

## PUBLIC NOTICE

Pursuant to Sections 440.386, 447.57, and Section 447.205 of Title 42 of the Code of Federal Regulations, the Oklahoma Health Care Authority (OHCA) is required to provide public notice of proposed state plan amendments (SPA) that seek to modify existing premiums or cost sharing amounts or substantially modify the existing Expansion Adult Alternative Benefit Plan (ABP). Notices were sent to tribal providers of Indian Health Service, tribal government(s), and urban Indian health program (I/T/U) to inform them of the proposals on October 19, 2021, December 23, 2022, and February 24, 2023. The proposed changes were presented at the Tribal Consultation meetings on November 2, 2022, January 3, 2023, and March 7, 2023, at 11AM via teleconference.

### **Title XIX American Rescue Plan (ARP) Assurances; Effective March 11, 2020, contingent upon CMS approval.**

The Agency is pursuing time-limited state plan authority to assure coverage and reimbursement without cost sharing for all full-scope Title XIX individuals as well as Title XXI individuals (inclusive of Soon-to-be-Sooners) through September 30, 2024, for the following COVID-19 countermeasures: vaccine administration; testing; treatment including specialized equipment and therapies (including preventive therapies and drugs), pharmacological, non-pharmacological; and treatments for a condition that may seriously complicate COVID-19 treatment. Further, the State will attest that items and services are provided without amount, duration, or scope limitations that would otherwise apply when items and services are covered for purposes other than COVID-19-related treatment.

The SPA will also assure coverage and reimbursement without cost sharing for individuals receiving Family Planning or Tuberculosis through September 30, 2024, for COVID-19 vaccine and vaccine administration.

The Agency will continue to comply with the Public Readiness and Emergency Preparedness (PREP) Act declaration and amendments with respect to the providers that are considered qualified to prescribe, dispense, administer, and delivery and/or distribute COVID-19 vaccines.

The Agency's payment rate for COVID-19 vaccine administration in cases where vaccine administration is separately reimbursable at a fee amount will follow the national Medicare rates, without geographic adjustment, in effect when the service is provided. Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology. Reimbursement for COVID-19 diagnostic and screening testing as well as treatment and therapies will be reimbursed per the methodologies established in the State Plan.

### **Adult Expansion Alternative Benefit Plan (ABP) Benefits & Delivery System Update; Effective: February 1, 2023, contingent upon CMS approval.**

The Oklahoma Health Care Authority (OHCA) seeks to add the proposed medical Managed Care Organizations (MCOs) and Prepaid Ambulatory Health Plans (PAHP) service delivery systems, SoonerSelect, to the Adult Expansion Alternative Benefit Plan (ABP). The OHCA will contract directly with managed care entities (MCEs) to provide risk-based comprehensive health care benefits to expansion adult members throughout the State in accordance with: the State Plan; the 1115 Institutions for Mental Diseases (IMD) Waiver for Serious Mental Illness (SMI)/Substance Use Disorder (SUD) Demonstration,

for certain behavioral health services; and federal managed care rules, as delineated in Title 42 Section 438 of the Code of Federal Regulations.

### **Covered Benefits**

The SoonerSelect managed care delivery system will preserve and enhance covered services for expansion adults. All Medicaid-covered benefits as described in the Alternative Benefit Plan be provided to expansion adults by SoonerSelect MCEs (medical MCOs/health plans and dental PAHPs). Covered benefits for the SoonerSelect programs are described in detail in the SoonerSelect, SoonerSelect Children's Specialty Program, and SoonerSelect Dental Program RFPs.

MCEs will also coordinate with providers of benefits outside of the SoonerSelect capitation to promote service integration and the delivery of holistic, person- and family-centered care.

MCEs may offer value-added benefits and services in addition to the capitated benefit package to support the health, wellness, and independence of health plan enrollees and to advance the OHCA's objectives through SoonerSelect. This may include, but is not limited to vision, DME, transportation, pharmacy, and physician services for health plan enrollees in excess of fee-for-service program limits. Value-added benefits and services, if offered, shall not be included in determining the contractor's capitation rates.

In accordance with 42 C.F.R. § 438.3(e), MCEs may provide services or settings that are in lieu of services or settings covered under the State Plan if:

- The contractor has proposed any in lieu of services or settings in its response to the solicitation and OHCA determines that the proposal is a medically appropriate and cost-effective substitute for the covered service or setting under the State Plan; and
- The health plan enrollee is not required by the contractor to use the alternative service or setting.

Examples of in lieu of services include, but are not limited to:

- Applied Behavior Analysis
- Multi Systemic Therapy

MCEs will develop strategies to address Social Determinants of Health affecting SoonerSelect members. MCEs may also offer value-added benefits to support the member's health, wellness, and independence and advance the OHCA's objectives for the program.

The OHCA will make a PMPM capitation payment to the SoonerSelect plans. Programmatic changes that affect PMPM costs will result in an adjustment to the rates, as appropriate, to be calculated by OHCA's consulting actuary.

### **Cost Sharing**

SoonerSelect MCEs and their network providers (participating providers) may charge enrollees only the amounts allowed by the OHCA. The participating provider shall accept payment made by the contractor as payment in full for covered services, and the participating provider shall not solicit or accept any surety or guarantee of payment from the health plan enrollee, OHCA, or the State.

Any cost sharing imposed by the MCEs shall be in accordance with Medicaid Fee-for-Service requirements as outlined in OHCA State Plan and 42 C.F.R. §§ 447.50 through 447.56.

MCEs shall not impose premiums on any SoonerSelect enrollees. In accordance with 42 C.F.R. § 447.56, the contractor shall not impose cost sharing upon any of the following:

- Health plan enrollees under age 21;
- Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age;
- Pregnant women;
- Health plan enrollees receiving hospice care, as defined in section 1905(o) of the Act; and
- An AI/AN health plan enrollee who is eligible to receive or has received an item or service furnished by an IHCP or through referral under purchase and referred care is exempt from premiums. AI/AN Health plan enrollees who are currently receiving or have ever received an item or service furnished by an IHCP or through referral under purchase and referred care are exempt from all cost sharing.
- Emergency services;
- Family planning services and supplies;
- Preventive services, which includes, at minimum the services specified at 42 C.F.R. § 457.520 provided to children under 18 years of age regardless of family income, which reflect the well-baby and well-child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics;
- Pregnancy-related services; and
- Provider-preventable services.

In accordance with 42 C.F.R. § 447.56(f), a health/dental plan enrollee's total cost sharing shall not exceed five percent of the health/dental plan enrollee's household income applied on a monthly basis. The contractor shall report health/dental plan enrollee cost sharing according to a process defined by the OHCA. The OHCA will aggregate the contractor's cost sharing data with household cost sharing and health/dental plan enrollee cost sharing incurred for any benefits and will notify MCEs when a health plan enrollee has met the five percent aggregate limit. MCEs shall ensure that copayments are not deducted from provider claims reimbursement through the end of the month. Health plan enrollees and providers will be notified when the aggregate limit has been met and that cost sharing will not apply for the remainder of the month.

## **Enrollment**

As part of the managed care delivery system, expansion adult members will select and enroll in a SoonerSelect MCE (also referred to as Managed Care Organizations (MCOs) or Health Plans) for medical, behavioral, pharmacy, and care coordination services. Members will also select and enroll in a SoonerSelect Dental MCE, or PAHP, for dental services.

Expansion Adult members will be mandatorily enrolled with a medical and dental managed care entity; however, American Indian/Alaskan Native (AI/AN) expansion adults will have the option to voluntarily enroll in the SoonerSelect Medical program through an opt-in process.

Expansion adults will have sixty (60) days to select a medical MCE prior to the start of coverage under the SoonerSelect Medical program. Subsequent to program implementation, expansion adults will have an opportunity to select a medical MCE on their application. Expansion adults who do not make an election within the allowed timeframe will be automatically assigned to a medical MCE.

Expansion adults who apply within the first (1st) day of the month through the fifteenth (15th) day of the month will be enrolled effective on the first (1st) day of the following month. Expansion adults who select or are assigned to a dental PAHP on the sixteenth (16th) day of the month through the last day of the month will be enrolled effective on the first day of the second following month.

Expansion adults may change their assigned medical MCE within ninety (90) days of enrollment or ninety (90) days within receiving notification of enrollment, whichever is later and may also change their medical MCE during the annual open enrollment period.

A medical MCE may not refuse an assignment or seek to disenroll an enrollee or otherwise discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability and may not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin, sex, sexual orientation, gender identity, or disability. A medical MCE may not discriminate against an enrollee in enrollment, disenrollment, or re-enrollment on the basis of expectations that the individual will require frequent or high-cost care, or on the basis of health status or need for health care services or due to an adverse change in the individual's health.

Individuals during a period of presumptive eligibility and individuals that remain enrolled due to the continuous enrollment and maintenance of effort (MOE) requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) are excluded from MCO enrollment.

American Indian/Alaskan Native (AI/AN) individuals eligible as Expansion Adult members who do not opt-in to the SoonerSelect managed care program may elect to enroll in the current Primary Care Case Management (PCCM) service delivery system, the Patient Centered Medical Home (PCMH), with a SoonerCare Choice provider, or an Indian Health Services (IHS), tribal, or urban Indian (I/T/U) clinic SoonerCare Choice provider as their primary care provider. Additionally, these members are eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Benefits will be reimbursed through the State's fee-for-service (FFS) methodology in which providers are eligible to receive a per member per month (PMPM) care coordination payment.

The Agency intends to submit the SPA to the Centers for Medicare & Medicaid Services (CMS) on or after June 1, 2023.

Interested persons may visit [oklahoma.gov/ohca/policies-and-rules/public-notice](https://oklahoma.gov/ohca/policies-and-rules/public-notice) to view a copy of the public notice(s) and visit [oklahoma.gov/ohca/policies-and-rules/proposed-changes](https://oklahoma.gov/ohca/policies-and-rules/proposed-changes) to view a copy of the proposed state plan amendment and a link to provide public comments on the proposal. Persons wishing to present their views in writing or obtain copies of the proposed state plan amendment may do so via mail by writing to: Oklahoma Health Care Authority, Federal Authorities Unit, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105, or by email at [federal.authorities@okhca.org](mailto:federal.authorities@okhca.org). Written comments or requests for copies of the proposed state plan amendment will be accepted by contacting OHCA as indicated. Comments submitted through the OHCA policy blog will be available for review online at [oklahoma.gov/ohca/policies-and-rules/proposed-changes](https://oklahoma.gov/ohca/policies-and-rules/proposed-changes). Other written comments are available upon request at [federal.authorities@okhca.org](mailto:federal.authorities@okhca.org). Comments will be accepted from May 12 through June 11, 2023.

The Agency solicited input from Oklahoma's tribal representatives regarding the proposed changes herein in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009 and in accordance with the Oklahoma State Plan tribal consultation policy. The Agency also assures that individuals under twenty-one (21) years of age, pursuant to EPSDT federal regulations, Section 440.345 of Title 42 of the Code of Federal Regulations and 1905(r) of the Social Security Act, may receive additional services if determined medically necessary.