11/13/2018	Chris Pollak	How are you working this out with DHS as many children go in and out of foster care. DHS hasn't kept us informed, much less addresses. We have to do a lot of tracking down
11/20/2018	Toby Mize	How can I be required to break a legal divorce decree stating I keep my kids 6months out of the year and my ex wife keeps them the other 6 months out of the year and no child support for this reason being we are a joint custody meaning I support them for the 6 months I have them and she supports them for the other 6 months. For this reason I cannot receive benefits for my kids even being terminated and without a job unless I take my ex wife for child support forcing me to break a legal document which would hold me in contempt.. I cannot get coverage for daycare making it difficult to find work since I cannot afford child care for my kids. Also when trying to sign up for health insurance I was denied because of the child support issue but my question is what about insurance for myself they never sent me a letter denying myself just my kids. I feel like this is not legally right.
12/06/18	Anglia Smith	I think this would make it hard on children that do not have a home. People that stay from house to house. There are many homeless people. This will be just another hurdle will have to jump through.
12/07/18	Esther Fischer	I work in APS/DHS with many individuals who due to mental health or developmental issues, are not always good at updating their

		address with various agencies. If their case is closed, they will not be aware until likely at a provider's office and unable to get services. If this happens too often, they may lose their doctor.
12/07/18	Anonymous	This rule would prey on the most vulnerable people who struggle to find stable housing! Additionally, mistakes with mail happen all the time. It gets lost at the post office, Soonercare takes down or uses the wrong address and someone is going to lose much needed coverage for their children over that?
12/07/18	Karen Harrison	I feel like this could create a hardship with families because they may not be able to get needed services. They often move to places temporarily and don't update their address with everyone as they should. This could cause a problem with providers as well as they may be unable to bill for a visit or the provider may refuse to keep seeing them.
12/07/18	Lauren	There a number of reasons this is a bad idea but those who are low-income and eligible for soonercare are more likely to have high mobility and move around a lot. This would cause people who are homelessness--and therefore more likely to have a mental health diagnosis or a substance use disorder--to lose coverage. This policy overreaches and targets those who are extremely vulnerable.
12/07/18	Melissa Gower	During the November tribal consultation there was much discussion about this rule. OHCA said it is a law and federal regulation to implement but there are only 10 states that have done it. Several tribes objected and had

		the following concerns: need more time to review - How will we know if our folks are terminated because of this issue? How will it affect the homeless? OHCA said members would be notified if they are losing coverage due to this rule. Providers are not given an indication of no longer eligibility. We aren't required to notify them. Homeless have to provide an address, even if it is a shelter – or elect to receive a notice through email – This rule is about unable to locate – works same with email. I particularly ask if this proposed rule only implements the word of the HOPE act or if it goes above and beyond the HOPE act? OHCA said it doesn't go above and beyond the federal regulations or law. I have reviewed the HOPE Act and I believe it does go above and beyond the Act. I would request the OHCA give more time to this issue and ensure that the proposed rule doesn't go above and beyond the law. Thanks for your consideration.
12/10/18	Margarita Cadena	I think that is reasonable. It saves double work on the agency's side having to re-mail it, as well as postage. Also, when members enroll MAKE IT CLEAR that if the mail is returned what will happen so they are aware and understand.
12/10/18	David Blatt, Oklahoma Policy Institute	Oklahoma Policy Institute appreciates the opportunity to comment on the proposed rule to terminate SoonerCare eligibility based on returned mail (APA WF# 18-08). Oklahoma Policy Institute (OK Policy) is a nonpartisan, nonprofit public policy think tank that

		promotes adequate, fair, and fiscally responsible funding of public services and expanded opportunity for all Oklahomans by providing timely and credible information, analysis, and ideas. We respectfully urge the Oklahoma Health Care Authority to withdraw the proposed rule. If enacted, this rule is likely to result in termination of health care for tens of thousands of low-income Oklahomans who continue to be residents of Oklahoma but who have changed their address or do not have a fixed residential address. It is an unnecessarily extreme interpretation of the HOPE Act, which OHCA cites in the circulation document. Finally, it rests on shaky legal ground. Cutting families from Medicaid over undelivered mail will take health care away from low-income children and others in need of medical treatment. This proposal will cause the most harm to children, who make up 2 in 3 SoonerCare enrollees. SoonerCare members are by definition low-income, with enrollment eligibility cutting off at $34,092 per year for a child living with a single parent and just $7,464 for a parent with one child. For low-income families like those SoonerCare serves, a reliable mailing address may be out of reach. Housing instability is both a cause and an effect of poverty, as families leave or are evicted from housing due to frequent income changes, violence or threats of violence, and access to work, school, and child care. For instance, 1 in 20

		rental households in Oklahoma were evicted in 2016, with higher rates in Tulsa (1 in 14) and Oklahoma City (1 in 16). These evictions were concentrated in low-income communities – the same population that SoonerCare serves. In short, basing SoonerCare eligibility for hundreds of thousands of members on their ability to receive a single piece of mail ignores the realities of life in poverty. As SoonerCare eligibility determines a family's ability to fill a prescription or see a doctor, this rule will disrupt treatment of chronic diseases like diabetes and asthma. And because they make up the majority of SoonerCare enrollees, the majority of those directly harmed will be children. Oklahomans in treatment for mental illness or substance use disorder are also likely to be affected, with serious implications for their health and access to care. In 2017, more than 100,000 SoonerCare enrollees accessed behavioral health services, including nearly 20,000 who accessed therapy services and nearly 6,000 who accessed psychiatric services. People with mental illness or substance use disorder are substantially more likely to be homeless or experience housing instability than those without mental illness or substance use disorder. A study published last year in the journal Psychiatric Services reported that "[r]ates of mental health diagnoses among the homeless are almost double those among people who never experience homelessness."

		With the proposed rule, OHCA will cut off services that members need to work and parent effectively. This will have ripple effects. With shaky access to mail, it's unlikely that affected members will realize they've lost coverage until they try to fill a prescription or see a provider. In the former case, the member could find themselves on the hook for charges far beyond what Medicaid allows, forced to either pay money they likely don't have or go without medication they need. In the latter case, without Medicaid reimbursement, hospitals, clinicians, and other providers will be saddled with increased rates of uncompensated care. In the best-case scenario under the proposed revision, members whose coverage is terminated would be able to rectify the error and update their address information within the eligibility period, effectively reenrolling. However, there's a very real possibility that families will misunderstand the situation and not be aware of their right to reenroll or not be able to reenroll. They will thereby join the ranks of the uninsured, without the health care and financial security Medicaid provides. In any case, OHCA stands to spend vital time reenrolling former enrollees and vital money rectifying health problems caused by disruptions in access to care, more than what could be saved by removing the few enrollees who are truly ineligible. The proposed rule goes far beyond what the HOPE Act calls for In the Rule Impact Statement, OHCA states

		that the “proposed revisions expedite compliance with” the HOPE Act, a law that was passed as HB 1270 in 2018. However, the proposed revision is an extreme interpretation of that legislation, which directs OHCA to verify a battery of information concerning individuals enrolled in Medicaid, including residency status. The HOPE Act does not direct OHCA to do so in the manner outlined in the Rule Impact Statement, where household coverage is to be terminated over a single piece of undeliverable mail. In fact, the only direction the HOPE Act gives in this regard is to review information on a quarterly basis “that indicates a change in circumstance that may affect eligibility”, including residency status. Nowhere does the law suggest that mail being returned as undeliverable would determine a change in residency status that would then trigger a termination of Medicaid eligibility It's also concerning that OHCA would see fit to cut eligibility off without making further efforts to contact enrollees. OHCA has a wealth of otherays to contact enrollees, such as email, phone, and the portal. OHCA’s pivot to prioritizing online enrollment and communication itself indicates OHCA’s understanding that mail is an imperfect system for reliably contacting enrollees. Therefore, OHCA should at the minimum seek to reach enrollees and confirm their residency by other methods before terminating their coverage. The

		proposed revision rests on dubious legal ground Federal statute is very clear that states may not require individuals to have a fixed residence in order to be eligible for assistance, as the Rule Impact Statement itself notes. The State Medicaid Manual specifically outlines that a state “may not…[D]eny Medicaid eligibility to an otherwise qualified resident of the State because the individual's residence is not maintained permanently or at a fixed address." It is reasonable to infer that this prohibits termination or suspension of benefits for returned mail or inability to verify a change in address. OHCA’s proposed revision would by necessity require individuals to have a fixed address, violating established law. The Affordable Care Act further bolsters this point by requiring states to provide applicants the ability to apply for Medicaid online, by telephone, by mail, or in person. Requiring an enrollee have a fixed mailing address or be able to receive mail at a fixed address undermines the options to apply online, by telephone or in person. Additionally, the OHCA’s reliance on online applications and renewals undermines the agency’s impact statement and insistence on a fixed or permanent address. The proposed revision also appears to violate requirements that Medicaid programs be administered in the best interests of the individual and that states must “provide such safeguards as may be necessary to assure that eligibility for care

		and services under the plan will be determined, and such care and services will be provided, in a manner consistent with simplicity of administration and the best interests of the recipients." Furthermore, the proposed revision rests on the justification that an enrollee has moved out of state and no longer meets eligibility requirements. However, according to statute, Medicaid is to be furnished to an eligible individual until they have been found ineligible. It has already been established that eligibility cannot required a fixed address. By using a fixed or permanent mailing address as proxy for eligibility, OHCA is violating federal statute, and the proposed revision is contrary to the intent of the Medicaid program. The proposed rule should be withdrawn More than one million Oklahomans rely on SoonerCare to fill prescriptions or see a doctor, and this proposed rule would put their care at risk. In this proposal's interpretation of the requirements of the HOPE Act to determine changes in circumstance affecting eligibility, OHCA stands to further endanger access to health care for enrollees, act far beyond what the HOPE Act requires, and may be in violation of federal law. OHCA is an effective, efficient provider of care for Oklahoma families. As such, OHCA can and must do better by them and withdraw the proposed rule.
12/10/18	Vanessa Marvin, American Lung Association in Oklahoma	Dear Director Pasternik-Ikard: The American Lung Association in Oklahoma appreciates

		the opportunity to comment on APA WF# 18-08 – Eligibility Termination as Indicated by Returned Mail. The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 33 million Americans living with lung diseases including asthma, lung cancer and COPD, including 542,000 Oklahomans. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. The American Lung Association in Oklahoma believes healthcare should be affordable, accessible and adequate. The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Unfortunately, Oklahoma's new proposal does not meet this objective and will instead create new administrative barriers that jeopardize access to healthcare for patients with lung disease. The Lung Association in Oklahoma urges the Oklahoma Health Care Authority to rescind this proposal. SoonerCare, Oklahoma's Medicaid program, covers parents, caretakers and disabled individuals with incomes at or below 45 percent of the federal poverty level (approximately $779 per month for a family of 3). By definition SoonerCare serves a low-income population. This same population is more likely to face housing insecurity than its wealthier counterparts. In April of 2018,

		Governor Fallin signed the “Act to Restore Hope, Opportunity and Prosperity to Everyone” or the HOPE Act. This misguided legislation requires SoonerCare to verify Medicaid enrollees’ residency or terminate their coverage. SoonerCare has proposed to verify Medicaid enrollees’ residency by annually sending a letter to the address on file. If that letter is returned “cannot be delivered” and absent a forwarding address, the individual or family will be kicked off SoonerCare. This is unacceptable. Across the country and in Oklahoma, low-income residents face a housing shortage - there are fewer affordable apartments than low-income residents . Low-income Americans are also rent burdened and face higher rates of eviction . Medicaid enrollees face higher housing insecurity and thus move more frequently and are more likely to experience homelessness, making it more difficult to deliver mail to this population. Barriers to getting mail should not be a reason to remove someone from Medicaid. The Healthy People 2020 goals identify housing instability as a key factor in economic stability and highlight the challenges low-income families face around housing. Terminating Medicaid coverage for families and individuals if one piece of mail does not get delivered will harm the health of low-income Oklahomans, who legally qualify for SoonerCare. For patients with lung diseases like COPD, a gap in coverage could cause

		permanent damage to the lungs and with that the ability to participate in everyday activities. For a lung cancer patient, a gap in coverage could result in delayed treatment leading to a lower chance of survival. Medicaid enrollees need access to quality and affordable healthcare, especially patients with lung disease. Administrative burdens, including proving residency through receiving a piece of mail threatens the health of the Oklahoma families that rely on SoonerCare. The Lung Association in Oklahoma has a few questions regarding the proposal and its implementation so to not threaten access to quality and affordable healthcare for patients. 1. The proposed rule states that homeless individuals do not need a permanent address to receive Medicaid. How does the Oklahoma Health Care Authority plan on handling those situations? 2. In order for mail to be forwarded, it must be sent first class as opposed to bulk mail. How does the state plan ensuring all mail to Medicaid enrollees is sent first class? 3. Has the Oklahoma Health Care Authority considered amending the proposal to provide basic safeguards for patients? One such safeguard would be to use the Postal Service's "Address Correction Requested." This request would forward the mail to the Medicaid enrollee and provide the state with a notice of the new address. This would provide the Oklahoma Health Care Authority with the information they need rather than

		automatically terminating coverage for patients. The Lung Association in Oklahoma requests these questions be answered prior to any implementation of this rule, if the rule is not rescinded. The American Lung Association in Oklahoma believes everyone should have access to quality and affordable healthcare coverage. Oklahoma's APA WF #18-08 - Eligibility Termination as Indicated by Returned Mail does not advance that goal. The Oklahoma Health Authority should rescind this proposal. Thank you for the opportunity to provide comments. Sincerely, Vanessa Marvin Vice President, State Advocacy - Western Division
12/10/18	Rick Snyder, Oklahoma Hospital Association	The proposed rule terminating coverage for returned mail is a bad idea. No one should lose access to health services simply because the U.S. Postal Service was unable to forward a piece of mail. Life is not always well-planned and orderly; stuff happens. The rule seems intended to punish people whose lives may be in upheaval. This proposal is attributed to Oklahoma's "HOPE Act," but this punitive policy is not required by that Act. Why would the state assume that a member's new location is out of state? Most people who move their residence do not move very far. Federal law and regulations prohibit the denial of Medicaid benefits to persons without a fixed or permanent address: • 42 USC 1396a(a)(48) • 42 USC 1396a(b)(2) • 42 C.F.R. § 435.403(h)(1)(i) •

		State Medicaid Manual § 3230.3(A) The proposed rule should be withdrawn.
12/10/18	Oklahoma Primary Care Association	Oklahoma Primary Care Association is the member association of Oklahoma's community health centers. All community health centers must serve designated Medically Underserved Areas or Medically Underserved Populations. In so doing, health centers must work to overcome barriers to accessing preventive and primary health care. Community health centers served over 74,000 individuals with Medicaid coverage in 2017. This rule appears to create yet another barrier contrary to improving access to health care for many Oklahomans. Many Oklahomans are transient and may not maintain the same postal address for extended periods of time. That, however, does not necessarily mean that they do not reside in Oklahoma, many if not most likely do still reside in Oklahoma though they may change locations, and they otherwise remain eligible for Medicaid service coverage by category and income. This change may, in fact, create yet more pressure for health care providers – unnecessarily causing additional need to facilitate new application assistance for those eligible for Medicaid, and potentially creating revenue loss for health care providers who would – absent this proposed rule being in effect - legitimately be providing care for eligible and covered individuals.

12/10/18	James Gray, Managing Director, ACS CAN	December 10, 2018 Becky Pasternik-Ikard Medicaid Director Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 Re: APA WF# 18-08 - Eligibility Termination as Indicated by Returned Mail Dear Director Pasternik-Ikard: The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on APA WF# 18-08 – Eligibility Termination as Indicated by Returned Mail. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government. Approximately 19,030 Oklahomans are expected to be diagnosed with cancer this year and there are an estimated 189,540 Oklahomans who are cancer survivors. ACS CAN wants to ensure that these Oklahomans are provided have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. SoonerCare, Oklahoma's Medicaid program, covers parents, caretakers and disabled individuals with incomes at or below 45 percent of the

		federal poverty level (approximately $779 per month for a family of 3) and low-income women, earning less than 185 percent of the federal poverty level (or $22,459 annually for a single woman) SoonerCare also provides treatment to low-income women who have been screened and diagnosed with breast or cervical cancer through the state's Take Charge program. The proposed implementation of the "Act to Restore Hope, Opportunity and Prosperity to Everyone" (the HOPE Act) would require the Oklahoma Health Care Authority ("the Authority"), to verify Medicaid enrollees' residency. Individuals whose residence cannot be established will have their coverage terminated. This proposed rule would allow the Authority to verify SoonerCare enrollees' residency by annually sending a letter to the address on file. If that letter is returned (e.g., "cannot be delivered") and a forwarding address has not been provided to the United States Post Office, the individual or family will be disenrolled from the program. If implemented, this policy change could jeopardize individuals' and families' access to health care and life-saving cancer treatment services. Research shows that individuals of lower socioeconomic status, and other medically underserved groups continue to have higher cancer rates and are less likely to be diagnosed early or receive optimal treatment compared to other groups. The underlying causes of disparities in cancer care

		are complex and include interrelated social, economic, cultural, environmental, and health system factors. These inequities also arise from work, wealth, education, housing, and overall standard of living, as well as social barriers to high-quality cancer prevention, early detection, and treatment services. Public policy interventions focused on enhanced prevention and early detection and increased access to coverage and treatment are an important strategy for substantially reducing, and ultimately eliminating, cancer disparities. If low-income Oklahomans are disenrolled from SoonerCare coverage they will likely have no access to affordable health care coverage, making it difficult or impossible for a cancer patient or recent survivor to continue treatment or pay for their maintenance medication. This is particularly problematic for cancer survivors who require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence and who suffer from multiple comorbidities linked to their cancer treatments. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could be a matter of life or death for a cancer patient or survivor and the financial toll that the lock-out would have on individuals and their families could be devastating. The preservation of eligibility and coverage

		through Medicaid remains critically important for many low-income Oklahomans who depend on the SoonerCare program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask the Authority to weigh the potential impact this proposal could have on low-income Oklahomans access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime. Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Authority to ensure that all Oklahomans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at 512.350.4152 or james.gray@cancer.org. Sincerely, James Gray Managing Director, Government Relations American Cancer Society Cancer Action Network
12/11/18	Dana Bacon	December 10, 2018 Becky Pasternik-Ikard Medicaid Director State of Oklahoma, Oklahoma Health Care Authority (OHCA) 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 Re: Oklahoma Health Care Authority Proposed Revision to Application and Eligibility Determination Procedures (APA WF# 18-08 — Eligibility Termination as Indicated by Returned Mail) Dear Director

		Pasternik-Ikard: The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on APA WF# 18-08 — Eligibility Termination as Indicated by Returned Mail. At LLS, our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients. We are deeply troubled by the proposal before us now, which threatens to disrupt access to crucial medical services for some of Oklahoma's least fortunate residents. In seeking to comply with the HOPE Act's eligibility verification requirements for SoonerCare and other programs, OHCA has recommended a process that seems to disregard fundamental realities about the importance of health care access to preventing and reducing the impact of housing instability. The federal Health and Human Services administration notes in its primer on using Medicaid to assist people who are homeless: > Medicaid is an important avenue for individuals and families who experience homelessness to secure > basic health care services. In addition, there are certain Medicaid benefits that can play an > especially important role in assisting people who are at risk of or experience chronic homelessness > to achieve greater self-sufficiency and independence. (https://www.hhs.gov/programs/social-services/homelessness/research/how-to-use-

		medicaid-to-assist-homeless-persons/index.html, accessed on December 10, 2018.) Compare this to OHCA's own statement of risk impact on page 3 of the circulation document: > The proposed rule changes should reduce risks to the public health, because they help ensure that > members whose whereabouts are unknown, as indicated by mail returned to the agency as unforwardable, will > no longer continue to be eligible. Eliminating access to health care for people facing homelessness or housing instability will only serve to worsen their living situation and reduce their ability to achieve self-sufficiency. Describing that dynamic as something that "should reduce risks to the public health" flies in the face of decades of social and health policy research. Housing instability is just one of many reasons why a letter could go undelivered. Making that one envelope the means by which a person could lose his or her access to a crucial prescription or treatment is a high-stakes proposition that does not serve the public's interest. OHCA has means of complying with the HOPE Act that will not result in such dire consequences, and should withdraw the proposed rule as offered. Thank you for your consideration of LLS's comments on this important matter. If we can address any questions or provide further information, please don't hesitate to contact me at dana.bacon@lls.org or 612.308.0479. Regards, Dana Bacon Regional Director,

		Government Affairs The Leukemia & Lymphoma Society NOTE: A PDF copy of these comments were submitted to OHCA's public comments email address on Dec. 10, with a copy also sent to Cate Jeffries.
12/20/18	Chris Pollak	Many receipients still do not know their medicaid has lapsed until WE notify them. I think it would be a huge waste of funds terminating and then reinstating, not to mention that they would not get the care they need in a clinic setting, I think they will utilize the ER until their medicaid is reinstated because I am sure clinics and Urgent Cares groups will not take them as medicaid eligibility has to be check that day, since it can change over night. You may have an upset mother or father, but the one it really is hurt is the child.
12/27/18	Amy Abbott	This policy ignores the difficulties associated with poverty and poor health. Home, job, transportation and food insecurity all take a tole on the daily lives of the poor. This adds another heavy burden to lives already stretched thin. Our hospitals are already bearing the burden of treating patients unable to pay for care. Rural hospitals which could benefit from an EXPANSION of Medicare may have to close their doors, threatening jobs and a better economic status for citizens of their towns.