



## **Center for Medicaid and CHIP Services**

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September 6, 2013

Nico Gomez  
Chief Executive Officer  
Oklahoma Health Care Authority  
2401 N.W. 23<sup>rd</sup> Street, Suite 1A  
Oklahoma City, OK 73107

Dear Mr. Gomez:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) approves your request to amend the “SoonerCare” Medicaid section 1115 demonstration (No. 11-W-00048/6) in order to not disrupt the coverage currently afforded in Oklahoma as the state continues to consider its coverage options. The Insure Oklahoma component of the SoonerCare demonstration, as amended, will continue to receive federal financial participation at the state’s regular federal medical assistance percentage (FMAP) for one year, until December 31, 2014. The larger ‘SoonerCare’ demonstration remains unchanged and in effect from the date of the approval letter through December 31, 2015, upon which date, unless reauthorized, all waivers and authorities granted to operate this demonstration will expire.

Our approval of this demonstration project is subject to the limitations specified in the enclosed lists of waiver and expenditure authorities. The state may deviate from Medicaid state plan requirements only to the extent those requirements have been specifically waived or, with respect to expenditure authorities, listed as not applicable to expenditures for demonstration populations and other services not covered under the state plan. In addition, this amendment incorporates technical changes to the Special Terms and Conditions (STCs) that the state requested. As agreed, in light of the coverage options that will be available to residents of Oklahoma beginning on January 1, 2014, as of that date the Insure Oklahoma Individual Plan portion of the demonstration will be limited to certain adults with incomes under 100 percent of the federal poverty level, and we will continue to work with you on a transition plan to facilitate a seamless transfer of coverage to the Marketplace for those currently enrolled in the demonstration with incomes above that level.

This demonstration approval is conditional upon acceptance and compliance with the enclosed STCs defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of the STCs, waiver, and expenditure authorities within 30 days of the date of this letter.

Your project officer for this demonstration is Ms. Shanna Wiley. She is available to answer any

questions concerning your section 1115 demonstration. Ms. Wiley's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
Division of State Demonstrations and Waivers  
7500 Security Boulevard, Mailstop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-1370  
E-mail: [Shanna.Wiley@cms.hhs.gov](mailto:Shanna.Wiley@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Wiley and to Mr. Bill Brooks, Associate Regional Administrator in our Dallas Regional Office. Mr. Brooks' contact information is as follows:

Centers for Medicare & Medicaid Services  
1301 Young Street, Room 714  
Dallas, Texas 75202  
Telephone: (214) 767-4461  
E-mail: [Bill.Brooks@cms.hhs.gov](mailto:Bill.Brooks@cms.hhs.gov)

If you have questions regarding this correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647.

We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Cindy Mann  
Director

Enclosures

cc: Eliot Fishman, Director, Children and Adults Health Programs Group  
Bill Brooks, Associate Regional Administrator, CMS Dallas Regional Office  
Lynn Ward, CMS Dallas Regional Office  
Shanna Wiley, CMCS