January 31, 2022

Melody Anthony
State Medicaid Director
Chief Executive Officer
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

The Centers for Medicare & Medicaid Services (CMS) is approving Oklahoma’s (the “state”) request to amend the section 1115(a) demonstration titled, “SoonerCare” (Project Number 11-W-00048/6) (the “demonstration”), in accordance with section 1115(a) of the Social Security Act (the Act). Approval of this amendment, in conjunction with the approval of the Insure Oklahoma Phase-Out Plan, will enable the state to modify the Insure Oklahoma Individual Plan (IO IP) benefit package to be equivalent to the state’s approved Alternative Benefit Package (ABP) for the state plan adult group as of July 1, 2021. This approval is effective January 31, 2022 through December 31, 2023, upon which date, unless extended or otherwise amended, all authorities granted to operate this demonstration will expire.

On the basis of section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) (the “continuous coverage” provision), Oklahoma has maintained coverage under the demonstration for individuals who, but for the continuous coverage provision, would have been terminated from the demonstration due to excess income under the eligibility criteria for the demonstration. Under this amendment, these individuals, who are not eligible for coverage under the State plan adult group expansion that took effect on July 1, 2021, will continue to receive benefits under section 1115(a)(2), while individuals previously covered under this demonstration who are now eligible under the State plan adult group expansion will receive benefits under the Alternate Benefit Package (ABP) that applies to that group. Upon the expiration of the COVID-19 public health emergency (PHE), the state will determine eligibility for those individuals in the IO IP who have incomes over 133 percent federal poverty level (FPL) who Oklahoma has maintained enrollment in the demonstration on the basis the continuous coverage provision, but for the continuous coverage provision, would have been terminated due to excess income.

In conjunction with the State Plan Amendment (SPA 21-0001) for the adult group expansion, this amendment is updating the STCs to include the benefits that will be the same as the state’s currently approved Alternative Benefit Package (ABP), and will be listed as an attachment. The Oklahoma ABP will provide expansion adults in IO IP with all currently available adult State
Plan benefits and some additional required essential health benefits (EHB). Therefore the demonstration benefits for non-State plan eligible individuals covered under section 1115(a)(2) will mirror the ABP for the adult group within the state plan.

CMS’s approval of this section 1115(a) demonstration amendment and phase-out plan is subject to the limitations specified in the attached waiver authorities, Special Terms and Conditions (STCs), and any supplemental attachments defining the nature, character, and extent of federal involvement in this project. The state may deviate from the Medicaid state plan requirements only to the extent those requirements have been specifically listed as waived under the demonstration.

Consistent with CMS requirements for systematic monitoring and robust evaluation of section 1115 demonstrations, the state will be required to incorporate the amendment into the demonstration’s monitoring and evaluation deliverables, as applicable.

**Consideration of Public Comments**

To increase the transparency of demonstration projects, sections 1115(d)(1) and (2) of the Act direct the Secretary to issue regulations providing for two periods of public comment on a state’s application for a section 1115 demonstration that would result in an impact on eligibility, enrollment, services, cost-sharing, or financing. The first comment period occurs at the state level before submission of the section 1115 application, and the second comment period occurs at the federal level after the application is received by the Secretary.

Section 1115(d)(2)(A) and (C) of the Act further specify that comment periods should be “sufficient to ensure a meaningful level of public input,” but the statute imposed no additional requirement on the states or the Secretary to address those comments, as might otherwise be required under a general rulemaking. Accordingly, the implementing regulations issued in 2012 provide that CMS will review and consider all comments received by the deadline, but will not necessarily provide written responses to all public comments (42 CFR 431.416(d)(2)).

The federal comment period opened on December 1, 2020 and closed on December 31, 2020. CMS received two comments during the federal public comment period, but both comments did not pertain to the amendment request. CMS has concluded that the demonstration is likely to advance the objectives of Medicaid by supporting the state in enhancing access to affordable coverage and aligning policies with the approved eligibility expansion, effective July 1, 2021.

The award is subject to CMS receiving written acceptance of this award within 30 days of the date of this approval letter. Your project officer Ms. Kelsey Smyth is available to answer any questions concerning implementation of the state’s section 1115(a) demonstration, and her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-25-26  
7500 Security Boulevard
We appreciate your state’s commitment to improving the health of people in Oklahoma, and we look forward to our continued partnership on the Oklahoma SoonerCare section 1115(a) demonstration. If you have questions regarding this approval, please contact Ms. Judith Cash, Director, State Demonstrations Group, Center for Medicaid and CHIP Services, at (410) 786-9686.

Sincerely,

Daniel Tsai
Deputy Administrator and Director

Enclosure

cc: Laura DAngelo, State Monitoring Lead, Medicaid and CHIP Operations Group