Waiver Projects Currently Undergoing Application, Renewal, or Amendment

2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Public Notice and Amended Application

Purpose of this Webpage

In accordance with federal and state law, the Oklahoma Health Care Authority as the single state Medicaid agency, must notify the public of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) any new 1115 demonstration waiver project or extension renewal or amendment to any previously approved demonstration waiver project. This is an expedited comment period of 7 days. Additional comments may be made at the CMS website for an additional 30 days (see the link below).

Public notices, including the description of the new 1115 Demonstration Waiver project or, extension renewal or amendment to an existing demonstration waiver project to be submitted to CMS, will be posted here along with links to the full public notice and the amendment document to be submitted to CMS.

The full public notices will include:

- The address, telephone number and internet address where copies of the new demonstration waiver project or extension or amendment document is available for public review and comment,
- The postal address where written comments can be sent,
- The minimum expedited 7 day time period in which comments will be accepted,
- The locations, dates and times of at least two public hearings convened by the State to seek input, (at least one of the two required public hearings will use telephonic and/or Web conference capabilities to ensure statewide accessibility to the public hearing.)
- and Medicaid.gov 1115 Demonstrations received by CMS during their 30-day public comment period after the amendment has been submitted to CMS.

Comments may be provided during scheduled public hearings or in writing during the public comment period. To submit comments, write to:

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd,
Oklahoma City, OK.73105

The State held one public hearing during the public comment period.

SoonerCare Choice and Insure Oklahoma Waiver Amendment Public Hearing
January 18, 2018 at 1:00p.m.

Medical Advisory Committee Meeting
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Blvd, Oklahoma City, OK.

If you need this material in an alternative format, such as large print, please contact the Communications Division at 405-522-7300

SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver Public Notice and Amended Application

View or print the amended application to be submitted to CMS for SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver (PDF, new window)

1115 Supplemental Payment Amendment

The Demonstration application may also be viewed from 8:00 AM – 4:00 PM Monday through Friday at:

Oklahoma Health Care Authority
Federal and State Policy Division
4345 N. Lincoln Blvd,
Oklahoma City, OK.73105
Contact: Bill Garrison

Public Notice

View or print public comments regarding SoonerCare Choice and Insure Oklahoma 1115 Demonstration Waiver amended application (PDF, new window)

1115(a) Demonstration Waiver Supplemental Payment Amendment

- View comments that others have submitted (see link above).
- Public comments may be submitted until midnight on Monday, January 22, 2018. Comments may be submitted by agency blog or by regular mail to:

  Oklahoma Health Care Authority
  Federal and State Policy Division
  4345 N. Lincoln Blvd,
  Oklahoma City, OK.73105

The Oklahoma Health Care Authority (OHCA) as the single state Medicaid agency is providing public notice of its intent to submit to the Centers of Medicare and Medicaid Services (CMS) a written request to amend the SoonerCare Choice and Insure Oklahoma 1115 Demonstration waiver and to hold public hearings to receive comments on the amendments to the Demonstration.

With this amendment request, OHCA seeks approval of the following modifications to the demonstration for the 2018 extension period:

1. Modify the Special Terms and Conditions (STC) to add qualifying supplemental payments to (a) Oklahoma public universities and/or federally recognized entities that offer qualified physician (M.D. and D.O.) Oklahoma based residency training programs in recognition of the higher cost associated with these programs for physician recruitment and training to maintain sufficient access to quality preventive, primary and specialty healthcare for SoonerCare members and (b) to offer an OHCA approved physician qualified loan repayment program;
2. Modify the waiver language to add hypothesis and evaluation criteria to test and measure the adequacy and sufficiency of the proposed program; and
3. Modify the expenditure authority to add expenditures related to services provided under the program.

The State does not request any additional waivers to implement the changes to the Demonstration:

The State will not seek to change the current waiver list.

Waiver List

- **Statewideness/Uniformity Section**
  § **1902(a)(1)**
  To enable the state to provide Health Access Networks (HANs) only in certain geographical areas of the State.

- § **1902(a)(23)(A)**
  To enable the state to restrict beneficiaries' freedom of choice of care management providers, and to use selective contracting that limits freedom of choice of certain provider groups to the extent that the selective contracting is consistent with beneficiary access to quality services. No waiver of freedom of choice is authorized for family planning providers.

- § **1902(a)(34)**
  To enable the state to waive retroactive eligibility for demonstration participants, with the exception of Tax Equity and Fiscal Responsibility Act (TEFRA) and Aged, Blind, and Disabled populations.

Expenditure Authorities

- **Demonstration Population 5.** Expenditures for health benefits coverage for individuals who are "Non-Disabled Low Income Workers" age 19–64 years who work for a qualifying employer and have no more than 200 percent of the federal poverty level (FPL), and their spouses.
- **Demonstration Population 6.** Expenditures for health benefits coverage for individuals who are "Working Disabled Adults" 19-64 years of age who work for a qualifying employer and have income up to 200 percent of the FPL.
- **Demonstration Population 8.** Expenditures for health benefits coverage for no more than 3,000 individuals at any one time who are full-time college students age 19 through age 22 and have income not to exceed 200 percent of the FPL, who have no creditable health insurance coverage, and work for a qualifying employer.
- **Demonstration population 10.** Expenditures for health benefits coverage for foster parents who work for an eligible employer and their spouses with household incomes no greater than 200 percent of the FPL.
- **Demonstration Population 11.** Expenditures for health benefits coverage for individuals who are employees and spouses of not-for-profit businesses with 500 or fewer employees, work for a qualifying employer, and with household incomes no greater than 200 percent of the FPL.
- **Demonstration Population 12.** Expenditures for health benefits coverage for individuals who are "Non-Disabled Low Income Workers" age 19–64 years whose employer elects not to participate in the Premium Assistance Employer Coverage Plan, who are self-employed, or unemployed, and have income up to 100 percent of the FPL, and their spouses.
- **Demonstration Population 13.** Expenditures for health benefits coverage for individuals who are "Working Disabled Adults" 19-64 years of age whose employer elects not to participate in the Premium Assistance Employer Coverage Plan, as well as those who are self-employed, or unemployed (and seeking work) and who have income up to 100 percent of the FPL.
- **Demonstration Population 14.** Expenditures for health benefits coverage for no more than 3,000 individuals at any one time who are full-time college students age 19 through age 22 and have income not to exceed 100 percent of the FPL, who have no creditable health insurance coverage, and do not have access to the Premium Assistance Employer Coverage Plan.
- **Demonstration Population 15.** Expenditures for health benefits coverage for individuals who are working foster parents, whose employer elects not to participate in Premium Assistance Employer Coverage Plan and their spouses with household incomes no greater than 100 percent of the FPL.
- **Demonstration Population 16.** Expenditures for health benefits coverage for individuals who are employees and spouses of not-for-profit businesses with 500 or fewer employees with household incomes no greater than 100 percent of the FPL, and do not have access to the Premium Assistance Employer Coverage Plan.
- **Health Access Networks Expenditures.** Expenditures for Per Member Per Month payments made to the Health Access Networks for case management activities.
- **Premium Assistance Beneficiary Reimbursement.** Expenditures for reimbursement of costs incurred by individuals enrolled in the Premium Assistance Employer Coverage

Plan and in the Premium Assistance Individual Plan that are in excess of five percent of annual gross family income.

- **Health Management Program.** Expenditures for otherwise non-covered costs to provide health coaches and practice facilitation services through the Health Management Program.
- **Supplemental Payments for resident training and loan repayment.** Expenditures for reimbursement will reduce costs associated with provision of direct services to SoonerCare beneficiaries by qualified providers, maintain access to and the availability of primary and specialty providers, enhance the state's post-residency enrollment of SoonerCare providers, and encourage and incentivize Medicaid contracted physicians to practice in rural and underserved areas; ;

The State continues to evaluate whether it will request other waivers or expenditure authorities. The amendment to the Demonstration will further the objectives of Title XIX by providing a medical home and premium assistance insurance across the continuum of coverage. This amendment will be statewide and will operate for calendar year 2018. The State anticipates that this amendment will affect most of the approximately 528,165 SoonerCare Choice individuals covered under the Demonstration as of December 2017.

The Demonstration, including the proposed amendment, will test hypotheses related to access to care, quality of care management, integration of Indian Health Services, and access to affordable health insurance. The State expects that, over the life of the Demonstration, covering SoonerCare Choice enrollees will be comparable to what the costs would have been for covering the same group of Oklahomans using traditional Medicaid. The State does not anticipate that the amendment to the Demonstration will affect its current waiver trend rate or per capita cost estimates, which can be found in the Demonstration Populations table below. The information in the table below is pulled from the Budget Neutrality exhibits which incorporate a full-year enrollment and expenditure data through calendar year 2016 (demonstration year 21). Expenditures reflect C-Report amounts.

Projections for the remainder of the current extension period are based on Medicaid Eligibility Group (MEG) specific assumptions, as described in detail throughout the chapter. Updates to worksheets previously submitted are described in text boxes included at the top of each worksheet (where applicable). Traditional MEG projections for 2018 incorporate the CMS-mandated rebasing methodology, with 1) the budget neutrality PMPM set equal to the 2016 actual PMPM, trended to 2018 and 2) savings limited to a five-year look back period. Annual aggregate savings/ (deficit) projections for 2018 are capped at 25 percent of actual prior to being added to cumulative savings/ (deficit) projections. For additional information please refer to attachments four and five.