

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: March 3, 2023

The proposed policy changes are currently in effect as Emergency Rules and must be promulgated as Permanent Rules. The proposed policy was presented at the March 1, 2022 Tribal Consultation. Additionally, this proposal was presented to the Medical Advisory Committee on July 14, 2022. Furthermore, this proposal will be presented at a Public Hearing scheduled for March 7, 2023. Finally, the proposed changes are scheduled to be presented as permanent rules to the OHCA Board of Directors on March 22, 2023.

SUMMARY: Removing Provider Panel Limits in the Patient Centered Medical Home (PCMH) — The proposed revisions will update the current member caps for Physicians, Advanced Practice Registered Nurses (APRN), and Physician Assistants (PA) participating in SoonerCare Choice as a Patient Centered Medical Home.

LEGAL AUTHORITY:

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 22-15

A. Brief description of the purpose of the rule:

The proposed revisions will remove member caps for Physicians, Advanced Practice Registered Nurses (APRN), and Physician Assistants (PA) participating in SoonerCare Choice Patient Centered Medical Home. Currently, policy only allows 2,500 members for each physician, 1,250 members for each APRN, and 1,250 members for each PA. The proposed revisions will remove the member caps, which will increase members' access to care. The aforementioned changes will align policy with the redesign of the PCMH model.

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:

The classes of persons that will be affected by these proposed rule changes are the SoonerCare Choice PCMH providers and the members who utilize the PCMH. These rule changes should not place any cost or burden on private or public entities. No information on any cost impacts were received from any entity.

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

The proposed rule changes will benefit SoonerCare Choice members. The removal of the member caps will increase access to care to PCMH providers.

- 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 probable impact of the proposed rule changes upon any classes of persons or political subdivisions.

- 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:

Agency staff has determined that the proposed changes are budget neutral.

- 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:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

- 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 Agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

- 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 are no other legal methods to achieve 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 changes are designed to reduce significant risks to the public health, safety, and environment. By removing the member caps, SoonerCare Choice members will have easier access to providers and care.

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

The Agency anticipates that in the absence of these rule changes, there could be an effect to public health, safety, and environment. If the member caps are not removed, it could cause potential access to care issues.

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

Prepared: June 17, 2022

RULE TEXT:

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 25. SOONERCARE CHOICE**

SUBCHAPTER 7. SOONERCARE

PART 1. GENERAL PROVISIONS

317:25-7-5. Primary care providers (PCPs)

For provision of health care services, the OHCA contracts with qualified PCPs. All providers serving as PCPs must have a valid SoonerCare Fee-for-Service contract as well as an exercised SoonerCare Choice addendum. Additionally, all PCPs, excluding provider or physician groups must agree to accept a minimum capacity of fifty (50) patients; provided, however, this does not guarantee PCPs a minimum patient volume. PCPs are limited to:

(1) **Physicians.** Any physician licensed to practice medicine in the state in which he or she practices who is engaged in a general practice or in family medicine, general internal medicine or general pediatrics may serve as a PCP. Out-of-state PCPs are required to comply with all access standards imposed on Oklahoma physicians, as well as Oklahoma Administrative Code (OAC) 317:30-3-89 through 317:30-3-92.

~~(A) For physicians serving as SoonerCare Choice PCPs, the State caps the number of members per physician at two thousand, five hundred (2,500). If a physician practices at multiple sites, the capacity at each site is determined based on the number of hours per week the physician holds office hours, not to exceed one (1) FTE. Thus, the physician cannot exceed a maximum total capacity of two thousand, five hundred (2,500) members.~~

~~(B) In areas of the state where cross-state utilization patterns have developed because of limited provider capacity in the state the OHCA may authorize contracts with out-of-state~~

~~providers for PCP services. Out-of-state PCPs are required to comply with all access standards imposed on Oklahoma physicians, as well as Oklahoma Administrative Code (OAC) 317:30-3-89 through 317:30-3-92.~~

(2) **Advanced Practice Registered Nurses (APRNs).** APRNs who have prescriptive authority may serve as PCPs for the Primary Care Case Management delivery system if licensed to practice in the state in which he or she practices. ~~APRNs who have prescriptive authority may serve as PCPs for a maximum number of one thousand, two hundred and fifty (1,250) members.~~

(3) **Physician Assistants (PAs).** PAs may serve as PCPs if licensed to practice in the state in which he or she practices. ~~PAs may serve as PCPs for a maximum number of one thousand, two hundred and fifty (1,250) members.~~

(4) **Indian Health Service (IHS) Facilities and Federally Qualified Health Center (FQHC) provider groups and Rural Health Clinics (RHC).**

(A) IHS facilities whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements at OAC 317:30-5-1088 may serve as PCPs.

(B) FQHCs whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements in OAC 317:30-5-660.2 may serve as PCPs.

(C) RHCs whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements in OAC 317:30-5-355 may serve as PCPs.

(5) **Provider or physician group capacity and enrollment.**

(A) Provider or physician groups must agree to accept a minimum enrollment capacity and ~~may not exceed two thousand, five hundred (2,500) members per physician participating in the provider group of fifty (50) members.~~

~~(B) If licensed PAs or APRNs are members of a group, the capacity may be increased by one thousand, two hundred and fifty (1,250) members if the provider is available full-time.~~

~~(C)~~(B) Provider or physician groups must designate a medical director to serve as the primary contact with OHCA.