Account for the difference between the stated annual cost of $409,803 over five years ($2,049,015) and the Rule Impact Statement of $1.8 million cost over five years.

   The estimated annual cost of $409,803 represents the projected cost for a full year of implementation. Because the rule is expected to take effect partway through SFY 2026, the estimated cost for the first year is $170,752. This partial first-year impact reduces the total estimated cost over five years to approximately $1.8 million rather than $2,049,015.

3. How many encounters per patient are expected with this rule change?

   As many as are medically necessary.

4. Is there an average number of visits needed per patient to resolve medically necessary issues related to these changes?

   The number of visits required will vary based on the patient's medical condition and the clinical judgment of the provider. Services will continue to be provided based on medical necessity.

5. What is the average reimbursement amount for these services broken down by provider type?

   The fiscal analysis was conducted in the aggregate rather than broken out by provider type. However, to provide additional context on reimbursement levels, the table below identifies the most commonly billed procedure codes associated with these services and their current reimbursement rates.

CPT Code	Office Setting	Facility Setting
99202	$61.19	$40.68
99203	$95.84	$71.02
99204	$144.29	$115.69
99205	$190.74	$157.28
99211	$19.46	$7.59
99212	$48.07	$30.53
99213	$78.26	$57.22
99214	$110.42	$84.24

99215	$155.27	$124.51

6. Will there be an increased demand for providers in these areas because of the rule change? If so, how many providers are expected to be needed?

   The agency does not anticipate that this rule change will create a need for additional providers. The rule removes an administrative limit on physician visits, which may allow medically necessary services to be provided and reimbursed in situations where the current visit cap may have limited access or denied reimbursement to the provider who already supplied the service. However, services will continue to be provided based on medical necessity and the clinical judgment of the provider.

7. Has the agency used any other state as a model for this rule change?

   Oklahoma is one of the few remaining states with physician visit limits in rule. The proposed change aligns Oklahoma's policy with the approach used by most states, which do not maintain such limits.

Thank you,

Clay Bullard
Chief Executive Officer