

## **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 23, 2025

The proposed policy changes are Emergency Rules. The proposed policy changes were presented at the Tribal Consultation held on March 4, 2025. Additionally, the proposed rules are scheduled to be presented to the Medical Advisory Committee on May 1, 2025 and the OHCA Board of Directors on May 21, 2025.

**REFERENCE: APA WF #25-08**

### **SUMMARY**

**Birth Centers and Licensed Midwives** - The proposed policy changes establish coverage and reimbursement methodologies for birth centers and licensed midwives. Senate Bill 1739 of the 2024 legislative session, found in statute at 36 O.S. 6060.3, 63 O.S. 1-701, 63 O.S. 1-702a, 63 O.S. 3129, and 63 O.S. 5029.1, removed the state license requirement for birth centers and directed OHCA to cover the services of freestanding birth centers, certified nurse midwives, and licensed midwives. The proposed changes allow for coverage of birth center and licensed midwives' services for normal, uncomplicated, low-risk births. Birth centers must be accredited by the Commission for the Accreditation of Birth Centers (CABC). Licensed midwives must be Certified Midwives or Certified Professional Midwives who are licensed by the Oklahoma State Department of Health (OSDH) to provide midwifery services. Birth centers will be reimbursed a facility charge determined by the Ambulatory Payment Classification (APC) fee schedule. Licensed midwives will be reimbursed 80% of the physician fee scheduled for services within their scope of practice as defined by state law. These proposed changes are expected to be budget neutral due to a shift in billing provider type.

### **LEGAL AUTHORITY**

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 36 O.S. 6060.3; 63 O.S. 1-701; 63 O.S. 1-702a; 63 O.S. 3129; 63 O.S. 5029.1

### **RULE IMPACT STATEMENT**

#### **STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY**

**SUBJECT:** Rule Impact Statement  
APA WF # 25-08

A. Brief description of the purpose of the rule:

The proposed policy revisions establish coverage, guidelines, and reimbursement for birthing centers and licensed midwives, as directed by SB1739 (2024). Coverage will include birthing center services for normal, uncomplicated, low-risk births and licensed midwives' services within scope of practice as defined by state law. Birthing centers must be accredited by the CABC. Licensed midwives must be Certified Midwives or Certified Professional Midwives who are licensed by OSDH to provide midwifery services. Birthing centers will be reimbursed facility charge determined by the APC fee schedule. Licensed midwives will be reimbursed 80% of the physician fee schedule for services within their scope of practice as defined by state law.

- 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:

Birthing centers, licensed midwives, certified nurse midwives, and SoonerCare members who choose to receive services from any of those providers will be affected by this rule.

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

The proposed policy changes allow new coverage that will benefit SoonerCare members who choose to receive services from a birthing center or licensed midwife. The proposed changes establish reimbursement for birthing centers and licensed midwives.

- 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 proposed changes are budget neutral due to a shift in billing provider.

- 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 will not have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule.

- 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 businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

- 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 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:

The Agency does not anticipate any detrimental effect on the public health, safety, or environment if the proposed rule changes are not implemented.

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

Prepared: February 6, 2025

Modified: February 11, 2025; February 21, 2025

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY**  
**CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE**  
**SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES**

**PART 19. CERTIFIED NURSE MIDWIVES**

**317:30-5-229. Reimbursement**

In accordance with the Omnibus Budget Reconciliation Act of 1993, effective October 1, 1993, certified nurse midwife services include maternity services, as well as services outside the maternity cycle within the scope of their practice under state law.

~~(1) Medical verification of pregnancy is required. A written statement from the physician or certified nurse midwife verifying the applicant is pregnant and the expected date of delivery~~

is acceptable. Pregnancy may also be verified by submission of a copy of a laboratory report indicating the individual is pregnant.

~~(2) Newborn charges billed on the mother's person code will be denied.~~

(31) Providers must use ~~OKDHS Form FSS NB 1~~ or the eNB1 application on the Secure Website to notify the county DHS office of the child's birth the NODOS/NB1 form (found on the OHCA website at <https://oklahoma.gov/ohca/providers/forms.html>) for a newborn child delivered by a SoonerCare member. A claim may then be filed for charges for the newborn under the case number and the newborn's name and assigned person code. Newborn charges billed on the mother's person code will be denied.

(42) Obstetrical care should be billed using the appropriate CPT codes for Maternity Care and Delivery. The date of delivery should be used as the date of service for charges for total obstetrical care. Inclusive dates of care should be indicated on the claim form as part of the description. The date the patient was first seen must be on the claim form. Payment for total obstetrical care includes all routine care performed by the attending provider. For payment of total OB care, the provider must have provided care for more than one trimester. To bill for prenatal care only, the claim is filed after the member leaves the provider's care. Payment for routine or minor medical problems will not be made separately to the OB provider outside of antepartum visits. The antepartum care during the prenatal care period includes all care by the OB provider except major illness distinctly unrelated to the pregnancy.

## **PART 87. BIRTHING CENTERS**

### **317:30-5-890. Eligible providers**

Eligible providers are freestanding birthing centers that are not currently licensed as a hospital and meet the following requirements:

- (1) Must be accredited by the Commission for the Accreditation of Birth Centers (CABC);
- (2) Have a current contract with the Oklahoma Health Care Authority;
- (3) Have a current written agreement with a board-certified Obstetrician-Gynecologist (OB-GYN) to provide coverage for consultation, collaboration, or referral services;
- (4) Have a current clinical director who is a physician, certified nurse midwife (CNM), advanced practice registered nurse (APRN), or licensed midwife and is responsible for establishing patient protocols and other functions as defined in requirements for state licensure. This individual may, or may not, be the physician providing individual patient coverage for consultation, collaborative, or referral service; and
- (5) Have a written agreement with a referral hospital which is a Class II hospital. Class II hospital is defined as a facility with 24-hour availability of OB-GYN and capability of performing a C-section within 30 minutes of the decision to operate. The 30-minute timeframe is subject to each hospital's unique circumstance, logistical issues that include, but are not limited to, obtaining informed consent, transporting the patient, and any other potential problems that may arise.

### **317:30-5-890.1. Definitions**

The following words or terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

- (1) "Birthing center" means a freestanding facility, place, or institution, which is maintained

or established primarily for the purpose of providing services of a licensed midwife, certified nurse-midwife, or licensed medical doctor to assist or attend a woman in delivery and birth, and where a woman is scheduled in advance to give birth following a normal, uncomplicated, low-risk pregnancy.

(2) “Certified Midwife” means an individual with a non-nursing graduate degree, educated in midwifery, and certified by the American Midwifery Certification Board (AMCB) who is not a Nurse-Midwife.

(3) “Certified Nurse Midwife” means a person educated in the discipline of nursing and midwifery, certified by the American College of Nurse-Midwives (ACNM), and licensed by the state to engage in the practice of midwifery and as an Advanced Practice Registered Nurse (APRN).

(4) “Certified Professional Midwife” means an individual that graduated from an accredited midwifery program or apprenticeship and is certified by the North American Registry of Midwives (NARM).

(5) “Licensed Midwife” means a Certified Professional Midwife or Certified Midwife who is licensed by the state under 59 O.S. § 3040.6 to engage in the practice of midwifery.

(6) “Low-risk” means a normal, uncomplicated pregnancy with expectation of a normal, uncomplicated birth as defined by generally accepted criteria of maternal and fetal health.

(7) “Newborn” means an infant during the first 28 days following birth.

(8) “Normal” means, as applied to pregnancy, labor, delivery, the postpartum period, and the newborn period, circumstances under which a licensed provider has determined that the member does not have a condition that requires obstetrical intervention.

### **317:30-5-891. Coverage by category**

(a) **Adults and children.** Birthing center services for adults are covered and includes admission to the birthing center of low-risk, normal, uncomplicated pregnancies, with an anticipated normal, spontaneous vaginal delivery for the period of labor and delivery.

(b) **Newborn.** Coverage for newborns includes those services within the scope of practice of the provider as defined by state law.

(c) **Individuals eligible for Part B of Medicare.** Birthing center services provided to Medicare eligible recipients should be billed directly to the fiscal agent.

### **317:30-5-892. Reimbursement**

Birthing centers will be reimbursed a facility charge determined by the Ambulatory Payment Classification (APC) fee schedule maintained by CMS. The facility charge represents payment in full for birthing center services. Separate payment will be made for lab services and midwife or physician obstetrical care, delivery, and postpartum care as appropriate.

### **317:30-5-893. Billing**

Billing for birthing center services will be on UB-04. Claims must be submitted in accordance with guidelines found at OAC 317:30-3-11 and 317:30-3-11.1.

## **PART 116. LICENSED MIDWIVES**

### **317:30-5-1135. Eligible Providers**

Eligible Providers shall:

(1) Have and maintain one of the following midwifery certifications:

(A) Certified Midwife certification issued by the American Midwifery Certification Board (AMCB) or;

(B) Certified Professional Midwife issued by the North American Registry of Midwives (NARM).

(2) Have and maintain a current license by the Oklahoma State Department of Health as described in Section 3040.6 of Title 59 of Oklahoma Statutes and OAC 310:395-7-2; and

(3) Have a current contract with the Oklahoma Health Care Authority (OHCA).

### **317:30-5-1236. Covered Services**

(a) **Adults and children.** OHCA covers medical services (as described in OAC 317:30-5, Part 1, Physicians) provided in a birthing center by a licensed midwife when rendered within their licensure and scope of practice as defined by state law and regulations. Coverage includes obstetrical care such as antepartum care, delivery, postpartum care, and care of the normal newborn.

(b) **Newborns.** OHCA covers medical services for newborns (as described in OAC 317:30-5, Part 1, Physicians) provided in a birthing center by a licensed midwife when rendered within their licensure and scope of practice as defined by state law and regulations. Services are covered for the newborn during the first six (6) weeks following birth, unless care is transferred to a physician or advanced practice registered nurse specializing in the care of infants and children.

(c) **Limitations.** Medical services rendered by licensed midwives are subject to the same limitations described in OAC 317:30-5, Part 1, Physicians. There is no coverage for home births.

### **317:30-5-1237. Reimbursement**

(a) **Payment.** Payment for covered services (as described in OAC 317:30-5-1226) to eligible providers (as described in OAC 317:30-5-1225) shall be made when the same service would have been covered if ordered or performed by a physician.

(1) Payment to licensed midwives is made at 80% of the physician fee schedule for the rendered service. Payment for lab and imaging services ordered by licensed midwives is made at 100% of the physician fee schedule.

(b) **Billing.**

(1) **Adults and children.** Obstetrical care should be billed using the appropriate CPT codes for Maternity Care and Delivery. The date of delivery should be used as the date of service for charges for total obstetrical care. Inclusive dates of care should be indicated on the claim form as part of the description. The date the patient was first seen must be on the claim form. Payment for total obstetrical care includes all routine care performed by the attending provider. For payment of total OB care, the provider must have provided care for more than one trimester. To bill for prenatal care only, the claim is filed after the member leaves the provider's care. Payment for routine or minor medical problems will not be made separately to the OB provider outside of antepartum visits. The antepartum care during the prenatal care period includes all care by the OB provider except major illness distinctly unrelated to the pregnancy.

(2) **Newborns.** Providers must complete the NODOS/NB1 form (found on the OHCA website at <https://oklahoma.gov/ohca/providers/forms.html>) for a newborn child delivered

by a SoonerCare member. A claim may then be filed for charges for the newborn under the case number and the newborn's name and assigned person code. Charges billed on the mother's person code for services rendered to the child will be denied.

## **PART 114. DOULA SERVICES**

### **317:30-5-1217. General coverage**

#### **(a) Covered benefits.**

(1) **Prenatal/postpartum visits.** There is a total of eight (8) visits allowed for the member. The doula must work with the member to determine how best to utilize the benefit to meet the needs of the member.

(2) **Labor and delivery.** There is one (1) visit allowed, regardless of the duration.

#### **(b) Visit requirements.**

(1) The minimum visit length is sixty (60) minutes.

(2) Visits must be face-to-face.

(A) Prenatal and postpartum visits may be conducted via telehealth.

(B) Labor and delivery services may not be conducted via telehealth.

#### **(c) Service locations.**

##### **(1) Prenatal and postpartum.**

(A) Doulas must coordinate directly with the member and their family to determine the most appropriate service location for prenatal and postpartum visits.

(B) Service locations may include the following:

(i) Member's place of residence;

(ii) Doula's office;

(iii) Physician's office;

(iv) Hospital; or

(v) In the community.

(2) **Labor and delivery services.** There is no coverage for home birth(s).

(d) **Referral requirements.** Doula services must be recommended by a physician or other licensed practitioner of the healing arts who is operating within the scope of their practice under State law.

(1) The following providers may recommend doula services:

(A) Obstetricians;

(B) Certified Nurse ~~Midwives~~ Midwives;

(C) Physicians;

(D) Physician Assistants; ~~or~~

(E) ~~Certified Nurse Practitioners~~ Advanced Practice Registered Nurses; or

(F) Licensed Midwives.

(2) The SoonerCare Referral Form must be completed and submitted, noting the recommendation for doula services.

#### **(e) Prior authorization (PA) requirements.**

(1) A PA is not required to access the standard doula benefit package.

(2) A PA may be submitted, for members with extenuating medical circumstances, if there is need for additional visits beyond the eight (8) prenatal/postpartum visits.

(f) **Medical records requirements.** The medical record must include, but is not limited to, the following:

- (1) Date of service;
- (2) Person(s) to whom services were rendered;
- (3) Start and stop time for the service(s);
- (4) Specific services performed by the doula on behalf of the member;
- (5) Member/family response to the service;
- (6) Any new needs identified during the service; and
- (7) Original signature of the doula, including the credentials of the doula.

(g) **Auditing review.** All doula services are subject to post-payment reviews and audits by the OHCA.

(h) **Reimbursement.**

(1) All doula services, that are outlined in Part 114 of this Chapter, are reimbursed per the methodology established in the Oklahoma Medicaid State Plan.

(2) There are no allotted incentive payments.