# Oklahoma Health Care Authority



# §1115(a) SoonerCare Research and Demonstration Waiver Amendment Request

Project Number: 11-W-00048/6

Submitted January 19, 2018

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### EXECUTIVE SUMMARY

Oklahoma's single state Medicaid agency, the Oklahoma Health Care Authority (OHCA), operates the §1115(a) SoonerCare Research and Demonstration Waiver, which was initially approved in 1995. The waiver authorizes the SoonerCare Choice and Insure Oklahoma (IO) demonstrations.

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.

### **Background:**

In recognition of CMS's commitment to assist the OHCA in identifying a path forward for critical funding that supports access and healthcare delivery for Medicaid beneficiaries, the OHCA is submitting this amendment to continue support, through supplemental payments, of physician residency training programs and physicians who practice in rural communities.

Oklahoma's two medical schools; specifically the University of Oklahoma, College of Medicine (OU) and the Oklahoma State University Center for Health Sciences (OSU) are key clinical partners with the OHCA in the delivery of Medicaid services in the state. Funding made available through the Section 1115 Medicaid waiver, will continue to enhance the healthcare provided to the Medicaid population by the schools. The schools have the unique capability and commitment to train the next generation of physicians in outpatient clinical settings that are simultaneously delivering critical services to Medicaid beneficiaries. Currently, the schools are the Accreditation Council on Graduate Medical Education (ACGME) residency program sponsoring institutions and these payments are intended to partially support and defray costs of the clinics owned and operated by the schools. These costs may include support personnel, equipment, supplies, pharmaceuticals, facility upgrades and Health Insurance Portability and Accountability Act compliance costs. These payments also provide partial salary support for physician faculty who provide clinical care and/or supervision and training of residents that serve the Medicaid population. This support may be directed toward specific physician shortages unique to Oklahoma and the Medicaid program. Additionally, these payments will help covered residency programs remain in compliance with accreditation requirements. Also, these funds support the operating costs associated with being the sponsoring institution of the graduate medical education programs. These costs include program director support, residency program coordinators, resident professional liability insurance, recruitment expenses and other program costs.

The Oklahoma loan repayment program component of this proposal is administered by a separate state agency, the Physician Manpower Training Commission (PMTC). Their website states that their mission is "to enhance medical care in rural and underserved areas of the state by administering residency, internship and scholarship incentive programs that encourage medical and nursing personnel to practice in rural and underserved areas". The physician loan repayment program enhances the availability of health care services to Medicaid members by increasing the number of practicing physicians in rural and underserved areas of Oklahoma. Only those physicians who are Medicaid contracted providers and who establish a practice in a community located in Oklahoma are eligible to receive payment under this program. Currently, there are thirty-four (34) participants in the program and with the approval of this proposal, it is anticipated that the capacity will increase to fifty (50).

### **Proposed Effective Date:**

On or after March 1, 2018

### **Participation Requirements**

- Providers participating in the residency training program must be: (1) an OHCA contracted provider for Medicaid compensable services; (2) an Oklahoma public university or federally recognized tribe that offers accredited physician (M.D. or D.O.) residency training programs that are accredited by the ACGME; (3) a sponsoring institution of an ACGME accredited residency training program; and (4) an owner and operator of teaching clinics that furnish ambulatory care services to Medicaid beneficiaries.
- Providers participating in the Oklahoma Medical Loan Repayment Program (OMLR) must: (1) be an OHCA contracted provider for Medicaid compensable services; (2) be licensed to practice medicine in Oklahoma; (3) have legitimate, documented education loans; (4) not have received previous assistance from PMTC nor have any service obligation that would conflict with the proposed obligation; and (5) not be currently practicing in a rural Oklahoma community. The service obligation for the program is that participating physicians must agree to a minimum of two (2) years practice in a rural or underserved area. Financial assistance may be extended to a maximum of four years. To receive the total award, the physician is also required to (1) practice in a rural community of 10,000 or less residents for four (4) years; (2) have a caseload of at least 25% Medicaid members or in such case that the 25% threshold cannot be met, due to the demographics of the case mix, serve 100% of the Medicaid members that present for care; and (3) consult and provide referrals for all smokers to the Oklahoma tobacco hotline.

### **Member Benefits**

- Member benefits under this proposal include, but are not limited to, (1) increased access to high quality, person centered care; (2) access to primary care physicians; (3) promotion of efficiencies that ensure Oklahoma Medicaid's long-term sustainability; (4) efforts that support coordinated strategies to address certain health determinants; and (5) increased access to preventive care.
- Historically, the medical schools have been major providers in the Oklahoma Patient Centered Medical Home (SoonerCare Choice (SCC)), and the Insure Oklahoma (IO),

delivery systems approved under the existing waiver. Combined, the two medical schools are the primary care medical home providers for approximately one third of SCC members.

### **Impact of Residency Training and Loan Repayment Programs**

Oklahoma Medicaid contracted physicians provide direct clinical services and order many ancillary services such as:

- Hospital admissions;
- Laboratory
- Imaging studies
- Prescription drugs
- Home health care
- Durable Medical Equipment
- Referrals to specialty care
- Referrals to behavioral health

Physicians provide significant medical necessary care far beyond their direct patient care in a medical clinic. This proposal addresses the needed access to immediate care and reduces barriers to other medically necessary services, which have historically been problematic for Oklahoma Medicaid.

### **Expenditure Authority**

Reimbursement associated with the residency training program and the loan repayment program is based on the following methodology.

### **Residency Training Program Reimbursement**

- A pool will be established to reimburse approved sponsoring institutions, university and/or federally recognized tribes, for the added cost associated with operating residency training programs. The pool amount was established by a methodology utilizing a RAND Corporation Research Report from 2013. The calculation of the pool amount is as follows:
- To arrive at the total cost pool, we started with the major costs associated with running a Graduate Medical Education program within an outpatient clinical practice, which include, but are not limited to physician faculty effort, clinic costs and central support costs. The total amount of physician faculty salary & benefit costs was adjusted to reflect first, the amount attributable to the clinical effort versus education and research/scholarly efforts. These clinical effort costs were adjusted by multiplying the total amount by the Medicaid percentage of our clinical business. The adjusted figure was the basis for calculating the incremental amount attributable to the indirect cost of caring for a large Medicaid population within a learning environment. We used a 30% figure based on a 2013 RAND Corporation Study as the cost differential for outpatient clinic costs. The teaching clinic costs were adjusted by both the Medicaid percentage of our payor mix and the cost differential. The central support costs were adjusted first by the clinical mission percentage and then by the Medicaid percentage and cost differential.

Our second calculation included looking at specific residency training costs associated with being the institutional sponsor of an ACGME-accredited training program and the costs both institutions bear for training positions for which there is no offsetting federal source of support. These costs included resident and fellow positions over the Medicare caps set for each of our affiliated teaching hospitals and positions that the schools pay for, program costs including, program director support, residency program coordinators, resident professional liability insurance, recruitment expenses and other program costs.

### <u>Reference</u>

Wynn, Barbara O., Smalley, Robert, and Cordasco, Kristina M., "Does It Cost More to Train Residents or to Replace Them? A Look at the Costs and Benefits of Operating Graduate Medical Education Program" RAND Corporation, 2013 Research Report pp. 22-23, 29-32

The total pool based on this methodology is approximately \$104.2 million.

The pool amount will be adjusted each subsequent year on January 1<sup>st</sup> by applying the most recent available Consumer Price Index (CPI)-Medical to determine the new pool amount.

The annual Pool funds will be allocated based on the following:

- 1) Sub-Pool 1 (25%): Total resident/fellow positions filled by sponsoring institution divided by Total resident/fellow positions filled by sponsoring institutions (ratio applied to sub-pool percentage)
- 2) Sub-Pool 2 (20%): Total Primary Care residency positions (family medicine, internal medicine, pediatrics, OB-GYN and geriatrics) filled by sponsoring institution divided by Total Primary Care residency positions filled by sponsoring institutions (ratio applied to sub-pool percentage)
- Sub-Pool 3 (5%): Total Psychiatry residency positions filled by sponsoring institution divided by Total Psychiatry residency positions filled by sponsoring institutions (ratio applied to sub-pool percentage)
- 4) Sub-Pool 4 (20%): Total Rural residency positions filled by sponsoring institution divided by Total Rural residency positions filled by sponsoring institutions (ratio applied to sub-pool percentage)
- 5) Sub-Pool 5 (15%): Total SCC member months for each sponsoring institution divided by the total member months for all sponsoring institutions
- 6) Sub-Pool 6 (15%): Specialty physicians employed by each sponsoring institution divided by total specialty physicians employed by sponsoring institutions (reflected as full-time equivalent)

The sum of the Sub-Pools (Sub-Pool 1, Sub-Pool 2, Sub-Pool 3, Sub-Pool 4, Sub-Pool 5 and Sub-Pool 6) for each school is applied to the total Pool funding to be allocated. The annual Pool funds will be disbursed quarterly to Medicaid contracted providers.

### **Oklahoma Medical Loan Repayment Program**

• The OMLR program reimburses physicians a not to exceed amount of \$160,000 (per physician) over a four year period allocated as Year 1 \$25,000; Year 2 \$35,000; Year 3 \$45,000; and Year 4 \$55,000. The total estimated impact for the OMLR is approximately **\$800,000** (per year).

The total impact of the physician residency training program and the OMLR program is approximately **\$105,000,000** for the first year.

### <u>Tribal Impact</u>

There are currently ten (10) hospitals and fifty-three (53) outpatient facilities operated by the Indian Health Service and Tribal governments, which are SoonerCare providers. The majority of these sites is rural and has enhanced challenges in recruiting and retaining medical professionals. Several federally-recognized Tribal governments have taken initiative to begin medical residency programs. Unfortunately, these programs are not authorized in federal legislation to participate in the conventional medical residency program funded by Medicare. Currently, OSU or the Osteopathic Medical Education Consortium of Oklahoma, Inc. (OMECO) is the sponsoring institution for certain federally recognized tribes that have ACGME resident training programs.

One of the programs allows the residents to provide care to patients at two rural facilities; the Northeastern Health System Hospital and the Cherokee Nation Hastings Hospital. Since 2011, the program has had twenty-one (21) residents graduate. Of the 21 graduates, sixteen (16) currently practice within Oklahoma and all 16 physicians practice in rural settings where, traditionally, it has been difficult to recruit and retain physicians. In June 2018, three (3) additional residents will graduate from the program. One of the residents has signed a letter of intent to practice in the area. The other two are pursuing practices in rural Oklahoma. If they are successful in locating within rural Oklahoma as expected, 20 of the 24 (83.3%) family practice physicians that have graduated from the program will provide much needed health care to rural Oklahoma and Medicaid patients.

Another Oklahoma tribal resident program is operated by the Choctaw Nation. The Choctaw Nation of Oklahoma has operated a medical residency program since 2012, accredited by ACGME and has American Osteopathic Association (AOA) recognition. OMECO serves as the sponsoring institution for this program. Of its ten (10) graduates, eight (8), or 80% continue to practice within the Choctaw Nation's health system in rural Oklahoma, and one (1) physician practices elsewhere in rural Oklahoma, for a total of 90% continuing to work in rural Oklahoma.

In addition to the above tribal run residency programs, the Chickasaw Nation will operate its own medical residency program in June of 2018. The program is an ACGME accredited Family Medicine Residency Program and has American Osteopathic Association (AOA) recognition. OSU serves as the sponsoring institution for this program. The Chickasaw Nation Family Medicine Residency Program is a 4-4-4 program for a total of twelve (12) residents possible. The residents will work in the Chickasaw facilities prior to completing their training which will

allow them to experience and witness how the Chickasaws care for their patients and gives them the opportunity to become employed.

Through tribal consultation and participation in the workgroup for this proposal, the tribes have expressed interest in becoming a sponsoring institution to be an eligible participant in this program. Based on the consultation feedback, this proposal has been written to accommodate future inclusion for the tribes in this program.

### Public Notice and Tribal Consultation

OHCA conducted tribal consultation on January 12, 2018 in the OHCA board room and conducted a public meeting with the Medical Advisory Committee (MAC) on January 18, 2018.

On January 12, 2018 by a vote of 5 for and 0 against, the Inter-Tribal Council of the Five Civilized Tribes (ITC) signed Resolution No. 18-04 that states in part...the ITC understands that the Oklahoma Health Care Authority, the State Medicaid agency, must submit to CMS immediately with a wavier amendment or other mechanism to ensure that these critical and substantial health services are not lost, and we acknowledge it will require an expedited Tribal Consultation that may be shorter than the 14-days required in its State plan...Further, the resolution contained language that states " the Inter-Tribal Council of the Five Civilized Tribes calls upon the State of Oklahoma, Congress and the Trump Administration to find a long-term solution to continue CMS funding to OSU and OU to ensure the SoonerCare participants will not face a health care gap and to safeguard the healthcare network of the state".

Additionally, OHCA published notice of the MAC meeting in several Oklahoma newspapers across the state. Finally, OHCA posted the draft amendment on the OHCA public website for the period January 15, 2018-January 19, 2018 for public comment. Comment summaries from both meetings and the website are included in this submission.

### **Budget Neutrality**

The OHCA assures CMS that it is in compliance with budget neutrality requirements found at Section XIII and beginning with STC # 71.

### **Evaluation Design**

To comply with the requirement to measure the effectiveness of the program, the OHCA will evaluate the physician resident training program based on the following criteria.

- For the evaluation of the residency program, the following metrics will be applied.
  - Goal: Reduce costs associated with provision of direct services to SoonerCare beneficiaries by qualified providers.
    - Hypothesis: The qualifying providers will reduce their per member per month (pmpm) cost by 1% as applied to a full calendar year.
    - Methodology for testing: A qualifying provider's (QP) per member per month (calculated by dividing QP's monthly SoonerCare expenditures by the corresponding QP's SoonerCare Choice members) will be compared to a 3-yr rolling average pmpm adjusted by the CPI-Medical (calculated by the sum of the most recent 3 yrs. expenditures divided by sum of the most recent 3 years of members in SCC)

- Goal: Maintaining access to and the availability of primary and specialty providers
  - Hypothesis: The number of contracted primary care and specialty providers will not decrease over a three year averaged baseline. The number will be measured annually.
  - Methodology for testing: Contracted provider counts will be captured by OHCA on a quarterly basis and referenced to a historical benchmark (calculated by averaging provider count for previous 3 years CY 2015-2017).
  - Hypothesis: QP's SCC panel size will be maintained as a proportion of the total SCC population applied to a full calendar year.
  - Methodology for testing: Quarterly member count will be referenced to a historical benchmark (calculated by the average member months per quarter for previous 3 full calendar years).
- Goal: Enhancing the state's post-residency enrollment of SoonerCare providers.
  - Hypothesis: The rate of physicians completing residency training in Oklahoma and staying in state to practice will be above the current national rate for resident retention.
  - Methodology for testing: Association of American Medical Colleges, using the American Medical Association master file, calculates the rate of residents who stay in the state where they completed their residency program. Oklahoma's rate will be referenced to the national average per this source.

To comply with the requirement to measure the effectiveness of the program, the OHCA will evaluate the OMLR program based on the following criteria.

- Goal: To encourage and incentivize Medicaid contracted physicians to practice in rural and underserved areas.
  - Hypothesis: The number of Medicaid contracted physicians in locating their practice in targeted high need areas will be improved by a financial incentive program.
  - Methodology for testing: The total number of physicians in the OMLR is measured annually and compared to the baseline.
  - Hypothesis: The long term retention of Medicaid contracted physicians remaining in targeted, high need areas is improved by the use of the OMLR incentive payment program.
  - Methodology for testing: Following the completion of the service obligation, count the number of physicians retained in targeted areas one year after OMLR participation.



SoonerCare Choice and Insure Oklahoma 2018 1115a Demonstration Waiver Amendment

# JANUARY 15 - JANUARY 19

Click here for additional information

		Clinical	(	Cost of Clinical	Medicaid	Cost	Cost Pool
CLINICAL Cost Categories	Total Cost	Effort		Effort	Proportionate Share	Differential	Totals
ОКС							
Attending Physician Compensation	\$ 245,174,733	75%	\$	183,881,050	33%	30%	\$ 18,452,463
Clinic Costs	\$ 148,214,254	100%	\$	148,214,254	33%	30%	\$ 14,873,300
Central Support Costs	\$ 38,025,475	60%	\$	22,815,285	33%	30%	\$ 2,289,514
Tulsa							
Attending Physician Compensation	\$ 38,877,283	80%	\$	31,101,827	58%	30%	\$ 5,396,182
Clinic Costs	\$ 59,860,719	100%	\$	59,860,719	58%	30%	\$ 10,385,865
Central Support Costs	\$ 4,403,142	60%	\$	2,641,885	58%	30%	\$ 458,368
OSU							
Attending Physician Compensation							
Rural Adjunct Network	\$ 71,812,363	90%	\$	64,631,127	100%	30%	\$ 19,389,338
Core Faculty	\$ 33,952,432	70%	\$	23,766,702	56%	30%	\$ 3,992,806
Attending Physician Employment Costs	\$ 105,764,795		\$	88,397,829			
Clinic Costs	\$ 17,673,789	100%	\$	17,673,789	56%	30%	\$ 2,969,197
Central Support Costs	\$ 6,624,570	100%	\$	6,624,570	56%	30%	\$ 1,112,928

				Cost Pool
EDUCATION Cost Categories	То	tal Cost	School %	Totals
ОКС				
Inst. Funded Resident Positions	\$	8,343,835	90%	\$ 7,509,452
GME Program Costs	\$	5,056,227	90%	\$ 4,550,604
GME Professional Liability	\$	735,140	100%	\$ 735,140
Tulsa				
Inst. Funded Resident Positions	\$	4,441,705	95%	\$ 4,219,620
GME Program Costs	\$	3,093,235	95%	\$ 2,938,573
GME Professional Liability	\$	270,599	100%	\$ 270,599
OSU				
Inst. Funded Resident Positions	\$	6,108,339	85%	\$ 5,192,089
GME Program Costs	\$	2,280,579	85%	\$ 1,938,492
				\$ -
Combined OU and OSU				\$ 106,674,530
Cost per resident	\$	99,510		 

RAND Study RAND Corporation

### Standard CMS Financial Management Questions

- 1. Section 1903(a)(1) provides that federal matching funds are only available for expenditures made by states for services under the approved State Plan.
  - a. Do providers receive and retain the total Medicaid expenditures claimed by the State(includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local government entity or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or Percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e. general fund, medical services account, etc.)

Yes, providers receive and retain 100 percent of the payments.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services available under the plan.
  - a. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded.

The non-federal share (NFS) of the supplemental payments to Oklahoma public universities is funded through Intergovernmental Transfers (IGTs) from appropriations from the legislature. The non-federal share (NFS) of the supplemental payments to federally recognized entities is funded through Intergovernmental Transfers. The non-federal share (NFS) of the loan repayment program payments are funded through Intergovernmental Transfers (IGTs) from appropriations from the legislature.

 b. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs) provider taxes or any other mechanism used by the State to provide state share.

The non-federal share (NFS) is funded through Intergovernmental Transfers (IGTs).

c. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.

Funds are appropriated to University of Oklahoma (OU) and Oklahoma State University (OSU) Medical Schools and to the Physician Manpower Training Commission for supplemental payments to Oklahoma public universities. Funds are appropriated to the Tobacco Settlement Endowment Trust for the loan repayment program.

d. Please provide an estimate of total expenditure and state share amounts for each type of Medicaid payment.

Туре	Total	NFS				
GME Payments	\$104,200,000	\$43,170,060				
Loan Repayment	\$800,000	\$331,440				

e. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds.

The State receives the transferred amounts prior to making the payments.

f. If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for federal matching funds in accordance with 42 CFR 433.51(b).

Not applicable

i.

- g. For any payment funded by CPEs or IGTs, please provide the following:
  - A complete list of the names of entities transferring or certifying funds: University of Oklahoma College of Medicine

Oniversity of Oklahoma College of Medicine Oklahoma State University College of Osteopathic Medicine Physician Manpower Training Commission Oklahoma Tobacco Settlement Endowment Trust

- ii. The operational nature of the entity (state, county, city, other): Oklahoma public universities, State Commission, State Agency
- iii. The total amounts transferred or certified by each entity: \$43,501,500
- iv. Clarify whether the certifying or transferring entity has general taxing authority: *The transferring entities do not have general taxing authority.*
- v. Whether the certifying or transferring entity receives appropriations (identify level of appropriations): *The transferring entities do receive appropriations.*

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy and quality of care. Section 1903(a)(1) provides for federal financial participation to states for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Not applicable, these payments will not be State Plan supplemental payments.

4. Please provide a detailed description of the methodology used by the State to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.

### Not Applicable

Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the federal share of the excess to CMS on the quarterly expenditures report?

No governmental provider receives payments that exceed their reasonable costs of providing services.

### Summary of July 2016 update to Oklahoma SoonerCare Budget Neutrality

### Sponsor's Choice MEG

The SoonerCare budget neutrality submission has been updated to include the Insure OK Sponsor's Choice Insurance (SCI) MEG. A new MEG tab has been added as Exhibit 16. The subsequent tabs have been renumbered accordingly (former Exhibit 16 is now Exhibit 17, former Exhibit 17 is now Exhibit 18, etc.).

The SCI enrollment projection assumes 10,000 members will join by December 2017 and 50,000 by December 2018. The 50,000 figure is the OHCA's estimate of the total number eligible to enroll. The model assumes enrollment will begin in January 2017 with 833 members and will increase by 833 members per month, through December 2017. Enrollment in 2018 will increase by 3,333 members per month, reaching 50,000 in December 2018.

The PMPM value for the SCI MEG has been set equal to the PMPM rate for the closest equivalent MEG, IOK Non-Disabled Working Adults and Spouses covered through Employer-Sponsored Insurance (NDWA-ESI).

Costs associated with the new MEG have been incorporated into the aggregate expenditure exhibit as an offset to waiver savings.

### **Provider Rate Reduction**

The SoonerCare budget neutrality forecast has been updated to account for the projected impact of a three percent across-the-board reduction in provider payment rates that took effect on January 1, 2016. The rate reduction applies to traditional Medicaid MEGs only; Insure OK, HAN and HMP MEGs are not affected.

The rate reduction calculations can be found in Exhibits 3 (TANF-U), 4 (TANF-R), 5 (ABD-U), 6 (ABD-R) and 11 (TEFRA). The reductions also affect the summary budget neutrality forecast shown in Exhibit 24 (All).

### Completion of CY 2015 Data

DY20 (CY 2015) member months and expenditures have been updated on all applicable exhibits to include a full year of historical data (previous iteration was annualized based on nine months of data).

### Summary of May - December updates to Oklahoma SoonerCare Budget Neutrality

### Savings (if applicable)

Cumulative savings/(deficit) limited as follows: -Cumulative savings look back limited to the five years prior to the 2018 extension -Annual savings/(deficit) recognition limited to 25 percent of actual within cumulative savings/(deficit) calculation

### Updated to Reflect DY21 (CY 2016) Actual Expenditures

DY21 (CY 2016) member months and expenditures have been updated on all applicable exhibits to actual expenditures as reported on Schedule C

### Projected PMPM Expenditures: Traditional MEGs

PMPM for TANF-Urban MEG based on approved PMPM trend rate with GME and HMP trended separately

PMPM for TANF-Rural, ABD-Urban and ABD-Rural based on approved PMPM trend rates with HMP trended separately at 3 percent annually

### Sponsors Choice MEG

Enrollment for Sponsors Choice (Exhibit 16) projected to reach 10,000 members in December 2019 and 50,000 members in December 2020; enrollment will remain at 50,000 in 2021

PMPM for Sponsors Choice MEG set equal to NDWA-ESI MEG, which is the closest in terms of demographics/projected cost profile

### Workforce Development Expenditures

Projected CY 2017 expenditures were reduced by \$31 million to account for one quarter of workforce development funding deferral. Projected expenditures for subsequent years were adjusted to remove any workforce development expenditures (Adjustment made within TANF-U MEG).

### University Access to Care Pool

Projected CY 2018 expenditure of \$105 million (state and federal) included within TANF-U MEG to account for University Access to Care Pool funding.

# SOONERCARE 1115 BUDGET NEUTRALITY **TREND FACTORS**

May 2017- Jan 2018 Notes/Updates: - OMB trend factors, as provided by CMS, used for 2017 - 2018 PMPM expenditure projections - OMB trend factors, as provided by CMS, used to trend 2016 base year to 2018

### **MEG Enrollment Trend Calculation**

MEG	2010	2011	2012	2013	2014	2015	2016	Annual Trend	Trending Years
TANF - Urban	3,333,170	3,357,000	3,620,263	3,741,817	4,001,208	4,101,736	4,023,592	3.19%	2010 - 2016
TANF - Rural	2,429,264	2,433,324	2,565,123	2,618,683	2,745,120	2,807,836	2,721,130	1.91%	2010 - 2016
ABD - Urban	327,267	344,575	348,935	360,205	365,630	362,810	373,088	2.21%	2010 - 2016
ABD - Rural	278,093	285,113	285,622	290,965	291,806	287,250	278,503	0.02%	2010 - 2016
NDWA - ESI				İ		·		7.25%	See IOK_ESI-IP Tab
NDWA - IP								4.57%	See IOK_ESI-IP Tab
WDA	90	114	66	42	-		-	-100.00%	2010 - 2016
TEFRA	4,018	4,514	4,978	5,326	6,148	6,771	7,149	10.08%	2010 - 2016
College - ESI		,	I	i		i		4.20%	See IOK_ESI-IP Tab
College - IP								2.79%	See IOK_ESI-IP Tab

### **PMPM Trend Factors**

MEG	Factor
TANF-U	1.0400
TANF-R	1.0400
ABD-U	1.0360
ABD-R	1.0360
NDWA	1.0400
WDA	1.0360
TEFRA	1.0360
College Students	1.0400

# TANF URBAN MEG

July 2016 Notes/Updates: - MEG-specific actual expenditures not available for 1996 - 2003 - Historical expenditures reflect C-Report amounts

May 2017 - Jan 2018 Notes/Updates: -Actual PMPM expenditures for 2016 trended forward to establish rebased PMPM budget neutrality limit for 2018 - CY 2017 projected expenditures reduced by \$31 million, to reflect workforce development funding disallowance - CY 2018 projected expenditures adjusted to remove workforce development funding of \$115 million per year - CY 2018 projected expenditures adjusted to add \$105 million for University Access to Care Pool funding

				Budget Neu	ıtrali	ty Limit	Actual/Projecte	ed E	xpenditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cur	nulative Savings/ (Deficit)
	1	1996	1,248,591	\$ 121.60	\$	151,828,666							
	2	1997	1,201,538	\$ 129.52	\$	155,618,588							
	3	1998	1,299,675	\$ 137.95	\$	179,287,128							
	4	1999	1,489,962	\$ 146.93	\$	218,917,218			See Exhibit	24 (	(Aggregate)		
	5	2000	1,575,250	\$ 156.49	\$	246,515,710							
	6	2001	1,988,010	\$ 166.68	\$	331,363,038							
	7	2002	2,159,002	\$ 177.53	\$	383,291,270							
	8	2003	2,319,441	\$ 189.09	\$	438,580,782							
-	9	2004	2,426,341	\$ 201.40	\$	488,661,911	\$ 136.70	\$	331,669,473	\$	156,992,438	\$	156,992,438
Historical	10	2005	2,528,654	\$ 214.51	\$	542,420,938	\$ 188.11	\$	475,653,511	\$	66,767,427	\$	223,759,865
Histo	11	2006	2,643,157	\$ 228.47	\$	603,893,538	\$ 213.25	\$	563,645,766	\$	40,247,772	\$	264,007,637
-	12	2007	2,808,278	\$ 240.19	\$	674,520,293	\$ 217.74	\$	611,465,158	\$	63,055,135	\$	327,062,772
	13	2008	2,772,622	\$ 252.51	\$	700,119,625	\$ 237.40	\$	658,219,711	\$	41,899,914	\$	368,962,686
	14	2009	3,029,870	\$ 265.47	\$	804,339,589	\$ 249.71	\$	756,593,334	\$	47,746,255	\$	416,708,941
	15	2010	3,333,170	\$ 279.09	\$	930,249,786	\$ 234.68	\$	782,242,482	\$	148,007,304	\$	564,716,244
	16	2011	3,357,000	\$ 293.41	\$	984,968,363	\$ 252.31	\$	847,000,007	\$	137,968,356	\$	702,684,600
	17	2012	3,620,263	\$ 308.46	\$	1,116,703,111	\$ 251.66	\$	911,062,393	\$	205,640,718	\$	908,325,319
	18	2013	3,741,817	\$ 322.03	\$	1,204,977,329	\$ 255.01	\$	954,184,381	\$	250,792,948	\$	1,159,118,266
	19	2014	4,001,208	\$ 336.20	\$	1,345,206,130	\$ 237.82	\$	951,550,408	\$	393,655,722	\$	1,552,773,988
	20	2015	4,101,736	\$ 350.99	\$	1,439,668,319	\$ 240.57	\$	986,750,815	\$	452,917,504	\$	2,005,691,492
Current	21	2016	4,023,592	\$ 366.44	\$	1,474,405,052	\$ 235.70	\$	948,370,039	\$	526,035,013	\$	2,531,726,505
Cur	22	2017 (proj)	4,151,834	\$ 381.10	\$	1,582,254,095	\$ 237.32	\$	985,294,448	\$	596,959,648	\$	3,128,686,153
RB	23	2018 (proj)	4,284,164	\$ 396.34	\$	1,697,992,025	\$ 250.88	\$	1,074,791,909	\$	623,200,116	\$	3,751,886,269

Adjustment for HAN expenditures in cells H24 - H27 (dollars removed to eliminate doublecount in 2010 - 2013 data; no doublecount in 2014-2015 data)
Historical HMP expenditures added to cells H27 - H30
Projected HMP expenditures added to cells G31 - G32 but separately trended

HMF	P expenditures	s ex	cluded from, T	<b>AN</b>	F-U amounts
	F-U with HAN and without HMP		erence (C Report ninus BN table)		mulative Deviation y Renewal Period
\$	331,669,473	\$	(331,669,473)		
\$	475,653,511	\$	(475,653,511)		
\$	563,645,766	\$	(563,645,766)		
\$	611,465,158	\$	(611,465,158)		
\$	658,219,711	\$	(658,219,711)		
\$	756,593,334	\$	(756,593,334)		
\$	782,988,002	\$	(782,988,002)		
\$	849,144,497	\$	(849,144,497)		
\$	913,775,678	\$	(913,775,678)		
\$	956,117,310	\$	(956,117,310)	\$	(6,899,272,440)
				1	
				I	

### Comparison with HAN expenditures included in, and HMP expenditures excluded from TANE-II amounts

# TANF RURAL MEG

July 2016 Notes/Updates:

 MEG-specific actual expenditures not available for 1996 - 2003
 Historical expenditures reflect C-Report amounts - Historical HMP expenditures added to cells H27 - H30 - Projected PMPM HMP expenditures added to cells G31 - G32 but separately trended

May 2017 - Jan 2018 Notes/Updates: -Actual PMPM expenditures for 2016 trended forward to establish rebased PMPM budget neutrality limit for 2018

				Budget Neu	ıtrali	ity Limit	Actual/Projecte	ed Ex	penditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cu	mulative Savings/ (Deficit)
	1	1996	1,088,941	\$ 123.34	\$	134,309,983							
	2	1997	1,081,206	\$ 131.37	\$	142,037,420							
	3	1998	1,250,830	\$ 139.92	\$	175,018,115							
	4	1999	1,510,946	\$ 149.03	\$	225,177,007			See Exhibi	t 24	(Aggregate)		
	5	2000	1,522,229	\$ 158.73	\$	241,627,007							
	6	2001	1,915,864	\$ 169.07	\$	323,907,157							
	7	2002	2,014,674	\$ 180.07	\$	362,786,430							
	8	2003	1,941,227	\$ 191.79	\$	372,317,080							
_	9	2004	1,984,722	\$ 204.28	\$	405,440,105	\$ 149.19	\$	296,093,830	\$	109,346,275	\$	109,346,275
orica	10	2005	2,015,932	\$ 217.58	\$	438,624,903	\$ 159.74	\$	322,029,702	\$	116,595,201	\$	225,941,475
Historical	11	2006	2,036,491	\$ 231.74	\$	471,943,801	\$ 190.64	\$	388,233,610	\$	83,710,191	\$	309,651,667
-	12	2007	2,130,548	\$ 243.63	\$	519,065,409	\$ 195.93	\$	417,441,223	\$	101,624,186	\$	411,275,853
	13	2008	2,078,460	\$ 256.13	\$	532,352,258	\$ 208.78	\$	433,930,540	\$	98,421,718	\$	509,697,571
	14	2009	2,246,021	\$ 269.27	\$	604,780,677	\$ 220.17	\$	494,500,235	\$	110,280,442	\$	619,978,012
	15	2010	2,429,264	\$ 283.08	\$	687,678,542	\$ 213.70	\$	519,126,643	\$	168,551,899	\$	788,529,911
	16	2011	2,433,324	\$ 297.60	\$	724,164,719	\$ 224.38	\$	545,999,493	\$	178,165,226	\$	966,695,137
	17	2012	2,565,123	\$ 312.87	\$	802,550,338	\$ 230.22	\$	590,533,873	\$	212,016,465	\$	1,178,711,602
	18	2013	2,618,683	\$ 326.64	\$	855,366,615	\$ 230.12	\$	602,610,415	\$	252,756,200	\$	1,431,467,803
	19	2014	2,745,120	\$ 341.01	\$	936,113,371	\$ 229.99	\$	631,345,478	\$	304,767,893	\$	1,736,235,696
	20	2015	2,807,836	\$ 356.01	\$	999,617,694	\$ 210.86	\$	592,057,993	\$	407,559,702	\$	2,143,795,398
Current	21	2016	2,721,130	\$ 371.67	\$	1,011,362,387	\$ 208.30	\$	566,807,331	\$	444,555,056	\$	2,588,350,454
Cur	22	2017 (proj)	2,773,076	\$ 386.54	\$	1,071,895,794	\$ 216.58	\$	600,594,720	\$	471,301,074	\$	3,059,651,528
RB	23	2018 (proj)	2,826,013	\$ 402.00	\$	1,136,052,326	\$ 225.19	\$	636,400,911	\$	499,651,415	\$	3,559,302,943

Comparison with HMP expenditures excluded from TANF-R amounts

TAN	F-R without HMP		erence (C Report ninus BN table)		mulative Deviation y Renewal Period
•	000 000 000	•			
\$	296,093,830	\$	(296,093,830)		
\$	322,029,702	\$	(322,029,702)		
\$ ¢	388,233,610	\$ ¢	(388,233,610)		
\$ \$	417,441,223	\$	(417,441,223)		
э \$	433,930,540 494,500,235	\$ \$	(433,930,540)		
э \$	519,126,643	э \$	(494,500,235)		
ф \$	545,999,493	Գ \$	(519,126,643) (545,999,493)		
\$	590,533,873	\$	(590,533,873)		
\$	600,427,955	\$	(600,427,955)	\$	(2,256,087,964)
Ŷ	000, 121,000	Ψ	(000, 121,000)	Ψ	(2,200,001,001)

# ABD URBAN MEG

July 2016 Notes/Updates:

MEG-specific actual expenditures not available for 1996 - 2003
Historical expenditures reflect C-Report amounts
Historical HMP expenditures added to cells H27 - H30
Projected PMPM HMP expenditures added to cells G31 - G32 but separately trended

May 2017 - Jan 2018 Notes/Updates: -Actual PMPM expenditures for 2016 trended forward to establish rebased PMPM budget neutrality limit for 2018

				Budget Neu	ıtrali	ty Limit	Actual/Projecte	ed E	xpenditures				
											Savings/	Сι	ımulative Savings/
	DY	СҮ	Member Months	PMPM		Aggregate	РМРМ		Aggregate		(Deficit)		(Deficit)
	1	1996											
	2	1997											
	3	1998											
	4	1999	96,785	\$ 536.14	\$	51,889,826							
	5	2000	190,315	\$ 567.55	\$	108,013,756			0				
	6	2001	279,689	\$ 600.81	\$	168,040,252			See Exhibit 2	4 (A	ggregate)		
	7	2002	306,526	\$ 636.02	\$	194,956,243							
	8	2003	233,742	\$ 673.29	\$	157,375,990							
_	9	2004	244,590	\$ 712.74	\$	174,330,070	\$ 489.16	\$	119,644,174	\$	54,685,896	\$	54,685,896
orica	10	2005	255,066	\$ 754.51	\$	192,450,068	\$ 668.41	\$	170,487,472	\$	21,962,596	\$	76,648,492
Historical	11	2006	259,473	\$ 798.73	\$	207,247,624	\$ 858.00	\$	222,627,081	\$	(15,379,457)	\$	61,269,036
±	12	2007	268,332	\$ 840.26	\$	225,468,646	\$ 894.55	\$	240,036,203	\$	(14,567,557)	\$	46,701,479
	13	2008	283,834	\$ 883.96	\$	250,898,901	\$ 962.43	\$	273,171,226	\$	(22,272,325)	\$	24,429,154
	14	2009	301,034	\$ 929.92	\$	279,937,423	\$ 1,003.30	\$	302,026,587	\$	(22,089,164)	\$	2,339,990
	15	2010	327,267	\$ 978.28	\$	320,157,269	\$ 960.84	\$	314,450,856	\$	5,706,413	\$	8,046,403
	16	2011	344,575	\$ 1,029.15	\$	354,617,902	\$ 931.12	\$	320,839,827	\$	33,778,075	\$	41,824,478
	17	2012	348,935	\$ 1,082.66	\$	377,778,436	\$ 932.40	\$	325,345,676	\$	52,432,760	\$	94,257,239
	18	2013	360,205	\$ 1,128.13	\$	406,358,067	\$ 974.58	\$	351,048,325	\$	55,309,742	\$	149,566,981
	19	2014	365,630	\$ 1,175.51	\$	429,801,721	\$ 1,055.90	\$	386,068,587	\$	43,733,135	\$	193,300,115
	20	2015	362,810	\$ 1,224.89	\$	444,402,341	\$ 1,089.26	\$	395,192,726	\$	49,209,615	\$	242,509,730
Current	21	2016	373,088	\$ 1,276.34	\$	476,187,138	\$ 1,033.12	\$	385,443,403	\$	90,743,735	\$	333,253,465
Cur	22	2017 (proj)	381,326	\$ 1,322.29	\$	504,222,545	\$ 1,070.26	\$	408,119,460	\$	96,103,085	\$	429,356,550
RB	23	2018 (proj)	389,745	\$ 1,369.89	\$	533,908,531	\$ 1,108.75	\$	432,130,085	\$	101,778,445	\$	531,134,995

on with HMP expenditures excluded from ABD-U amounts

ABD-0 amoun	ts	
ABD-U without HMP	Difference (C Report minus BN table)	Cumulative Deviation by Renewal Period
\$ 119,644,174	\$ (119,644,174)	
\$ 170,487,472	\$ (170,487,472)	
\$ 222,627,081	\$ (222,627,081)	
\$ 240,036,203	\$ (240,036,203)	
\$ 273,171,226	\$ (273,171,226)	
\$ 302,026,587	\$ (302,026,587)	
\$ 314,450,856	\$ (314,450,856)	
\$ 320,839,827	\$ (320,839,827)	
\$ 325,345,676	\$ (325,345,676)	
\$ 350,748,123	\$ (350,748,123)	\$ (1,311,384,482)

# ABD RURAL MEG

# July 2016 Notes/Updates:

MEG-specific actual expenditures not available for 1996 - 2003
Historical expenditures reflect C-Report amounts
Historical HMP expenditures added to cells H27 - H30
Projected PMPM HMP expenditures added to cells G31 - G32 but separately trended

May 2017 - Jan 2018 Notes/Updates: -Actual PMPM expenditures for 2016 trended forward to establish rebased PMPM budget neutrality limit for 2018

				Budget Neu	ıtrali	ty Limit	Actual/Projecte	ed Ex	penditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cun	nulative Savings/ (Deficit)
	1	1996											
	2	1997											
	3	1998											
	4	1999	103,533	\$ 427.26	\$	44,235,510							
	5	2000	209,188	\$ 452.30	\$	94,615,196							
	6	2001	329,747	\$ 478.80	\$	157,883,545			See Exhibit 2	24 (/	Aggregate)		
	7	2002	343,627	\$ 506.86	\$	174,170,735							
	8	2003	222,348	\$ 536.56	\$	119,303,455							
_	9	2004	231,151	\$ 568.00	\$	131,294,780	\$ 599.10	\$	138,481,478	\$	(7,186,698)	\$	(7,186,698)
Historical	10	2005	238,426	\$ 601.29	\$	143,363,035	\$ 639.45	\$	152,460,934	\$	(9,097,899)	\$	(16,284,596)
listo	11	2006	241,661	\$ 636.52	\$	153,823,267	\$ 793.03	\$	191,644,246	\$	(37,820,979)	\$	(54,105,575)
<u> </u>	12	2007	244,220	\$ 669.62	\$	163,534,596	\$ 834.57	\$	203,819,587	\$	(40,284,991)	\$	(94,390,566)
	13	2008	251,088	\$ 704.44	\$	176,876,491	\$ 871.89	\$	218,920,196	\$	(42,043,705)	\$	(136,434,272)
	14	2009	262,857	\$ 741.07	\$	194,795,734	\$ 930.09	\$	244,480,172	\$	(49,684,438)	\$	(186,118,709)
	15	2010	278,093	\$ 779.61	\$	216,803,202	\$ 943.82	\$	262,470,486	\$	(45,667,284)	\$	(231,785,993)
	16	2011	285,113	\$ 820.15	\$	233,834,396	\$ 958.77	\$	273,358,100	\$	(39,523,704)	\$	(271,309,697)
	17	2012	285,622	\$ 862.79	\$	246,432,947	\$ 938.53	\$	268,063,880	\$	(21,630,933)	\$	(292,940,630)
	18	2013	290,965	\$ 899.03	\$	261,586,264	\$ 970.21	\$	282,298,187	\$	(20,711,923)	\$	(313,652,553)
	19	2014	291,806	\$ 936.79	\$	273,360,943	\$ 1,011.24	\$	295,085,785	\$	(21,724,842)	\$	(335,377,395)
	20	2015	287,250	\$ 976.14	\$	280,396,215	\$ 1,031.19	\$	296,210,205	\$	(15,813,990)	\$	(351,191,386)
Current	21	2016	278,503	\$ 1,019.09	\$	283,819,622	\$ 1,005.06	\$	279,910,975	\$	3,908,647	\$	(347,282,739)
Curi	22	2017 (proj)	278,571	\$ 1,055.78	\$	294,109,335	\$ 1,041.19	\$	290,046,685	\$	4,062,650	\$	(343,220,088)
RB	23	2018 (proj)	278,640	\$ 1,093.79	\$	304,772,096	\$ 1,078.63	\$	300,549,779	\$	4,222,317	\$	(338,997,771)

### Comparison with HMP expenditures excluded from ABD-U amounts

	Difference (C	Cumulative
ABD-R without HMP	Report minus BN table)	Deviation by Renewal Period
\$ 138,481,478	\$ (138,481,478)	
\$ 152,460,934	\$ (152,460,934)	
\$ 191,644,246	\$ (191,644,246)	
\$ 203,819,587	\$ (203,819,587)	
\$ 218,920,196	\$ (218,920,196)	
\$ 244,480,172	\$ (244,480,172)	
\$ 262,470,486	\$ (262,470,486)	
\$ 273,358,100	\$ (273,358,100)	
\$ 268,063,880	\$ (268,063,880)	
\$ 282,055,691	\$ (282,055,691)	\$(1,085,948,157)
		I

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts - Adjustment for College Student (CS) expenditures in cells H23 - H27 (dollars removed to eliminate doublecount)

# NON-DISABLED WORKING ADULTS MEG - ESI & IP

				Budget Neu	utrality Limit	Actual/Projec	ted Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
=	9	2004							
Historical	10	2005							
Histo	11	2006	9,744			\$ 198.81	\$ 1,937,239	\$ (1,937,239)	\$ (1,937,239)
<u> </u>	12	2007	38,417			\$ 204.54	\$ 7,857,843	\$ (7,857,843)	\$ (9,795,082)
	13	2008	139,822			\$ 239.38	\$ \$ 33,470,013	\$ (33,470,013)	\$ (43,265,095)
	14	2009	172,594			\$ 437.73	\$ 75,549,419	\$ (75,549,419)	\$ (118,814,514)
	15	2010	392,065			\$ 284.10	\$ 111,386,167	\$ (111,386,167)	\$ (230,200,681)
	16	2011	392,772			\$ 314.00	\$ 123,330,328	\$ (123,330,328)	\$ (353,531,009)
	17	2012	391,031			\$ 309.32	2 \$ 120,952,327	\$ (120,952,327)	\$ (474,483,336)
	18	2013	388,005			\$ 297.14	\$ 115,291,324	\$ (115,291,324)	\$ (589,774,660)
	19	2014							
	20	2015					<u> </u>		
	21	2016			See Exhi	ibit 8 for ESI 201	4 and later		
Current	22	2017 (proj)							
0	23	2018 (proj)							

July 2016 Notes/Updates: - 2014 expenditure data includes C-report adjustments in order to align with C-report values, resulting in a low PMPM value for that year. PMPM trending is based on OMB rate for TANF-U and is unaffected by inclusion of the adjusted data

# NON-DISABLED WORKING ADULTS MEG - ESI PROJECTIONS

				Budget Ne	utrality Limit	Actual/Project	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
listc	11	2006							
<u> </u>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	273,146			\$ 72.50	\$ 19,802,018	\$ (19,802,018)	\$ (379,039,071)
	20	2015	158,543			\$ 277.93	\$ 44,063,972	\$ (44,063,972)	\$ (423,103,043)
	21	2016	172,683			\$ 299.92	\$ 51,791,347	\$ (51,791,347)	\$ (474,894,390)
Current	22	2017 (proj)	185,206			\$ 311.92	\$ 57,769,167	\$ (57,769,167)	\$ (532,663,557)
_	23	2018 (proj)	198,637			\$ 324.40	\$ 64,436,954	\$ (64,436,954)	\$ (597,100,511)

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts

### WORKING DISABLED ADULTS MEG - ESI & IP

				Budget Ne	utrality Limit	Actual/Pro	jected	I Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ		Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996								
	2	1997								
	3	1998								
	4	1999								
	5	2000								
	6	2001								
	7	2002								
	8	2003								
æ	9	2004								
orica	10	2005								
Historical	11	2006	-					\$-	\$-	\$-
<u> </u>	12	2007	-					\$ 24	\$ (24)	\$ (24)
	13	2008	-					\$ 34,024	\$ (34,024)	\$ (34,048)
	14	2009	110			\$ 1,175	5.11	\$ 129,262		\$ (163,310)
	15	2010	90			\$ 1,517	7.03	\$ 136,533	\$ (136,533)	\$ (299,843)
	16	2011	114			\$ 907	7.56	\$ 103,462	\$ (103,462)	\$ (403,305)
	17	2012	66			\$ 1,429	9.38	\$ 94,339	\$ (94,339)	\$ (497,644)
	18	2013	42			\$ 1,243	3.31	\$ 52,219	\$ (52,219)	\$ (549,863)
	19	2014								
	20	2015								
÷	21	2016			See Exhi	bit 10 for ESI 2	2014	and later		
Current	22	2017 (proj)								
-	23	2018 (proj)								

# WORKING DISABLED ADULTS MEG - ESI PROJECTIONS

July 2016 Notes/Updates: - Historical WDA enrollment has been exclusively in the IP MEG; cumulative saving/deficit amounts therefore are depicted in the WDA IP MEG - The OHCA continues to project no enrollment in this MEG for 2016 - 2018 and has requested that it be removed (continuing to show pending CMS approval)

				Budget Neu	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
_	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015	-			\$-	\$-	\$-	\$-
	21	2016	-			\$-	\$-	\$-	\$-
Current	22	2017 (proj)	-			\$-	\$-	\$-	\$-
	23	2018 (proj)	-			\$-	\$-	\$-	\$-

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts

# **TEFRA CHILDREN MEG**

				Budget Net	utrality Limit	Actual/Projecte	d Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005					\$ 5,427	\$ (5,427)	\$ (5,427)
Histo	11	2006	931			\$ 943.85	\$ 878,723	\$ (878,723)	\$ (884,150)
<b>–</b>	12	2007	1,813			\$ 1,055.94	\$ 1,914,413	\$ (1,914,413)	\$ (2,798,563)
	13	2008	2,515			\$ 914.81	\$ 2,300,738	\$ (2,300,738)	\$ (5,099,301)
	14	2009	3,299			\$ 1,393.11	\$ 4,595,873	\$ (4,595,873)	\$ (9,695,174)
	15	2010	4,018			\$ 1,128.02	\$ 4,532,385	\$ (4,532,385)	\$ (14,227,559)
	16	2011	4,514			\$ 1,007.97	\$ 4,549,994	\$ (4,549,994)	\$ (18,777,553)
	17	2012	4,978			\$ 1,209.69	\$ 6,021,818	\$ (6,021,818)	\$ (24,799,371)
	18	2013	5,326			\$ 1,038.85	\$ 5,532,926	\$ (5,532,926)	\$ (30,332,297)
	19	2014	6,148			\$ 1,018.70	\$ 6,262,962	\$ (6,262,962)	\$ (36,595,259)
	20	2015	6,771			\$ 886.04	\$ 5,999,400	\$ (5,999,400)	\$ (42,594,659)
t	21	2016	7,149			\$ 716.07	\$ 5,119,171	\$ (5,119,171)	\$ (47,713,830)
Current	22	2017 (proj)	7,870			\$ 741.85	\$ 5,838,016	\$ (5,838,016)	\$ (53,551,846)
•	23	2018 (proj)	8,663			\$ 768.55	\$ 6,657,803	\$ (6,657,803)	\$ (60,209,649)

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts

# FULL TIME COLLEGE STUDENT MEG - ESI & IP

				Budget Neu	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
rica	10	2005							
Historical	11	2006							
±	12	2007							
	13	2008							
	14	2009	873			\$ 65.14	\$ 56,867	\$ (56,867)	\$ (56,867)
	15	2010	3,972			\$ 150.85	\$ 599,168	\$ (599,168)	\$ (656,035)
	16	2011	5,493			\$ 147.65	\$ 811,060	\$ (811,060)	\$ (1,467,095)
	17	2012	6,724			\$ 162.45	\$ 1,092,335	\$ (1,092,335)	\$ (2,559,430)
	18	2013	5,630			\$ 191.36	\$ 1,077,362	\$ (1,077,362)	\$ (3,636,792)
	19	2014							
	20	2015							
	21	2016			See Exhil	bit 13 for ESI 2014	and later		
Current	22	2017 (proj)							
<u> </u>	23	2018 (proj)							

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts

# FULL TIME COLLEGE STUDENT MEG - ESI PROJECTIONS

				Budget Ne	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
rica	10	2005							
Historical	11	2006							
±	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	3,182			\$ 74.14	\$ 235,903	\$ (235,903)	\$ (1,853,302)
	20	2015	1,217			\$ 251.98	\$ 306,659	\$ (306,659)	\$ (2,159,961)
t	21	2016	1,450			\$ 239.71	\$ 347,579	\$ (347,579)	\$ (2,507,540)
Current	22	2017 (proj)	1,511			\$ 249.30	\$ 376,656	\$ (376,656)	\$ (2,884,196)
<u> </u>	23	2018 (proj)	1,574			\$ 259.27	\$ 408,165	\$ (408,165)	\$ (3,292,361)

July 2016 Notes/Updates: - The OHCA projects no enrollment in this MEG for 2016 - 2018

# FOSTER PARENT MEG - ESI PROJECTIONS

				Budget Net	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
listo	11	2006							
<u></u>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
ŧ	21	2016							
Current	22	2017 (proj)							
-	23	2018 (proj)							

### **EMPLOYEES OF NON-PROFIT ORGANIZATIONS MEG - ESI PROJECTIONS**

July 2016 Notes/Updates: - The OHCA projects no enrollment in this MEG for 2016 - 2018

				Budget Ne	eutrality Limit	Actual/Project	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
orica	10	2005							
Historical	11	2006							
<u> </u>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
Ŧ	21	2016							
Current	22	2017 (proj)							
~ 	23	2018 (proj)							

SPONSOR'S CHOICE INSURANCE PROJECTIONS

				Budget Net	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
<u> </u>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
t	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

May 2017 - Jan 2018 Notes/Updates: - Member month projections assume enrollment will reach 10,000 members in December 2019 and 50,000 members in December 2020; enrollment will remain at 50,000 in 2021 - PMPM projections set equal to NDWA-ESI MEG

### NON-DISABLED WORKING ADULTS MEG - IP PROJECTIONS

### **Budget Neutrality Limit** Actual/Projected Expenditures Cumulative Savings/ Savings/ **Member Months** PMPM РМРМ (Deficit) (Deficit) СҮ DY Aggregate Aggregate 1996 1 2 1997 3 1998 4 1999 5 2000 6 2001 7 2002 8 2003 9 2004 Historical 2005 10 11 2006 12 2007 13 2008 14 2009 15 2010 16 2011 17 2012 18 2013 \$ 19 2014 12,712 4,478.15 \$ 56,926,254 \$ (56,926,254) \$ (287,463,861) \$ 20 2015 48,088 28,277,714 \$ (28,277,714) \$ (315,741,575) 588.04 \$ 21 \$ 27,370,205 \$ (27,370,205) \$ (343,111,780) 2016 50,320 543.92 \$ Current 22 2017 (proj) \$ 565.68 \$ (29,766,043) \$ 52,620 29,766,043 \$ (372,877,823) 23 2018 (proj) 55,025 \$ 588.31 \$ 32,371,600 \$ (32,371,600) \$ (405,249,423)

July 2016 Notes/Updates:

- 2014 expenditure data includes C-report adjustments in order to align with C-report values, resulting in a high PMPM value. PMPM trending is based on OMB rate for TANF-U and is unaffected by inclusion of the adjusted data

# WORKING DISABLED ADULTS MEG - IP PROJECTIONS

May 2017 - Jan 2018 Notes/Updates: -The OHCA projects no further in enrollment in this MEG for 2016 - 2018 - Historical WDA enrollment has been exclusively in the IP MEG; cumulative saving/deficit amounts therefore are depicted below

				Budget Neutrality Limit		Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996						(20111)	(= ====,)
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	4			\$ 1,560.75	\$ 6,243	\$ (6,243)	\$ (556,106)
	20	2015	11			\$ 4,187.27	\$ 46,060	\$ (46,060)	\$ (602,166)
t	21	2016	-			\$ 4,338.01	\$ 17,555	\$ (17,555)	\$ (619,721)
Current	22	2017 (proj)	-			\$ 4,494.18	\$-	\$-	\$ (619,721)
<u> </u>	23	2018 (proj)	-			\$ 4,655.97	\$-	\$-	\$ (619,721)

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts - One member month entered for 2014 to prevent refference cell errors

### **FULL TIME COLLEGE STUDENT MEG - IP PROJECTIONS**

			CY Member Months	Budget Neutrality Limit		Actual/Projected Expenditures			
	DY	сү		РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
=	9	2004							
orica	10	2005							
Historical	11	2006							
<b>–</b>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	1			\$ 293,200.00	293,200	\$ (293,200)	\$ (2,312,593)
	20	2015	2,126			\$ 180.09	9 \$ 382,877	\$ (382,877)	\$ (2,695,470)
t	21	2016	2,303			\$ 180.93	3 \$ 416,689	\$ (416,689)	\$ (3,112,159)
Current	22	2017 (proj)	2,367			\$ 188.17	\$ 445,430	\$ (445,430)	\$ (3,557,589)
<u> </u>	23	2018 (proj)	2,433			\$ 195.70	\$ 476,154	\$ (476,154)	\$ (4,033,742)

July 2016 Notes/Updates: - The OHCA projects no enrollment in this MEG for 2016 - 2018

# **FOSTER PARENT MEG - IP PROJECTIONS**

				Budget Neutrality Limit		Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
la	9	2004							
Historical	10	2005							
Histo	11	2006							
<u> </u>	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
Current	21	2016							
	22	2017 (proj)							
	23	2018 (proj)							

July 2016 Notes/Updates: - The OHCA projects no enrollment in this MEG for 2016 - 2018

## EMPLOYEES OF NON-PROFIT ORGANIZATIONS MEG - IP PROJECTIONS

				Budget Neutrality Limit		Actual/Projected Expenditures			
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
-	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
Current	21	2016							
	22	2017 (proj)							
	23	2018 (proj)							

July 2016 Notes/Updates: - Historical expenditures reflect C-Report amounts - Member months trended at TANF-U growth rate

# HAN MEG

			Client Months	Budget Neutrality Limit		Actual/Projected Expenditures			
	DY CY	СҮ		РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010 (6 mos)	149,104			\$ 5.00	\$ 745,520	\$ (745,520)	\$ (745,520)
	16	2011	428,898			\$ 5.00	\$ 2,144,490	\$ (2,144,490)	\$ (2,890,010)
	17	2012	542,657			\$ 5.00	\$ 2,713,285	\$ (2,713,285)	\$ (5,603,295)
	18	2013	1,010,286			\$ 5.00	\$ 5,051,430	\$ (5,051,430)	\$ (10,654,725)
	19	2014	1,396,342			\$ 5.00	\$ 6,981,710	\$ (6,981,710)	\$ (17,636,435)
	20	2015	1,426,788			\$ 5.00	\$ 7,133,940	\$ (7,133,940)	\$ (24,770,375)
Current	21	2016	1,363,486			\$ 5.00	\$ 6,817,430	\$ (6,817,430)	\$ (31,587,805)
	22	2017 (proj)	1,406,944			\$ 5.00	\$ 7,034,719	\$ (7,034,719)	\$ (38,622,524)
	23	2018 (proj)	1,451,787			\$ 5.00	\$ 7,258,934	\$ (7,258,934)	\$ (45,881,458)



### SOONERCARE BUDGET NEUTRALITY

# HEALTH MANAGEMENT PROGRAM (HMP) EXPENDITURES - DISTRIBUTION BY MEG

July 2016 Notes/Updates: - Medical match claiming for all HMP contract expenditures began in January 2013 - 2014 expenditure data includes C-Report adjustments in order to align with C-report data, resulting in a larger than historical value in cell M28 - Expenditures trended at 3 percent rate (corresponds to current contract) Expenditures distributed across traditional MEGs based on client months (HMP participants are drawn from all four MEGs)
 Expenditures are included within aggregate waiver expenditure amounts on traditional MEG worksheets

				Traditio	nal MEG Client	Months		HMP Exp	enditures (Prora	ated across ME	Gs ba	sed on Cli	ent M	onths)
	DY	СҮ	TANF-U	TANF-R	ABD-U	ABD-R	Total Client Months	TANF-U	TANF-R	ABD-U	Α	BD-R	Exp	Total penditures
	1	1996												
	2	1997												
	3	1998												
	4	1999												
	5	2000												
	6	2001												
	7	2002												
	8	2003												
_	9	2004												
Historical	10	2005												
Histo	11	2006												
-	12	2007												
	13	2008												
	14	2009												
	15	2010												
	16	2011												
	17	2012												
	18	2013	3,741,817	2,618,683	360,205	290,965	7,011,670	\$ 3,118,501	\$ 2,182,460	\$ 300,202	\$	242,496	\$	5,843,658
	19	2014	4,001,208	2,745,120	365,630	291,806	7,403,764	\$ 8,334,149	\$ 5,717,833	\$ 761,574	\$	607,805	\$	15,421,361
	20	2015	4,101,736	2,807,836	362,810	287,250	7,559,632	\$ 3,959,816	\$ 2,710,685	\$ 350,257	\$	277,311	\$	7,298,068
t	21	2016	4,023,592	2,721,130	373,088	278,503	7,396,313	\$ 5,621,545	\$ 3,801,816	\$ 521,258	\$	389,109	\$	10,333,729
Current	22	2017 (proj)	4,151,834	2,773,076	381,326	278,571	7,584,807	\$ 5,826,259	\$ 3,891,450	\$ 535,113	\$	390,919	\$	10,643,741
_	23	2018 (proj)	4,284,164	2,826,013	389,745	278,640	7,778,562	\$ 6,038,072	\$ 3,982,964	\$ 549,305	\$	392,713	\$	10,963,053

## SOONERCARE BUDGET NEUTRALITY HISTORICAL AND PROJECTED MEMBER MONTHS AND EXPENDITURES - BY MEG

#### SOONERCARE CHOICE - AGGREGATE (ALL MEGS)

**Budget Neutrality Limit** Actual/Projected Expenditures **Cumulative Savings/** Savings/ Yearly Sav CY Member Months DY (Deficit) PMPM Aggregate PMPM Aggregate (Deficit) Carryforw 1996 2,337,532 \$ 122.41 \$ 286,138,649 \$ 170.69 \$ 398,999,423 \$ (112,860,774) \$ (112,860,774) N/A 1 (122,331,291) N/A 2 1997 2,282,744 \$ 130.39 \$ 297,656,008 \$ 134.54 \$ 307,126,525 \$ (9,470,517) \$ 3 1998 2,550,505 \$ 138.92 \$ 354,305,243 \$ 106.62 \$ 271,927,279 \$ 82,377,964 \$ (39,953,328) N/A 4 168.75 \$ 540,219,561 \$ 144.65 \$ 463,050,620 \$ 77,168,941 \$ 37,215,613 N/A 1999 3,201,226 \$ 197.53 \$ 690,771,669 \$ 171.75 \$ 600,600,099 \$ 127,387,183 N/A 5 2000 3,496,982 \$ 90,171,570 \$ 2001 4,513,310 \$ 981,193,992 \$ 129.19 \$ 583,054,043 \$ 398,139,949 \$ 525,527,133 N/A 6 217.40 \$ 176.23 \$ 7 4.823.829 \$ 231.19 \$ 1,115,204,678 \$ 790,614,200 N/A 2002 850,117,611 \$ 265.087.067 \$ 8 2003 4,716,758 \$ 230.58 \$ 1,087,577,307 \$ 194.45 \$ 917,157,855 \$ 170,419,452 \$ 961,033,652 N/A 4,886,804 \$ 1,274,871,564 N/A 9 2004 245.50 \$ 1,199,726,867 \$ 181.28 \$ 885,888,955 \$ 313,837,912 \$ Historica 10 2005 5,038,078 \$ 261.38 \$ 1,316,858,944 \$ 222.43 \$ 1,120,637,046 \$ 196,221,898 \$ 1,471,093,461 N/A 1,539,035,027 N/A 11 2006 5,180,782 \$ 277.35 \$ 1,436,908,230 \$ 264.24 \$ 1,368,966,665 \$ 67,941,565 \$ 5,451,378 \$ 1,639,089,520 N/A 12 2007 290.31 \$ 1,582,588,944 \$ 271.96 \$ 1,482,534,451 \$ 100,054,493 \$ 13 2008 5,386,004 \$ 308.25 \$ 1,660,247,275 \$ 300.79 \$ 1,620,046,448 \$ 40,200,827 \$ 1,679,290,347 N/A 14 2009 5,839,782 \$ 322.59 \$ 1,883,853,423 \$ 321.58 \$ 1,877,931,749 \$ 5,921,674 \$ 1,685,212,021 N/A 1,844,410,579 N/A 15 2010 6,367,794 \$ 338.40 \$ 2,154,888,798 \$ 313.40 \$ 1,995,690,240 \$ 159,198,558 \$ 16 2011 6,420,012 \$ 357.88 \$ 2,297,585,380 \$ 329.93 \$ 2,118,136,761 \$ 179,448,619 \$ 2,023,859,198 N/A 17 2012 6,819,943 \$ 372.95 \$ 2,543,464,833 \$ 326.38 \$ 2,225,879,926 \$ 317,584,907 \$ 2,341,444,105 N/A 18 2013 7,011,670 \$ 389.11 \$ 2,728,288,274 \$ 330.47 \$ 2,317,146,568 \$ 411,141,706 \$ 411,141,706 N/A 19 7,403,764 \$ 629,923,617 \$ 1,041,065,323 N/A 2014 403.10 \$ 2,984,482,165 \$ 318.02 \$ 2,354,558,548 \$ 20 2015 7,559,632 \$ 418.55 \$ 3,164,084,569 \$ 311.71 \$ 2,356,422,360 \$ 807,662,209 \$ 1,848,727,532 N/A 21 2016 7,396,313 \$ 438.84 \$ 3,245,774,200 \$ 307.24 \$ 2,272,411,725 \$ 973,362,475 \$ 2,822,090,007 N/A Current 22 2017 (proj) 7,584,807 \$ 455.18 \$ 3,452,481,769 \$ 314.48 \$ 2,385,285,344 \$ 1,067,196,425 \$ 3,889,286,432 N/A 23 2018 (proj) 7,778,562 \$ 472.16 \$ 3,672,724,979 \$ 328.53 \$ 2,555,482,294 \$ 1,117,242,684 \$ 4,084,889,896 \$ 195

July 2016 Notes/Updates:

May 2017 - Jan 2018 Notes/Updates - 2018 - projections reflect five-year savings look back and savings phasedown to 25%. Look back calculation is performed by resetting cumulative savings in cell J27 so as to disregard savings prior to that year

Member months are for traditional MEGs only (used to calculate budget neutrality limit)

rings vard			
95,603,464			
	1		

(DIVIDER TAB - NO DATA)

## SOONERCARE BUDGET NEUTRALITY DOCUMENTATION OF IOK 2014 ENROLLMENT - ESI and IP

July 2016 Notes/Updates: - IOK enrollment trend has been calculated based on annual percent change from January 2015 through December 2016, to take into account the opening of the program to employers 100 - 250 workers in size in 2015. Separate enrollment trends have been calculated for each IO MEG - Cumulative expenditures for years prior to 2014 have been allocated to the ESI and IO MEGs based on share of expenditures in 2013 (last year prior to separate reporting by MEG)

May 2017 - Jan 2018 Notes/Updates -Student data unavailabile for April - July 2016; midpoint for March and August used

	<u>Jan-15</u>	<u>Feb-15</u>	<u>Mar-15</u>	<u>Apr-15</u>	<u>May-15</u>	<u>Jun-15</u>	<u>Jul-15</u>	<u>Aug-15</u>	<u>Sep-15</u>	<u>Oct-15</u>	<u>Nov-15</u>	<u>Dec-15</u>	<u>Jan-16</u>	<u>Feb-16</u>	<u>Mar-16</u>	<u>Apr-16</u>	<u>May-16</u>	<u>Jun-16</u>	<u>Jul-16</u>	<u>Aug-16</u>	<u>Sep-16</u>	<u>Oct-16</u>	<u>Nov-16</u>	<u>Dec-16</u>	Annual MM Trend	Allocation of Cum Expenditures throu <u>Dollars</u>	
NDWA ESI	13,167	13,403	13,386	13,434	13,428	13,198	13,067	12,993	13,025	13,417	14,161	13,263	15,171	15,169	14,842	12,223	13,263	13,878	14,403	14,513	14,459	14,728	15,052	15,146	7.25%	\$ 44,063,972	60.9%
ESI IP	4,278	4,266	4,168	4,220	4,210	4,149	3,991	3,883	3,814	3,742	3,702	3,564	3,745	3,820	3,872	3,908	3,854	3,994	4,295	4,304	4,402	4,468	4,523	4,678	4.57%	\$ 28,277,714	<u>39.1</u> %
Total	17,445	17,669	17,554	17,654	17,638	17,347	17,058	16,876	16,839	17,159	17,863	16,827	18,916	18,989	18,714	16,131	17,117	17,872	18,698	18,817	18,861	19,196	19,575	19,824		\$ 72,341,686	100.0%
College Students																											
ESI	105	107	96	98	99	97	98	92	92	101	113	101	128	133	123	113	113	113	113	103	115	121	120	114	4.20%	\$ 306,659	44.5%
IP	177	179	185	189	186	167	171	170	167	178	176	178	188	199	200	191	191	191	191	182	194	210	196	187	2.79%	\$ 382,877	<u>55.5</u> %
Total	282	286	281	287	285	264	269	262	259	279	289	279	316	332	323	304	304	304	304	285	309	331	316	301		689,536	100.0%
							_																				
							To	tals ES IP	SI	13,518 3,920	14,274 3,878	13,364 3,742	15,299 3,933	15,302 4,019	14,965 4,072	12,336 <i>4</i> ,099	13,376 4,045	13,991 4,185	14,516 4,486	14,616 4,486	14,574 4,596	14,849 4,678	15,172 4,719	15,260 4,865			
							De	er Jan '16 Fas ES	N	13,518	14,274	14,598	D	er Aug'16 Fa	14,965	12,336	13,376	13,991	14,516	14,616							
							r e	IP	51 	3,920	3,878	3,846	F	er Aug To Ta	4,072	4,099	4,045	4,185	4,367	4,486							
							Di			-	-	(1,234)															
								IP		-	-	(104)								Y16 Member Moi	nths I	Fast Facts	chedule C	Diff			
																			NI	DWA			(70.000	((2.1)			
																				ES IP	I	172,847 49,863	172,683 50,320	(164)	Changed OHCA C Report	AU16 from 1260 to 1266	0
																				Tot	al	49,803 222,710	223,003	457 293	Changed OHCA C Report	AH 10 110111 1309 10 1300	9
																						,	220,000	200			
																			Co	ollege Students							
																				ES	I	1,409	1,450	41			
																				IP Tot		2,320 3,729	2,303 3,753	(17) 24			
																				101	aı	3,729	3,703	24			

# SOONERCARE BUDGET NEUTRALITY C-REPORT DATA FOR CY 2014 through CY 2016

	FFY Q2-14	FFY Q3-14	FFY Q4-14		FFY Q1-15					FFY Q2-15	FFY Q	3-15	FFY Q4-15		FFY Q1-16	Tota			FFY Q2-16		FFY Q 3-16	FFY Q4-1		FFY Q1-17			
	Jan-Mar 2014 PQ Ac	dj. Apr-June 2014 P	Q Adj. July-Sept 201	4 PQ Adj.	Oct-Dec 2014	PQ Adj.	PQ Adj. Q2-15 Total	Calendar Yr 2014	Per Schedule C Difference	Jan-Mar 2015	PQ Adj. Apr-J	une PQ	Q Adj. July-Sept	PQ Adj.	Oct-Dec	PQ Adj. 12 month	s 2015 Per Sch	hedule C Difference	Jan-Mar 2016	PQ Adj.	pr-June 2016	PQ Adj. July-Sept 2	16 PQ Adj.	Oct-Dec 2016	PQ Adj. Tot	ll Calendar Yr 2 <mark>Per Schedule C</mark>	Difference
TANF Urban-Member Months	993,809	975,405	1,006,4	-31	1,025,563			4,001,208		1,025,563	1,	,032,864	1,034,531		1,008,778	4	101,736		994,863		987,987	1,01	027	1,030,715		4,023,592	
TANF Urban-Expenditures	255,153,405	- 234,454,607	965,390 211,246,9	684,232	237,847,705	1,811,197	1,052,810 \$	943,216,263	<b>\$ 943,216,259 \$ (4)</b>	210,088,405	- 294	,503,825	77,871 232,621,629	(263,943)	) 247,041,204	(1,277,996) <b>\$ 982</b> ,	<b>790,995</b> \$ 98	<b>82,790,999</b> \$ 4	221,356,820	(3,676,720)	250,636,282	(14,621,434) 253,063	209 (10,568,10	246,546,306	10,131 \$	942,748,491 \$ 942,748,494 \$	3
TANF Rural-Member Months	687,564	668,292	687,9	950	701,314			2,745,120		701,314		707,838	708,111		690,573	2	807,836		676,822		665,888	68	505	695,915		2,721,130	
TANF Rural-Expenditures	159,793,700	- 156,510,031	758,627 147,164,4	478,413	159,116,336	1,158,227	647,827 \$	625,627,647	<b>625,627,645</b> (2)	142,696,842	- 147	,946,913	189,684 154,609,360	(942,752)	) 147,287,342	(2,440,081) <b>\$ 589</b>	<b>347,308</b> \$ 58	89,347,308 \$ -	150,454,771	(4,151,735)	134,576,758	(12,331,090) 153,682	123 (7,514,84	148,276,527	13,008 \$	563,005,522         \$         563,005,515         \$	(7)
ABD Urban-Member Months	91,344	91,570	91,8	39	90,877			365,630		90,877		90,503	90,333		91,097		362,810		91,666		93,707	9	937	93,778		373,088	
ABD Urban-Expenditures	90,366,327	- 100,153,415	196,655 94,266,4	93 146,035	100,036,584	197,608	(56,102) \$	385,307,015	<b>385,307,013 (2)</b>	89,343,585	- 102,	,046,078	22,474 104,240,332	128,791	99,326,257	(265,046) <b>\$ 394</b> ,	<b>342,471</b> \$ 39	94,842,469 \$ (2)	100,256,259	(1,840,025)	90,864,347	(5,942,064) 102,32	<mark>981</mark> 1,906,12	97,334,448	15,076 \$	384,922,146 \$ 384,922,145 \$	(1)
ABD Rural-Member Months	73,425	72,912	73,0	90	72,379			291,806		72,379		71,826	71,442		71,603		287,250		71,790		69,048	6	853	68,812		278,503	
ABD Rural-Expenditures	71,446,936	- 76,174,341	224,590 70,977,9	47 143,385	75,454,096	209,519	(152,834) \$	294,477,980	\$ 294,477,980 \$ (0)	68,075,005	- 78,	,928,228	49,556 78,041,570	(2,484,125)	) 74,385,862	(1,063,201) <b>\$ 295</b> ,	<b>32,895</b> \$ 29	95,932,894 \$ (1)	76,302,442	(875,940)	66,206,401	(31,956) 73,47	364 (5,435,82	69,830,252	55,125 \$	279,521,864 \$ 279,521,866 \$	2
IO ESI Non-disabled Working Adults- Member Months	80,316	78,314	75,3	263	39,253			273,146		39,253		39,312	38,425		41,553		158,543		45,182		39,417	4	383	44,701		172,683	
IO ESI Non-disabled Working Adults-Expenditures	5228 -		10,243,9	940 -	9,558,078		\$	19,802,018	<b>19,802,018 -</b>	10,597,292	11,	,150,548	11,122,787		11,193,345	<mark>\$ 44</mark> ,	<b>)63,972</b> \$ 4	44,063,972 \$ -	8,872,217		12,689,665	16,23	423	13,994,042	\$	51,791,347         \$         51,791,347         \$	-
IO IP Non-disabled Working Adults-Member Months	-	-		-	12,712			12,712		12,712		12,579	11,688		11,109		48,088		11,437		12,318	1	896	13,669		50,320	
IO IP Non-disabled Working Adults- Expenditures	5229 21,777,685	- 20,031,379	30,665 7,591,2	254 20,146	7,453,929	10,836	10,359 \$	56,926,253	<b>56,926,254 1</b>	6,763,237	- 7,	,524,740	684 7,309,719	1,460	6,677,293	580 <mark>\$ 28</mark> ,	277,713 \$ 2	<b>28,277,714</b> \$ 1	6,658,945	205	6,304,464	2,023 7,52	202 5	6,882,502	319 \$	27,370,205 \$ 27,370,205 \$	-
TEFRA-Member Months	1,451	1,515	1,.	533	1,649			6,148		1,649		1,692	1,705		1,725		6,771		1,753		1,794		796	1,806		7,149	
TEFRA-Expenditures	1,482,747	- 1,497,022	1,191 1,593,	<b>667</b> 8,040	1,677,327	1,914	1,058 \$	6,262,966	<b>6,262,962</b> (4)	1,317,574	- 1,	<mark>,686,136</mark>	8 2,367,692	1,035	1,387,485	(760,530) <b>\$</b> 5,	999,400 \$	<b>5,999,400</b> \$ -	1,483,960	(41,508)	1,288,562	(195,164) 1,46	688 (249,29	1,370,523	406 \$	5,119,170 \$ 5,119,171 \$	1
IO ESI College Students-Member Months	647	851		335	849			3,182		308		294	282		333		1,217		384		388		323	355		1,450	
IO ESI College Students-Expenditures	_	- 82,127	86,	-	66,865		\$	235,903	\$ <u>235,903</u> \$ (0)	76,879		75,480	77,656		76,644	\$	<mark>306,659</mark> \$	<u>306,659</u> \$ -	74,517		80,905	8	433	102,724	\$	347,579 \$ 347,579 \$	-
IO IP College Students-Member Months	<u> </u>	-		-						541		542	508		535		2,126		587		570		553	593		2,303	
IO IP College Students-Expenditures		- 103,192	103,3	265 322	86,064	194	163 \$	293,200	\$ 293,200 \$ (0)	93,942		96,372	103,685		88,878	\$	<b>382,877</b> \$	382,877 \$ -	107,735		74,280	18 14	632	85,224	800 \$	416,689 \$ 416,689 \$	-
IO IP Working Disabled Adults-Member Months		-		-	4	-		4		3		4	3		1		11		-		-					-	
IO IP Working Disabled Adults-Expenditures	1,162	- 3,431	579	551	415	-	5 \$	6,243	\$ 6,243 \$ 0	621		13,337	20,093		12,009	\$	46,060 \$	46,060 \$ -	16,767		656		-	132	\$	17,555 \$ 17,555 \$	-
HAN Client Months		-		-				-					-		-		360,061									-	
HAN Expenditures	1,790,515	- 1,731,585	- 1,719,	790	1,739,820		\$	6,981,710	<b>6,981,710</b> \$ -	1,867,940	3.	,262,272	- 1,678,515	(1,277,967)	1,603,180	- \$ 7,	33,940 \$	7,133,940 \$ -	1,527,540		1,547,370	1,63	,720	2,103,800	\$	6,817,430 \$ 6,817,430 \$	-
HMP Member Months		-		-				-					_		_		13,519									-	
HMP Expenditures	-	- <u>1,659,948</u> 10	0,952,618 548,	217	2,260,578		\$	15,421,362	<b>5 15,421,361 \$</b> (1)	1,277,967	1,	<mark>,863,344</mark>	2,068,833		2,087,924	\$ 7,	298,068 \$	7,298,068 \$ -	2,904,340		1,681,964	4,06	403	1,678,022	\$	10,333,729 \$ 10,333,729 \$	-
									-						-											-	
Total Expenditures	601,812,476	605,531,393	547,024,1	13	598,687,292		1,503,286	2,354,558,560	2,354,558,548	532,199,289	649	,437,550	589,424,370		281,855	2,356	2,358 2,35	56,422,360	559,430,590		532,831,987	591,84	783	588,299,367		2,272,411,727 2,272,411,725	
									(12)	-																	

21,777,685.00 20,031,378.63

# Oklahoma Health Care Authority



# SOONERCARE §1115(a) Research and Demonstration Waiver Demonstration Project No. 11-W-0048/6

Proposed Expenditures through December 31, 2018

Attachment B, BUDGET NEUTRALITY January 2018

# **Budget Neutrality**

This chapter contains updated enrollment and expenditure projections for the *SoonerCare* program through calendar year 2018. There are 24 exhibits, as delineated below and described in greater detail in this document. The exhibits also have been provided in their original worksheet format, with additional information concerning the OHCA's methodology.

Exhibit	Title	Page
1	Enrollment Trends by MEG	5
2	PMPM Expenditure Trends by MEG	5
3	Budget Neutrality for TANF-Urban MEG	6
4	Budget Neutrality for TANF-Rural MEG	7
5	Budget Neutrality for ABD-Urban MEG	8
6	Budget Neutrality for ABD-Rural MEG	9
7	Budget Neutrality for NDWA MEG: ESI and IP Combined through 2013	10
8	Budget Neutrality for NDWA MEG: ESI – 2014 to 2018	11
9	Budget Neutrality for WDA MEG: ESI and IP Combined through 2013	12
10	Budget Neutrality for WDA MEG: ESI – 2014 to 2018	13
11	TEFRA Children MEG	14
12	Budget Neutrality for FT College Student MEG: ESI and IP Combined through 2013	15
13	Budget Neutrality for Full-Time College Student MEG: ESI – 2014 to 2018	16
14	Budget Neutrality for Foster Parent MEG: ESI – 2014 to 2018	17
15	Not-for-Profit Employees MEG: ESI	18
16	Sponsor's Choice Insurance MEG	19
17	NDWA MEG: IP	20
18	WDA MEG: IP – 2014 to 2018	21
19	Full-Time College Students MEG: IP – 2014 to 2018	22
20	Budget Neutrality for Foster Parent MEG: IP	23
21	Not-for-Profit Employees MEG: IP	24
22	Health Access Network Expenditures	25
23	Health Management Program Expenditures	26
24	Aggregate Budget Neutrality (All MEGs)	27

The exhibits incorporate 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.

The budget neutrality analysis was performed using the file reviewed and updated by CMS in December 2017. The updates addressed waiver trend factors and calculation of retained waiver savings in 2018. The trend factors inputted by OHCA for the four traditional MEGs described below also were adopted by the OHCA within the file for other MEG forecasts.

#### **Budget Neutrality Data for Individual MEGs**

The *SoonerCare* program includes four traditional MEGs that in combination provide the "without waiver" expenditure estimates for calculation of the budget neutrality cap. They are:

- TANF Urban
- TANF Rural
- ABD Urban
- ABD Rural

The "with waiver" expenditure estimates also include the following demonstration populations<sup>1</sup>:

- Non-Disabled Working Adults (NDWA) Employer Sponsored Insurance (ESI)
- Working Disabled Adults (WDA) ESI
- TEFRA Children
- Full-Time College Students ESI
- Foster Parents ESI
- Not-for-Profit Employees ESI
- Sponsor's Choice Insurance (SCI)
- Non-Disabled Working Adults Individual Plan (IP)
- Working Disabled Adults IP
- Full-Time College Students IP
- Foster Parents IP
- Not-for-Profit Employees IP
- Demonstration Expenses 1 Health Access Network (HAN) Expenditures
- Demonstration Expenses 2 Health Management Program (HMP) Expenditures

<sup>&</sup>lt;sup>1</sup> One additional population, CHIP Medicaid Expansion, is reported separately.

#### Traditional MEGs

Budget neutrality exhibits for the four traditional MEGs are presented starting on page 6. Each exhibit includes enrollment, expenditure and budget neutrality data. Expenditures consist of both paid claims and non-claim medical expenses.

The exhibits include complete historical enrollment and expenditure data for calendar year 2004 through 2016. (MEG-specific data was not produced prior to 2004.)

Member months for the remainder of the current extension period are based on the 2010 - 2016 historical member month growth trend for each MEG, as shown in exhibit 1 on the second following page.

Calendar year per member per month (PMPM) expenditures are trended forward using OMB trend factors of 4.40 percent for the TANF MEGs and 4.20 percent for the ABD MEGs, as shown in exhibit 2 on the second following page.

"Demonstration Expenses 2 – HMP" expenditures are included within the four traditional MEGs. Expenditures are prorated based on each MEG's percentage of total enrollment.

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.

TANF-U MEG projection for 2017 includes a downward adjustment of \$31 million for nonrecognized Workforce Development Program expenditures; the projection for 2018 does not include any Workforce Development Program expenditures. The 2018 projection does include \$105 million for the proposed University Access to Care Pool (shown within the TANF-U MEG).

Budget neutrality data for the traditional MEGs is presented in exhibits 3-6.

#### **Demonstration MEGs**

Budget neutrality data for the additional demonstration populations and for HAN and HMP expenditures is presented in exhibits 7 - 23. Member month and expenditure data for all MEGs has been prepared using the same methodology as for the traditional MEGs, with the following exceptions:

- "Demonstration Expenses 1 HAN Expenditures" and "Demonstration Expenses 2 HMP Expenditures" relate to allowable expenditures for populations enrolled in the traditional MEGs. Treatment of these expenditures is described in more detail within their respective worksheets.
- The OHCA began to report separately ESI and IP expenditures for the NDWA, WDA and Full Time College Student populations in 2014. The budget neutrality tables for these populations present aggregated data through 2013, followed by separate historical and projected data for 2014 2018.
- The ESI component of Insure OK was opened to employers between 100 and 250 workers in size in 2015, which has resulted in enrollment growth in the program after an extended period of decline. Enrollment counts for 2016 2018 are based on the trend from 2014 2016, rather than the longer look back used for other MEGs.
- Enrollment in the WDA MEG has declined to zero member months and is expected to remain at zero through 2018.
- Enrollment in the Foster Parents and Not-for-Profit Employees MEGs has not begun and is not expected to occur during the extension period. ESI and IP tables are included for these MEGs but with zero enrollment or expenditures.

#### Aggregate Budget Neutrality Data

Exhibit 24 on the last page provides updated aggregate budget neutrality projections through calendar year 2018. As the exhibit illustrates, the *SoonerCare* demonstration is projected to continue to show cumulative savings throughout the renewal period.

Exhibit 1 – Enrollment Trends by MEG

MEG	2010	2011	2012	2013	2014	2015	2016	Annual Trend	Trending Years
TANF - Urban	3,333,170	3,357,000	3,620,263	3,741,817	4,001,208	4,101,736	4,023,592	3.19%	2010 - 2016
TANF - Rural	2,429,264	2,433,324	2,565,123	2,618,683	2,745,120	2,807,836	2,721,130	1.91%	2010 - 2016
ABD - Urban	327,267	344,575	348,935	360,205	365,630	362,810	373,088	2.21%	2010 - 2016
ABD - Rural	278,093	285,113	285,622	290,965	291,806	287,250	278,503	0.02%	2010 - 2016
NDWA - ESI		F						7.25%	See IOK_ESI-IP Tab
NDWA - IP								4.57%	See IOK_ESI-IP Tab
WDA	90	114	66	42	-		-	-100.00%	2010 - 2016
TEFRA	4,018	4,514	4,978	5,326	6,148	6,771	7,149	10.08%	2010 - 2016
College - ESI	1							4.20%	See IOK_ESI-IP Tab
College - IP								2.79%	See IOK_ESI-IP Tab

Exhibit 2 – PMPM Expenditure Trends by MEG

Year	TANF – Urban	TANF – Rural	ABD – Urban	ABD – Rural
2017	4.00%	4.00%	3.60%	3.60%
2018	4.00%	4.00%	3.60%	3.60%

				Budget Net	utral	ity Limit	Actual/Projecte	d Ex	openditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cun	nulative Savings/ (Deficit)
	1	1996	1,248,591	\$ 121.60	\$	151,828,666							
	2	1997	1,201,538	\$ 129.52	\$	155,618,588							
	3	1998	1,299,675	\$ 137.95	\$	179,287,128	 			<u></u>			
	4	1999	1,489,962	\$ 146.93	\$	218,917,218			See Exhibit	24 (/	Aggregate)		
	5	2000	1,575,250	\$ 156.49	\$	246,515,710							
	6	2001	1,988,010	\$ 166.68	\$	331,363,038							
	7	2002	2,159,002	\$ 177.53	\$	383,291,270							
	8	2003	2,319,441	\$ 189.09	\$	438,580,782							
_	9	2004	2,426,341	\$ 201.40	\$	488,661,911	\$ 136.70	\$	331,669,473	\$	156,992,438	\$	156,992,438
orica	10	2005	2,528,654	\$ 214.51	\$	542,420,938	\$ 188.11	\$	475,653,511	\$	66,767,427	\$	223,759,865
Historical	11	2006	2,643,157	\$ 228.47	\$	603,893,538	\$ 213.25	\$	563,645,766	\$	40,247,772	\$	264,007,637
	12	2007	2,808,278	\$ 240.19	\$	674,520,293	\$ 217.74	\$	611,465,158	\$	63,055,135	\$	327,062,772
	13	2008	2,772,622	\$ 252.51	\$	700,119,625	\$ 237.40	\$	658,219,711	\$	41,899,914	\$	368,962,686
	14	2009	3,029,870	\$ 265.47	\$	804,339,589	\$ 249.71	\$	756,593,334	\$	47,746,255	\$	416,708,941
	15	2010	3,333,170	\$ 279.09	\$	930,249,786	\$ 234.68	\$	782,242,482	\$	148,007,304	\$	564,716,244
	16	2011	3,357,000	\$ 293.41	\$	984,968,363	\$ 252.31	\$	847,000,007	\$	137,968,356	\$	702,684,600
	17	2012	3,620,263	\$ 308.46	\$	1,116,703,111	\$ 251.66	\$	911,062,393	\$	205,640,718	\$	908,325,319
	18	2013	3,741,817	\$ 322.03	\$	1,204,977,329	\$ 255.01	\$	954,184,381	\$	250,792,948	\$	1,159,118,266
	19	2014	4,001,208	\$ 336.20	\$	1,345,206,130	\$ 237.82	\$	951,550,408	\$	393,655,722	\$	1,552,773,988
	20	2015	4,101,736	\$ 350.99	\$	1,439,668,319	\$ 240.57	\$	986,750,815	\$	452,917,504	\$	2,005,691,492
Current	21	2016	4,023,592	\$ 366.44	\$	1,474,405,052	\$ 235.70	\$	948,370,039	\$	526,035,013	\$	2,531,726,505
Curl	22	2017 (proj)	4,151,834	\$ 381.10	\$	1,582,254,095	\$ 237.32	\$	985,294,448	\$	596,959,648	\$	3,128,686,153
RB	23	2018 (proj)	4,284,164	\$ 396.34	\$	1,697,992,025	\$ 250.88	\$	1,074,791,909	\$	623,200,116	\$	3,751,886,269

# Exhibit 3 – Budget Neutrality for TANF-Urban MEG

				Budget Net	utrali	ity Limit	Actual/Projecte	d Ex	penditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cur	nulative Savings/ (Deficit)
	1	1996	1,088,941	\$ 123.34	\$	134,309,983							
	2	1997	1,081,206	\$ 131.37	\$	142,037,420							
	3	1998	1,250,830	\$ 139.92	\$	175,018,115							7
	4	1999	1,510,946	\$ 149.03	\$	225,177,007			See Exhibit	24 (/	Aggregate)		
	5	2000	1,522,229	\$ 158.73	\$	241,627,007							
	6	2001	1,915,864	\$ 169.07	\$	323,907,157							
	7	2002	2,014,674	\$ 180.07	\$	362,786,430							
	8	2003	1,941,227	\$ 191.79	\$	372,317,080							
_	9	2004	1,984,722	\$ 204.28	\$	405,440,105	\$ 149.19	\$	296,093,830	\$	109,346,275	\$	109,346,275
Historical	10	2005	2,015,932	\$ 217.58	\$	438,624,903	\$ 159.74	\$	322,029,702	\$	116,595,201	\$	225,941,475
listc	11	2006	2,036,491	\$ 231.74	\$	471,943,801	\$ 190.64	\$	388,233,610	\$	83,710,191	\$	309,651,667
<u> </u>	12	2007	2,130,548	\$ 243.63	\$	519,065,409	\$ 195.93	\$	417,441,223	\$	101,624,186	\$	411,275,853
	13	2008	2,078,460	\$ 256.13	\$	532,352,258	\$ 208.78	\$	433,930,540	\$	98,421,718	\$	509,697,571
	14	2009	2,246,021	\$ 269.27	\$	604,780,677	\$ 220.17	\$	494,500,235	\$	110,280,442	\$	619,978,012
	15	2010	2,429,264	\$ 283.08	\$	687,678,542	\$ 213.70	\$	519,126,643	\$	168,551,899	\$	788,529,911
	16	2011	2,433,324	\$ 297.60	\$	724,164,719	\$ 224.38	\$	545,999,493	\$	178,165,226	\$	966,695,137
	17	2012	2,565,123	\$ 312.87	\$	802,550,338	\$ 230.22	\$	590,533,873	\$	212,016,465	\$	1,178,711,602
	18	2013	2,618,683	\$ 326.64	\$	855,366,615	\$ 230.12	\$	602,610,415	\$	252,756,200	\$	1,431,467,803
	19	2014	2,745,120	\$ 341.01	\$	936,113,371	\$ 229.99	\$	631,345,478	\$	304,767,893	\$	1,736,235,696
	20	2015	2,807,836	\$ 356.01	\$	999,617,694	\$ 210.86	\$	592,057,993	\$	407,559,702	\$	2,143,795,398
Current	21	2016	2,721,130	\$ 371.67	\$	1,011,362,387	\$ 208.30	\$	566,807,331	\$	444,555,056	\$	2,588,350,454
Cur	22	2017 (proj)	2,773,076	\$ 386.54	\$	1,071,895,794	\$ 216.58	\$	600,594,720	\$	471,301,074	\$	3,059,651,528
RB	23	2018 (proj)	2,826,013	\$ 402.00	\$	1,136,052,326	\$ 225.19	\$	636,400,911	\$	499,651,415	\$	3,559,302,943

# Exhibit 4 – Budget Neutrality for TANF-Rural MEG

				Budget Neu	ıtrali	ty Limit	Actual/Projecte	d Ex	penditures				
	DY	СҮ	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cumu	Ilative Savings/ (Deficit)
	1	1996											
	2	1997											
	3	1998											
	4	1999	96,785	\$ 536.14	\$	51,889,826							
	5	2000	190,315	\$ 567.55	\$	108,013,756							
	6	2001	279,689	\$ 600.81	\$	168,040,252			See Exhibit 24	l (Ag	gregate)		
	7	2002	306,526	\$ 636.02	\$	194,956,243				1			
	8	2003	233,742	\$ 673.29	\$	157,375,990							
_	9	2004	244,590	\$ 712.74	\$	174,330,070	\$ 489.16	\$	119,644,174	\$	54,685,896	\$	54,685,896
Historical	10	2005	255,066	\$ 754.51	\$	192,450,068	\$ 668.41	\$	170,487,472	\$	21,962,596	\$	76,648,492
listo	11	2006	259,473	\$ 798.73	\$	207,247,624	\$ 858.00	\$	222,627,081	\$	(15,379,457)	\$	61,269,036
-	12	2007	268,332	\$ 840.26	\$	225,468,646	\$ 894.55	\$	240,036,203	\$	(14,567,557)	\$	46,701,479
	13	2008	283,834	\$ 883.96	\$	250,898,901	\$ 962.43	\$	273,171,226	\$	(22,272,325)	\$	24,429,154
	14	2009	301,034	\$ 929.92	\$	279,937,423	\$ 1,003.30	\$	302,026,587	\$	(22,089,164)	\$	2,339,990
	15	2010	327,267	\$ 978.28	\$	320,157,269	\$ 960.84	\$	314,450,856	\$	5,706,413	\$	8,046,403
	16	2011	344,575	\$ 1,029.15	\$	354,617,902	\$ 931.12	\$	320,839,827	\$	33,778,075	\$	41,824,478
	17	2012	348,935	\$ 1,082.66	\$	377,778,436	\$ 932.40	\$	325,345,676	\$	52,432,760	\$	94,257,239
	18	2013	360,205	\$ 1,128.13	\$	406,358,067	\$ 974.58	\$	351,048,325	\$	55,309,742	\$	149,566,981
	19	2014	365,630	\$ 1,175.51	\$	429,801,721	\$ 1,055.90	\$	386,068,587	\$	43,733,135	\$	193,300,115
	20	2015	362,810	\$ 1,224.89	\$	444,402,341	\$ 1,089.26	\$	395,192,726	\$	49,209,615	\$	242,509,730
Current	21	2016	373,088	\$ 1,276.34	\$	476,187,138	\$ 1,033.12	\$	385,443,403	\$	90,743,735	\$	333,253,465
Cur	22	2017 (proj)	381,326	\$ 1,322.29	\$	504,222,545	\$ 1,070.26	\$	408,119,460	\$	96,103,085	\$	429,356,550
RB	23	2018 (proj)	389,745	\$ 1,369.89	\$	533,908,531	\$ 1,108.75	\$	432,130,085	\$	101,778,445	\$	531,134,995

# Exhibit 5 – Budget Neutrality for ABD-Urban MEG

				Budget Neu	utrali	ty Limit	Actual/Project	ed E	xpenditures				
	DY	сү	Member Months	РМРМ		Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cum	nulative Savings/ (Deficit)
	1	1996											
	2	1997											
	3	1998											
	4	1999	103,533	\$ 427.26	\$	44,235,510							
	5	2000	209,188	\$ 452.30	\$	94,615,196		1					
	6	2001	329,747	\$ 478.80	\$	157,883,545			See Exhibit 2	4 (A	ggregate)		
	7	2002	343,627	\$ 506.86	\$	174,170,735							
	8	2003	222,348	\$ 536.56	\$	119,303,455							
_	9	2004	231,151	\$ 568.00	\$	131,294,780	\$ 599.10	\$	138,481,478	\$	(7,186,698)	\$	(7,186,698)
orica	10	2005	238,426	\$ 601.29	\$	143,363,035	\$ 639.45	\$	152,460,934	\$	(9,097,899)	\$	(16,284,596)
Historical	11	2006	241,661	\$ 636.52	\$	153,823,267	\$ 793.03	\$	191,644,246	\$	(37,820,979)	\$	(54,105,575)
	12	2007	244,220	\$ 669.62	\$	163,534,596	\$ 834.57	\$	203,819,587	\$	(40,284,991)	\$	(94,390,566)
	13	2008	251,088	\$ 704.44	\$	176,876,491	\$ 871.89	\$	218,920,196	\$	(42,043,705)	\$	(136,434,272)
	14	2009	262,857	\$ 741.07	\$	194,795,734	\$ 930.09	\$	244,480,172	\$	(49,684,438)	\$	(186,118,709)
	15	2010	278,093	\$ 779.61	\$	216,803,202	\$ 943.82	\$	262,470,486	\$	(45,667,284)	\$	(231,785,993)
	16	2011	285,113	\$ 820.15	\$	233,834,396	\$ 958.77	\$	273,358,100	\$	(39,523,704)	\$	(271,309,697)
	17	2012	285,622	\$ 862.79	\$	246,432,947	\$ 938.53	\$	268,063,880	\$	(21,630,933)	\$	(292,940,630)
	18	2013	290,965	\$ 899.03	\$	261,586,264	\$ 970.21	\$	282,298,187	\$	(20,711,923)	\$	(313,652,553)
	19	2014	291,806	\$ 936.79	\$	273,360,943	\$ 1,011.24	\$	295,085,785	\$	(21,724,842)	\$	(335,377,395)
	20	2015	287,250	\$ 976.14	\$	280,396,215	\$ 1,031.19	\$	296,210,205	\$	(15,813,990)	\$	(351,191,386)
Current	21	2016	278,503	\$ 1,019.09	\$	283,819,622	\$ 1,005.06	\$	279,910,975	\$	3,908,647	\$	(347,282,739)
Cur	22	2017 (proj)	278,571	\$ 1,055.78	\$	294,109,335	\$ 1,041.19	\$	290,046,685	\$	4,062,650	\$	(343,220,088)
RB	23	2018 (proj)	278,640	\$ 1,093.79	\$	304,772,096	\$ 1,078.63	\$	300,549,779	\$	4,222,317	\$	(338,997,771)

# Exhibit 6 – Budget Neutrality for ABD-Rural MEG

				Budget N	eutrality Limit	Actual/Projecte	d Exp	penditures				
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ		Aggregate		Savings/ (Deficit)	Cum	ulative Savings/ (Deficit)
	1	1996						00 0				
	2	1997							1			
	3	1998							1			
	4	1999										
	5	2000										
	6	2001							1			
	7	2002										
	8	2003							1			
	9	2004										
rica	10	2005										
Historical	11	2006	9,744			\$ 198.81	\$	1,937,239	\$	(1,937,239)	\$	(1,937,239)
	12	2007	38,417			\$ 204.54	\$	7,857,843	\$	(7,857,843)	\$	(9,795,082)
	13	2008	139,822			\$ 239.38	\$	33,470,013	\$	(33,470,013)	\$	(43,265,095)
	14	2009	172,594			\$ 437.73	\$	75,549,419	\$	(75,549,419)	\$	(118,814,514)
	15	2010	392,065			\$ 284.10	\$	111,386,167	\$	(111,386,167)	\$	(230,200,681)
	16	2011	392,772			\$ 314.00	\$	123,330,328	\$	(123,330,328)	\$	(353,531,009)
	17	2012	391,031			\$ 309.32	\$	120,952,327	\$	(120,952,327)	\$	(474,483,336)
	18	2013	388,005			\$ 297.14	\$	115,291,324	\$	(115,291,324)	\$	(589,774,660)
	19	2014										
	20	2015										
	21	2016				or ESI 2014 for IP 2014						
Current	22	2017 (proj)										
Ŭ	23	2018 (proj)										

### Exhibit 7 – Budget Neutrality for NDWA MEG: ESI and IP Combined through 2013

				Budget Ne	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
listo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	273,146			\$ 72.50	\$ 19,802,018	\$ (19,802,018)	\$ (379,039,071)
	20	2015	158,543			\$ 277.93	\$ 44,063,972	\$ (44,063,972)	\$ (423,103,043)
	21	2016	172,683			\$ 299.92	\$ 51,791,347	\$ (51,791,347)	\$ (474,894,390)
Current	22	2017 (proj)	185,206			\$ 311.92	\$ 57,769,167	\$ (57,769,167)	\$ (532,663,557)
	23	2018 (proj)	198,637			\$ 324.40	\$ 64,436,954	\$ (64,436,954)	\$ (597,100,511)

# Exhibit 8 – Budget Neutrality for NDWA MEG: ESI – 2014 to 2018

	-			Budget Net	utrality Limit	A	ctual/Projecte	d Expenditure	es			
										Orningel	0	Original
	DY	СҮ	Member Months	РМРМ	Aggregate		РМРМ	Aggreg	ate	Savings/ (Deficit)	Cumulative (Def	
	1	1996										
	2	1997										
	3	1998										
	4	1999										
	5	2000										
	6	2001										
	7	2002										
	8	2003										
_	9	2004										
Historical	10	2005										
Histo	11	2006	-					\$	-	\$-	\$	-
-	12	2007	-					\$	24	\$ (24)	\$	(24)
	13	2008	-					\$	34,024	\$ (34,024)	\$	(34,048)
	14	2009	110			\$	1,175.11	\$1	29,262	\$ (129,262)	\$	(163,310)
	15	2010	90			\$	1,517.03	\$1	36,533	\$ (136,533)	\$	(299,843)
	16	2011	114			\$	907.56	\$1	03,462	\$ (103,462)	\$	(403,305)
	17	2012	66			\$	1,429.38	\$	94,339	\$ (94,339)	\$	(497,644)
	18	2013	42			\$	1,243.31	\$	52,219	\$ (52,219)	\$	(549,863)
	19	2014										
	20	2015							]			
	21	2016					or ESI 2014 or IP 2014 a					
Current	22	2017 (proj)										
	23	2018 (proj)										

### *Exhibit 9 – Budget Neutrality for WDA MEG: ESI and IP Combined through 2013*

				Budget Neu	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015	-			\$-	\$-	\$-	\$-
	21	2016	-			\$-	\$-	\$-	\$-
Current	22	2017 (proj)	-			\$-	\$-	\$-	\$-
	23	2018 (proj)	-			\$-	\$-	\$-	\$-

# Exhibit 10 – Budget Neutrality for WDA MEG: ESI – 2014 to 2018<sup>2</sup>

<sup>2</sup> All WDA enrollment has occurred within the IP component of the program.

				Budget Ne	eutrality Limit	Actual/Projecte	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005					\$ 5,427	\$ (5,427)	\$ (5,427)
listo	11	2006	931			\$ 943.85	\$ 878,723	\$ (878,723)	\$ (884,150)
-	12	2007	1,813			\$ 1,055.94	\$ 1,914,413	\$ (1,914,413)	\$ (2,798,563)
	13	2008	2,515			\$ 914.81	\$ 2,300,738	\$ (2,300,738)	\$ (5,099,301)
	14	2009	3,299			\$ 1,393.11	\$ 4,595,873	\$ (4,595,873)	\$ (9,695,174)
	15	2010	4,018			\$ 1,128.02	\$ 4,532,385	\$ (4,532,385)	\$ (14,227,559)
	16	2011	4,514			\$ 1,007.97	\$ 4,549,994	\$ (4,549,994)	\$ (18,777,553)
	17	2012	4,978			\$ 1,209.69	\$ 6,021,818	\$ (6,021,818)	\$ (24,799,371)
	18	2013	5,326			\$ 1,038.85	\$ 5,532,926	\$ (5,532,926)	\$ (30,332,297)
	19	2014	6,148			\$ 1,018.70	\$ 6,262,962	\$ (6,262,962)	\$ (36,595,259)
	20	2015	6,771			\$ 886.04	\$ 5,999,400	\$ (5,999,400)	\$ (42,594,659)
	21	2016	7,149			\$ 716.07	\$ 5,119,171	\$ (5,119,171)	\$ (47,713,830)
Current	22	2017 (proj)	7,870			\$ 741.85	\$ 5,838,016	\$ (5,838,016)	\$ (53,551,846)
	23	2018 (proj)	8,663			\$ 768.55	\$ 6,657,803	\$ (6,657,803)	\$ (60,209,649)

#### Exhibit 11 – TEFRA Children MEG

					Budget Neu	eutrality Limit			Actual/Projecte	d Expend	itures			
			<b>a</b> ¥		DUDU				РМРМ	•		Savings/	Cum	ulative Savings/ (Deficit)
		DY 1	CY 1996	Member Months	PMPM	Aggi	regate		PINIPINI	Agg	regate	 (Deficit)		(Deficit)
		2	1997									 		
		3	1997											
		4	1999									 		
		5	2000											
			2000									 		
		6 7	2001											
		8	2002									 		
			2003											
	ca	9												
	HISTORICAL	10	2005											
=	U L	11	2006											
		12	2007											
		13	2008					-		-				
		14	2009	873				\$	65.14		56,867	 (56,867)		(56,867)
		15	2010	3,972				\$	150.85		599,168	 (599,168)		(656,035)
		16	2011	5,493				\$	147.65		811,060	 (811,060)		(1,467,095)
		17	2012	6,724				\$	162.45		1,092,335	\$ (1,092,335)		(2,559,430)
		18	2013	5,630				\$	191.36	\$	1,077,362	\$ (1,077,362)	\$	(3,636,792)
		19	2014											
		20	2015						,					
	_	21	2016						for ESI 2014 for IP 2014 a					
	Current	22	2017 (proj)											
		23	2018 (proj)											

# Exhibit 12 – Budget Neutrality for Full-Time College Student MEG: ESI and IP Combined through 2013

			Budget Ne	utrality Limit	Actual/Projecte	d Expenditures			
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	3,182			\$ 74.14	\$ 235,903	\$ (235,903)	\$ (1,853,302)
	20	2015	1,217			\$ 251.98	\$ 306,659	\$ (306,659)	\$ (2,159,961)
	21	2016	1,450			\$ 239.71	\$ 347,579	\$ (347,579)	\$ (2,507,540)
Current	22	2017 (proj)	1,511			\$ 249.30	\$ 376,656	\$ (376,656)	\$ (2,884,196)
	23	2018 (proj)	1,574			\$ 259.27	\$ 408,165	\$ (408,165)	\$ (3,292,361)

### Exhibit 13– Budget Neutrality for Full-Time College Student MEG: ESI – 2014 to 2018

				Budget Net	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996						(201011)	
	2	1997							
	3	1998							
	4	1999							
	5	2000				20			
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
listo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
t t	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

# Exhibit 14– Budget Neutrality for Foster Parent MEG: ESI<sup>3</sup>

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<sup>&</sup>lt;sup>3</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Ne	utrality Limit	Actual/Projec	ted Expenditures		
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
orica	10	2005							
Historical	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

# Exhibit 15– Not-for-Profit Employees MEG: ESI<sup>4</sup>

<sup>&</sup>lt;sup>4</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Net	utrality Limit	Actual/Projecte	ed Expenditures	_	
	DY	СҮ	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

# Exhibit 16 – Sponsor's Choice Insurance (SCI) MEG – 2017 to 2018<sup>5</sup>

<sup>&</sup>lt;sup>5</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Net	utrality Limit	Actual/Projecte	d Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	12,712			\$ 4,478.15	\$ 56,926,254	\$ (56,926,254)	\$ (287,463,861)
	20	2015	48,088			\$ 588.04	\$ 28,277,714	\$ (28,277,714)	\$ (315,741,575)
t	21	2016	50,320			\$ 543.92	\$ 27,370,205	\$ (27,370,205)	\$ (343,111,780)
Current	22	2017 (proj)	52,620			\$ 565.68	\$ 29,766,043	\$ (29,766,043)	\$ (372,877,823)
	23	2018 (proj)	55,025			\$ 588.31	\$ 32,371,600	\$ (32,371,600)	\$ (405,249,423)

#### Exhibit 17 – NDWA MEG: IP – 2014 to 2018

				Budget Ne	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
nica	10	2005							
Historical	11	2006							
	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	4			\$ 1,560.75	\$ 6,243	\$ (6,243)	\$ (556,106)
	20	2015	11			\$ 4,187.27	\$ 46,060	\$ (46,060)	\$ (602,166)
t l	21	2016	-			\$ 4,338.01	\$ 17,555	\$ (17,555)	\$ (619,721)
Current	22	2017 (proj)	-			\$ 4,494.18	\$-	\$-	\$ (619,721)
	23	2018 (proj)	-			\$ 4,655.97	\$-	\$-	\$ (619,721)

#### Exhibit 18 – WDA MEG: IP – 2014 to 2018<sup>6</sup>

<sup>6</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Neu	Itrality Limit	Actual/Projecte	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
-	9	2004							
Historical	10	2005							
Histo	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014	1			\$ 293,200.00	\$ 293,200	\$ (293,200)	\$ (2,312,593)
	20	2015	2,126			\$ 180.09	\$ 382,877	\$ (382,877)	\$ (2,695,470)
t t	21	2016	2,303			\$ 180.93	\$ 416,689	\$ (416,689)	\$ (3,112,159)
Current	22	2017 (proj)	2,367			\$ 188.17	\$ 445,430	\$ (445,430)	\$ (3,557,589)
	23	2018 (proj)	2,433			\$ 195.70	\$ 476,154	\$ (476,154)	\$ (4,033,742)

### Exhibit 19 – Full-Time College Students MEG: IP – 2014 to 2018

				Budget Ne	utrality Limit	Actual/Project	ed Expenditures		
	DY	сү	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996			riggrogato			(20101)	(201011)
	2	1997							
	3	1998							
	4	1999							
	5	2000			-				
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
Historical	10	2005							
listo	11	2006							
	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014							
	20	2015							
	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

# Exhibit 20 – Budget Neutrality for Foster Parent MEG: IP<sup>7</sup>

<sup>7</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Ne	utrality Limit	Actual/Project	ed Expenditures		
		<b>a</b> ¥		DUDU		BUBU		Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	DY	CY	Member Months	РМРМ	Aggregate	РМРМ	Aggregate	(Deficit)	(Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
rica	10	2005							
Historical	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010							
	16	2011							
	17	2012							
	18	2013							
	19	2014					1		
	20	2015					1		
	21	2016							
Current	22	2017 (proj)							
	23	2018 (proj)							

# Exhibit 21 – Not-for-Profit Employees MEG: IP<sup>8</sup>

<sup>&</sup>lt;sup>8</sup> The OHCA is not projecting any enrollment for this MEG during the renewal period.

				Budget Ne	utrality Limit	Actual/Projecte	ed Expenditures		
	DY	сү	Client Months	РМРМ	Aggregate	РМРМ	Aggregate	Savings/ (Deficit)	Cumulative Savings/ (Deficit)
	1	1996							
	2	1997							
	3	1998							
	4	1999							
	5	2000							
	6	2001							
	7	2002							
	8	2003							
_	9	2004							
orica	10	2005							
Historical	11	2006							
-	12	2007							
	13	2008							
	14	2009							
	15	2010 (6 mos)	149,104			\$ 5.00	\$ 745,520	\$ (745,520)	\$ (745,520)
	16	2011	428,898			\$ 5.00	\$ 2,144,490	\$ (2,144,490)	\$ (2,890,010)
	17	2012	542,657			\$ 5.00	\$ 2,713,285	\$ (2,713,285)	\$ (5,603,295)
	18	2013	1,010,286			\$ 5.00	\$ 5,051,430	\$ (5,051,430)	\$ (10,654,725)
	19	2014	1,396,342			\$ 5.00	\$ 6,981,710	\$ (6,981,710)	\$ (17,636,435)
	20	2015	1,426,788			\$ 5.00	\$ 7,133,940	\$ (7,133,940)	\$ (24,770,375)
	21	2016	1,363,486			\$ 5.00	\$ 6,817,430	\$ (6,817,430)	\$ (31,587,805)
Current	22	2017 (proj)	1,406,944			\$ 5.00	\$ 7,034,719	\$ (7,034,719)	\$ (38,622,524)
	23	2018 (proj)	1,451,787			\$ 5.00	\$ 7,258,934	\$ (7,258,934)	\$ (45,881,458)

# Exhibit 22 – Health Access Network Expenditures

				Traditio	nal MEG Client I	Months		HMP Ex	penditures (Pror	ated across ME	Gs based on Clie	ent Months)
	DY	сү	TANF-U	TANF-R	ABD-U	ABD-R	Total Client Months	TANF-U	TANF-R	ABD-U	ABD-R	Total Expenditures
	1	1996										
	2	1997	1									
	3	1998										
	4	1999	1									
	5	2000										
	6	2001	1									
	7	2002	1									
	8	2003										
_	9	2004	1									
Historical	10	2005										
listo	11	2006	1									
	12	2007										
	13	2008										
	14	2009										
	15	2010	1									
	16	2011										
	17	2012										
	18	2013	3,741,817	2,618,683	360,205	290,965	7,011,670	\$ 3,118,501	\$ 2,182,460	\$ 300,202	\$ 242,496	\$ 5,843,658
	19	2014	4,001,208	2,745,120	365,630	291,806	7,403,764	\$ 8,334,149	\$ 5,717,833	\$ 761,574	\$ 607,805	\$ 15,421,361
	20	2015	4,101,736	2,807,836	362,810	287,250	7,559,632	\$ 3,959,816	\$ 2,710,685	\$ 350,257	\$ 277,311	\$ 7,298,068
	21	2016	4,023,592	2,721,130	373,088	278,503	7,396,313	\$ 5,621,545	\$ 3,801,816	\$ 521,258	\$ 389,109	\$ 10,333,729
Current	22	2017 (proj)	4,151,834	2,773,076	381,326	278,571	7,584,807	\$ 5,826,259	\$ 3,891,450	\$ 535,113	\$ 390,919	\$ 10,643,741
	23	2018 (proj)	4,284,164	2,826,013	389,745	278,640	7,778,562	\$ 6,038,072	\$ 3,982,964	\$ 549,305	\$ 392,713	\$ 10,963,053

# Exhibit 23 – Health Management Program Expenditures<sup>9</sup>

<sup>9</sup> Presented for informational purposes only. Expenditures are included within the four traditional MEG exhibits.

\_\_\_\_

	DY	СҮ	Member Months		Budget Neu	tra	ality Limit	Actual/Projecte	d E	xpenditures		Savings/	Cumulative		Yearly Savings
		01	Member Months	-	PMPM		Aggregate	PMPM		Aggregate	-	(Deficit)	Savings/ (Deficit)		Carryforward
	1	1996	2,337,532	\$	122.41	\$	286,138,649	\$ 5 170.69	\$	398,999,423	\$	(112,860,774)	\$ (112,860,774)	N/A	
	2	1997	2,282,744	\$	130.39	\$	297,656,008	\$ 5 134.54	\$	307,126,525	\$	(9,470,517)	\$ (122,331,291)	N/A	
	3	1998	2,550,505	\$	138.92	\$	354,305,243	\$ 6 106.62	\$	271,927,279	\$	82,377,964	\$ (39,953,328)	N/A	
	4	1999	3,201,226	\$	168.75	\$	540,219,561	\$ 6 144.65	\$	463,050,620	\$	77,168,941	\$ 37,215,613	N/A	
	5	2000	3,496,982	\$	197.53	\$	690,771,669	\$ 6 171.75	\$	600,600,099	\$	90,171,570	\$ 127,387,183	N/A	
	6	2001	4,513,310	\$	217.40	\$	981,193,992	\$ 6 129.19	\$	583,054,043	\$	398,139,949	\$ 525,527,133	N/A	
	7	2002	4,823,829	\$	231.19	\$	1,115,204,678	\$ 6 176.23	\$	850,117,611	\$	265,087,067	\$ 790,614,200	N/A	
	8	2003	4,716,758	\$	230.58	\$	1,087,577,307	\$ 6 194.45	\$	917,157,855	\$	170,419,452	\$ 961,033,652	N/A	
	9	2004	4,886,804	\$	245.50	\$	1,199,726,867	\$ 5 181.28	\$	885,888,955	\$	313,837,912	\$ 1,274,871,564	N/A	
Historical	10	2005	5,038,078	\$	261.38	\$	1,316,858,944	\$ 6 222.43	\$	1,120,637,046	\$	196,221,898	\$ 1,471,093,461	N/A	
listo	11	2006	5,180,782	\$	277.35	\$	1,436,908,230	\$ 6 264.24	\$	1,368,966,665	\$	67,941,565	\$ 1,539,035,027	N/A	
-	12	2007	5,451,378	\$	290.31	\$	1,582,588,944	\$ 6 271.96	\$	1,482,534,451	\$	100,054,493	\$ 1,639,089,520	N/A	
	13	2008	5,386,004	\$	308.25	\$	1,660,247,275	\$ 300.79	\$	1,620,046,448	\$	40,200,827	\$ 1,679,290,347	N/A	
	14	2009	5,839,782	\$	322.59	\$	1,883,853,423	\$ 321.58	\$	1,877,931,749	\$	5,921,674	\$ 1,685,212,021	N/A	
	15	2010	6,367,794	\$	338.40	\$	2,154,888,798	\$ 313.40	\$	1,995,690,240	\$	159,198,558	\$ 1,844,410,579	N/A	
	16	2011	6,420,012	\$	357.88	\$	2,297,585,380	\$ 329.93	\$	2,118,136,761	\$	179,448,619	\$ 2,023,859,198	N/A	
	17	2012	6,819,943	\$	372.95	\$	2,543,464,833	\$ 326.38	\$	2,225,879,926	\$	317,584,907	\$ 2,341,444,105	N/A	
	18	2013	7,011,670	\$	389.11	\$	2,728,288,274	\$ 330.47	\$	2,317,146,568	\$	411,141,706	\$ 411,141,706	N/A	
	19	2014	7,403,764	\$	403.10	\$	2,984,482,165	\$ 318.02	\$	2,354,558,548	\$	629,923,617	\$ 1,041,065,323	N/A	
	20	2015	7,559,632	\$	418.55	\$	3,164,084,569	\$ 311.71	\$	2,356,422,360	\$	807,662,209	\$ 1,848,727,532	N/A	
	21	2016	7,396,313	\$	438.84	\$	3,245,774,200	\$ 307.24	\$	2,272,411,725	\$	973,362,475	\$ 2,822,090,007	N/A	
Current	22	2017 (proj)	7,584,807	\$	455.18	\$	3,452,481,769	\$ 314.48	\$	2,385,285,344	\$	1,067,196,425	\$ 3,889,286,432	N/A	
	23	2018 (proj)	7,778,562	\$	472.16	\$	3,672,724,979	\$ 328.53	\$	2,555,482,294	\$	1,117,242,684	\$ 4,084,889,896	\$	195,603,464

# Exhibit 24 – Aggregate Budget Neutrality (All MEGs)



# 2017 State Physician Workforce Data Report



November 2017

Association of American Medical Colleges



#### Table 4.3. Physicians Retained from Graduate Medical Education (GME), 2016

			Active Physicians Who Completed GME In State							
	Active Physicians									
	Who Completed		Are Active In Sta							
United States	GME in State 829,266	Number 393,827	Percent 47.5%	Rank N.R.						
Alabama	9,011	4.267	47.5%	20						
Alaska	162	4,207	64.8%	20						
Arizona	8,642	4,208		16						
Arkansas	5,019		48.7%							
California	82,262	2,802 57,893	55.8%	6 1						
Colorado	10,104		70.4%	14						
Connecticut		4,968	49.2%							
Delaware	14,231	4,982	35.0%	45						
District of Columbia	1,585 16,526	453	28.6%	49						
Florida		2,714	16.4%	N.R.						
	24,375	14,324	58.8%	4						
Georgia	15,654	7,658	48.9%	15						
Hawaii	3,070	1,245	40.6%	36						
Idaho	418	222	53.1%	10						
lilinois	44,382	21,371	48.2%	18						
Indiana	10,691	5,871	54.9%	7						
lowa	6,840	2,442	35.7%	44						
Kansas	5,918	2,312	39.1%	40						
Kentucky	8,306	3,773	45.4%	22						
Louisiana	13,699	6,511	47.5%	19						
Maine	2,088	1,050	50.3%	12						
Maryland	20,470	7,779	38.0%	42						
Massachusetts	37,817	16,893	44.7%	27						
Michigan	35,272	15,748	44.6%	28						
Minnesota	18,797	8,411	44.7%	26						
Mississippi	3,751	1,848	49.3%	13						
Missouri	19,372	7,285	37.6%	43						
Montana	125	77	61.6%	3						
Nebraska	4,527	1,917	42.3%	33						
Nevada	1,316	711	54.0%	8						
New Hampshire	2,147	604	28.1%	50						
New Jersey	19,137	8,516	44.5%	29						
New Mexico	3,546	1,391	39.2%	39						
New York	117,284	52,782	45.0%	25						
North Carolina	20,451	8,578	41.9%	34						
North Dakota	927	374	40.3%	37						
Ohio	41,364	18,234	44.1%	30						
Oklahoma	6,105	3,144	51.5%	11						
Oregon	5,832	3,115	53.4%	9						
Pennsylvania	55,255	22,452	40.6%	35						
Puerto Rico	7,100	5,294	74.6%	N.R.						
Rhode Island	4,813	1,465	30.4%	47						
South Carolina	8,380	3,807	45.4%	21						
South Dakota	795	359	45.2%	24						
Tennessee	14,983	6,527	43.6%	31						
Texas	51,026	29,942	58.7%	5						
Utah	5,021	2,132	42.5%	32						
Vermont	1,741	573	32.9%	46						
Virginia	15,545	6,073	39.1%	41						
Washington	12,632	6,138	48.6%	17						
West Virginia	4,421	1,773	40.1%	38						
Wisconsin	13,023	5,887	45.2%	23						
Wyoming	408	121	29.7%	48						

Source: AMA Physician Masterfile (December 31, 2016). Note: N.R. = not ranked.

2017 State Physician Workforce Data Report Section 4: Retention



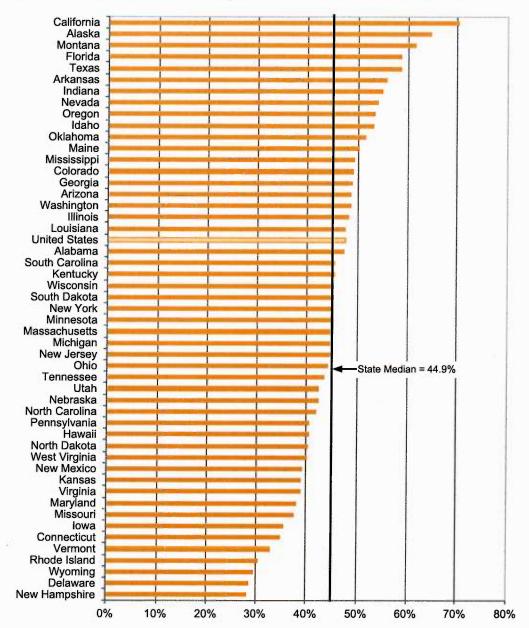


Figure 4.3. Percentage of physicians retained from graduate medical education (GME), 2016.

Source: AMA Physician Masterfile (December 31, 2016).



# Table 4.1. Physicians Retained from Undergraduate Medical Education (UME), 2016

	Active Physicians Who		hysicians Who Gra	
	Graduated From MD-		or DO-Granting Ir	
	or DO-Granting		and Are Active In	the second s
Inite of Otesta	Institution In State	Number	Percent	Rank
United States	651,618	251,075	38.5%	N.R.
Alabama	7,895	3,873	49.1%	8
Alaska		1.00		1.14
Arizona	4,639	1,960	42.3%	19
Arkansas	4,931	2,883	58.5%	3
California	42,672	26,785	62.8%	1
Colorado	5,068	2,201	43.4%	17
Connecticut	6,746	1,294	19.2%	41
Delaware				
District of Columbia	16,787	1,065	6.3%	N.R.
Florida	17,411	8,467	48.6%	9
Georgia	12,909	5,788	44.8%	13
Hawaii	2,012	1,042	51.8%	6
Idaho			1000	
Illinois	43,620	13,754	31.5%	35
Indiana	10,266	5,279	51.4%	7
lowa	12,501	2,728	21.8%	39
Kansas	6,503	2,424	37.3%	25
Kentucky	9,248	4,232	45.8%	12
Louisiana	15,706	6,315	40.2%	22
Maine	2,510	460	18.3%	42
Maryland	15,293	3,389	22.2%	38
Massachusetts	21,950	6,540	29.8%	36
Michigan	24,436	10,696	43.8%	16
Minnesota	10,393	5,396	51.9%	5
Mississippi	4,116	the second se		4
Missouri		2,217	53.9%	4 40
	28,338	6,089	21.5%	40
Montana				
Nebraska	9,046	2,430	26.9%	37
Nevada	1,873	648	34.6%	29
New Hampshire	2,140	229	10.7%	45
New Jersey	11,997	4,003	33.4%	30
New Mexico	2,485	950	38.2%	24
New York	71,844	26,067	36.3%	27
North Carolina	15,307	5,886	38.5%	23
North Dakota	1,718	570	33.2%	31
Ohio	32,104	13,030	40.6%	21
Oklahoma	8,064	3,915	48.5%	10
Oregon	3,767	1,688	44.8%	14
Pennsylvania	50,399	16,072	31.9%	34
Puerto Rico	9,223	4,762	51.6%	N.R.
Rhode Island	2,653	332	12.5%	44
South Carolina	7,107	3,390	47.7%	11
South Dakota	1,611	663	41.2%	20
Tennessee	15,049	5,256	34.9%	28
Texas	41,567	24,881	59.9%	2
Utah	3,705	1,635	44.1%	15
Vermont	3,412	460	13.5%	43
Virginia	14,829	4,817	32.5%	32
Washington	6,128	2,621	42.8%	18
West Virginia	6,658	2,133	32.0%	33
Wisconsin	12,205	4,522	37.1%	26
Wyoming	12,200	7,522	57.176	20

Source: AMA Physician Masterfile (December 31, 2016).

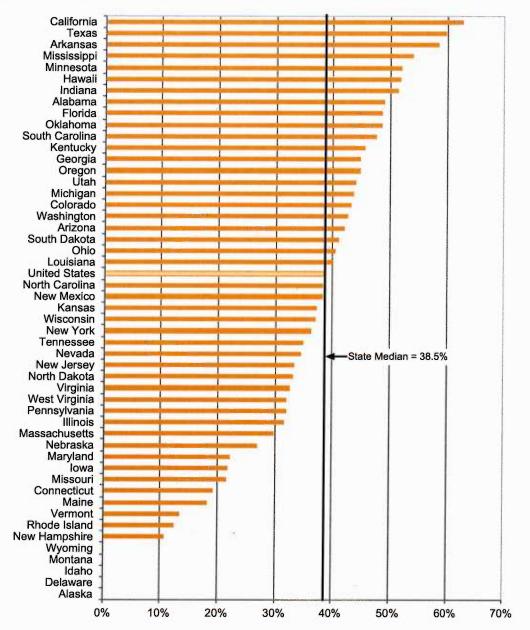
Note: The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho WWAMI) for

admission to its WWAMI regional medical education program. However, retention numbers for the state of Washington do not include 906 graduates from the University of Washington who are active in the other four WWAMI states. When those graduates are included, the UME retention rate for the WWAMI region is 57.7%.

Note: N.R. = not ranked. --- = the data are not applicable. Some states do not have a MD-granting or DO-granting institution.

2017 State Physician Workforce Data Report Section 4: Retention





# Figure 4.1. Percentage of physicians retained from undergraduate medical education (UME), 2016.

Source: AMA Physician Masterfile (December 31, 2016).

Note: The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) for admission to its WWAMI regional medical education program. However, retention numbers for the state of Washington do not include 906 graduates from the University of Washington who are active in the other four WWAMI states. When those graduates are included, the UME retention rate for the WWAMI region is 57.7%.

2017 State Physician Workforce Data Report Section 4: Retention



Table 4.4. Physicians Retained from Undergraduate Medical Education (UME) and Graduate Medical Education (GME) Combined, 2016

	Active Physicians Who Graduated from MD- or DO-Granting Institution In State and	MD- or DO- Comple	icians Who Gradu Granting Institution ated GME In State re Active In State	n In State,
	Completed GME in State	Number	Percent	Rank
United States	246,079	165,023	67.1%	N.R.
Alabama	3,151	2,354	74.7%	11
Alaska				
Arizona	1,446	1,078	74.6%	13
Arkansas	2,383	1,928	80.9%	3
California	26,181	21,211	81.0%	2
Colorado	1,764	1,288	73.0%	16
Connecticut	1,555	806	51.8%	43
Delaware				
District of Columbia	3,461	716	20.7%	N.R.
Florida	5,768	4,511	78.2%	5
Georgia	4,327	3,143	72.6%	17
Hawaii	612	530	86.6%	1
Idaho		000	00.070	-
Illinois	15,714	9,744	62.0%	33
Indiana	4,735	3,642	76.9%	7
lowa	2,373	1,441	60.7%	34
Kansas	2,373	1,362	57.7%	34
Kentucky	3,118	2,304	73.9%	38 14
Louisiana	6,224		69.0%	23
Maine	248	4,297 175	70.6%	
Maryland				18
Massachusetts	3,603	1,910	53.0%	41
Michigan	8,206	4,836	58.9%	36
	10,514	7,005	66.6%	27
Minnesota	5,165	3,806	73.7%	15
Mississippi	1,674	1,282	76.6%	10
Missouri	6,041	3,339	55.3%	40
Montana				
Nebraska	2,296	1,329	57.9%	37
Nevada	257	197	76.7%	9
New Hampshire	188	71	37.8%	45
New Jersey	3,158	1,964	62.2%	32
New Mexico	725	477	65.8%	28
New York	35,200	20,766	59.0%	35
North Carolina	4,899	3,284	67.0%	25
North Dakota	330	208	63.0%	31
Ohio	13,447	9,080	67.5%	24
Oklahoma	2,775	2,073	74.7%	12
Oregon	1,056	743	70.4%	19
Pennsylvania	19,189	10,934	57.0%	39
Puerto Rico	4,123	3,155	76.5%	N.R.
Rhode Island	364	181	49.7%	44
South Carolina	2,507	1,922	76.7%	8
South Dakota	258	200	77.5%	6
Tennessee	4,749	3,168	66.7%	26
Texas	21,147	17,100	80.9%	4
Utah	934	645	69.1%	22
Vermont	346	183	52.9%	42
Virginia	3,907	2,513	64.3%	29
Washington	2,058	1,438	69.9%	21
West Virginia	1,938	1,224	63.2%	30
Wisconsin	3,728	2,615	70.1%	20
Wyoming				

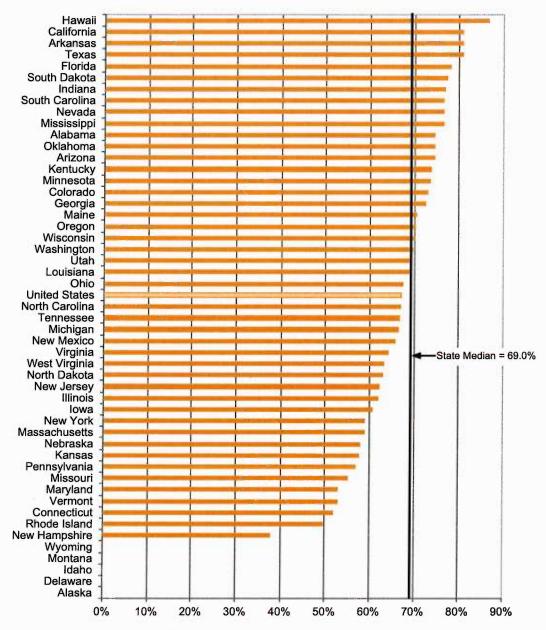
Source: AMA Physician Masterfile (December 31, 2016).

Note: N.R. = not ranked. --- = the data are not applicable. Some states do not have an MD-granting or a DO-granting institution.



# 4. Physicians Retained from Undergraduate Medical Education (UME) and Graduate Medical Education (GME) Combined, 2016

Figure 4.4. Percentage of physicians retained from undergraduate medical education (UME) and graduate medical education (GME) combined, 2016.



Source: AMA Physician Masterfile (December 31, 2016).

# **Accessibility Report**

Filename:

1115 Supplemental Payment Amendmentfinal 1-19-18.pdf **Report created by: Organization:** 

[Enter personal and organization information through the Preferences > Identity dialog.]

# Summary

The checker found no problems in this document.

- Needs manual check: 0
- Passed manually: 2
- Failed manually: 0
- Skipped: 0
- Passed: 30
- Failed: 0

# **Detailed Report**

# Document

Rule Name	Status	Description
Accessibility permission flag	Passed	Accessibility permission flag must be set
Image-only PDF	Passed	Document is not image-only PDF
Tagged PDF	Passed	Document is tagged PDF
Logical Reading Order	Passed manually	Document structure provides a logical reading order
Primary language	Passed	Text language is specified
<u>Title</u>	Passed	Document title is showing in title bar
<u>Bookmarks</u>	Passed	Bookmarks are present in large documents
Color contrast	Passed manually	Document has appropriate color contrast

# Page Content

Rule Name	Status	Description
Tagged content	Passed	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
Tab order	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
Tagged multimedia	Passed	All multimedia objects are tagged
Screen flicker	Passed	Page will not cause screen flicker
<u>Scripts</u>	Passed	No inaccessible scripts
Timed responses	Passed	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

# Forms

Rule Name	Status	Description
Tagged form fields	Passed	All form fields are tagged
Field descriptions	Passed	All form fields have description

# Alternate Text

Rule Name	Status	Description
Figures alternate text	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements	Passed	Other elements that require alternate text

# Tables

Rule Name	Status	Description
Rows	Passed	TR must be a child of Table, THead, TBody, or TFoot
TH and TD	Passed	TH and TD must be children of TR
Headers	Passed	Tables should have headers
Regularity	Passed	Tables must contain the same number of columns in each row and rows in each column
<u>Summary</u>	Passed	Tables must have a summary

# Lists

Rule Name	Status	Description
List items	Passed	LI must be a child of L
Lbl and LBody	Passed	Lbl and LBody must be children of LI

# Headings

Rule Name	Status	Description
Appropriate nesting	Passed	Appropriate nesting

Oklahoma Health Care Authority MEDICAL ADVISORY COMMITTEE

# AGENDA

January 18<sup>th</sup>, 2018 1:00 PM – 3:30 PM

# Charles Ed McFall Board Room

- I. <u>Welcome, Roll Call, and Public Comment Instructions:</u> Chairman, Steven Crawford, M.D.
- II. Action Item: Approval of Minutes of the November 16th, 2017: Medical Advisory Committee Meeting
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion:
- V. <u>SoonerCare Operations Update:</u> Melissa McCully, Director of Insure Oklahoma
- VI. Legislative Update: Cate Jeffries, Interim Legislative Liaison
- VII. <u>Financial Report:</u> Carrie Evans, Chief Financial Officer
- VIII. <u>Proposed Rule Changes:</u> Presentation, Discussion, and Vote: **Demetria Bennett, Policy Development Coordinator** 
  - A. 17-15 Student Earned Income Exclusion for Aged, Blind and Disabled (ABD) Applicants
  - B. 17-17 Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) Current Procedural Terminology (CPT) Language Removal
  - C. 17-19 Inpatient Behavioral Health Revisions
  - D. 17-20 Grandfathered CHIP children
  - E. 17-23 Breast and Cervical Cancer (BCC) Benefit Update
  - F. 17–24A ADvantage Waiver Revisions
  - G. 17–24B ADvantage Waiver Revisions
  - H. 17–25A Developmental Disabilities Services (DDS) Revisions
  - I. 17–25B Developmental Disabilities Services (DDS) Revisions
  - J. 17-28 Federally Qualified Health Center Services (FQHC) Alternative Payment Methodology (APM)
  - K. 17-33 A and B Nursing Home Supplemental Payment Program Revisions
- IX. Action Item: Vote on Proposed Rule Changes: Chairman, Steven Crawford, M.D.
- X. <u>Discussion Items Only:</u> Tywanda Cox, Chief of Federal and State Policy
  - **A.** 1115(a) waiver amendment for supplemental payments for residency training programs and loan repayment

# XI. <u>New Business:</u> Chairman, Steven Crawford, M.D.

- XII. <u>Future Meeting:</u> March 15<sup>th</sup>, 2018 May 17<sup>th</sup>, 2018 July 19<sup>th</sup>, 2018 September 20<sup>th</sup>, 2018 November 15<sup>th</sup>, 2018
- XIII. <u>Adjourn</u>

# **NEWSPAPER PUBLIC NOTICE**

Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the existing approved 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs.

The proposed amendment would add supplemental payments to qualified entities for loan repayment and residency training programs in recognition of the higher cost associated with service delivery and physician recruitment and training to maintain sufficient access to quality preventive, primary and specialty healthcare for SoonerCare members.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than January 19, 2018 with an effective date of March 1, 2018. The total estimated annual budget impact is one hundred and five million dollars (\$105,000,000) of which the estimated state share is forty-three million, five hundred one thousand, five hundred dollars (\$43,501,500) which is funded by participating entities.

A public meeting will be held at the following location:

January 18, 2018 at 1:00 p.m. Medical Advisory Committee Ed McFall Boardroom Oklahoma Health Care Authority 4345 N. Lincoln Blvd, Oklahoma City, OK.

Additionally, a special tribal consultation was held January 12, 2018 at 3:00 p.m. at the above location.

The OHCA welcomes comments from the public regarding the Amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at the <u>OHCA Public Page</u> from January 15, 2018 through January 19, 2018.

Comments and questions may be submitted online at the <u>Policy Change Blog</u> and the <u>Native</u> <u>American Consultation Page</u> or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by telephone at 405-522-7914.

# La realidad de Corea del Norte como potencia nuclear The Reality of North Korea as a Nuclear Power

POR THALIF DEEN | NACIONES UNIDAS

on seis ensayos nucleares subterráneos entre 2006 y 2017, Corea del Norte parece desesperada por convertirse en la novena potencia nuclear, luego de Estados Unidos, Gran Bretaña, Francia, China, Rusia, India, Pakistán e Israel.

Pero el reconocimiento no se vislumbra en el actual contexto de amenazas por parte de Pyongyang y de la continua guerra de palabras entre dos de los gobernantes más impredecibles del mundo: Donald Trump, de Estados Unidos, y Kim Jong-un, de Corea del Norte.

Además, las cinco potencias nucleares, Estados Unidos, Gran Bretaña, Francia, China, Rusia, también miembros permanentes del Consejo de Seguridad de la Organización de las Naciones Unidas (ONU), se niegan a concederle la placa nuclear a Corea del Norte.

Por su parte, ese país asiático sostiene que la invasión a Afganistán e Iraq y la expulsión del líder de Libia, Mohammar Gadafi, se facilitaron por un simple hecho: ninguno tenía armas nucleares o se habían rendido a desarrollarlas.

M.V. Ramana, presidente de la Facultad de Políticas Públicas y Asuntos Globales de la Universidad de Columbia Británica, dijo que nace la esperanza tras los últimos intercambios apaciguadores entre las dos Coreas.

"Creo que la situación puede regresar a la de un estado de mayor calma, aunque es totalmente posible que eso implique que Corea del Norte tenga armas nucleares. Sospecho que por ahora, el mundo tendrá que convivir con su arsenal", añadió.

Además, cualquier proceso de paz debe partir de acciones recíprocas, uno no puede esperar que Corea del Norte afloje su programa sin que Estados Unidos tome una medida en respuesta.

Entonces "ahora vemos las payasadas pueriles de dos gobernantes enfrascados en reciminaciones mutuas como dos niños acosadores en el patio de la escuela ase-



gurando que el botón nuclear de uno es más grande que el del otro, mientras una tensión similar a la Guerra Fría crece de forma alarmante", añadió.

El número de ojivas en el mundo disminuyó desde fines de la guerra fría, de unas 70.300, en 1986, a unas 14.550, en 2017, según la Federación de Científicos Estadounidenses (FAS).

El arsenal de Corea del Norte ronda entre 20 y 50 armas o quizás un poco más, según fuentes de inteligencia de Estados Unidos.

Joseph Gerson, presidente de la Campaña para la Paz, el Desarme y la Seguridad Común, dijo que los sucesivos gobiernos norcoreanos impulsaron el programa nuclear por dos motivos principales: garantizar la supervivencia de la dinastía Kim y preservar la supervivencia del Estado de Corea del Norte.

Desde la guerra de Corea, Estados Unidos amenaza o se prepara para iniciar una guerra nuclear con Corea del Norte. Esas amenazas prendieron en los norcoreanos debido a que el ejército estadounidense destruyó 90 por ciento de la estructura al norte del paralelo 38.

Gerson también recordó que tras la crisis de 1994 entre ambos países, Corea del Norte estaba dispuesta a canjear su programa nuclear por garantías de seguridad, normalización de relaciones y asistencia para el desarrollo económico.

Estados Unidos no honró su compromiso del marco acordado entonces al negarse a entregar petróleo y demorar por tiempo indefinido la construcción de los prometidos reactores nucleares de agua ligera. (IPS)

# ENGLISH

With a track record of six underground nuclear tests between 2006 and 2017, North Korea is desperately yearning to be recognized as the world's ninth nuclear power – trailing behind the US, UK, France, China, Russia, India, Pakistan and Israel.

But that recognition seems elusive- despite the increasing nuclear threats by Pyongyang and the continued war of words between two of the world's most unpredictable leaders: US President Donald Trump and North Korean leader Kim Jong-un.

Arguing that North Koreans have little reason to give up their weapons program, the New York Times ran a story last November with a realistically arresting headline which read: "The North is a Nuclear Power Now. Get Used to it".

But the world's five major nuclear powers, the UK, US, France, China and Russia, who are also permanent members of the UN Security Council, have refused to bestow the nuclear badge of honour to the North Koreans.

North Korea, meanwhile, has pointed out that the invasion of Afghanistan and Iraq, and the ouster of Libyan leader Muammar el-Qaddafi, were perhaps facilitated by one fact: none of these countries had nuclear weapons or had given up developing nuclear weapons.

"And that is why we will never give up ours," a North Korean diplomat was quoted as saying.

Dr M.V. Ramana, Simons Chair in Disarmament, Global and Human Security at University of British Columbia, told there is, however, hope in the recent placatory moves by North and South Korea.

"I think that the situation can return to a calmer state, although it is entirely possible that this calmer state would involve North Korea holding on to nuclear weapons. I suspect that for the time being the world will have to live with North Korea's nuclear arsenal," he added.

"Although that is not a desirable goal, there is no reason why one should presume that North Korea having nuclear weapons is any more of a problem than India, Pakistan, or Israel, or for that matter, China, France, the United Kingdom, Russia, or the United States," said Dr Ramana.

Also, any peace process should be based on reciprocal moves: one cannot simply expect North Korea to scale down its programs without corresponding moves by the United States, he declared.

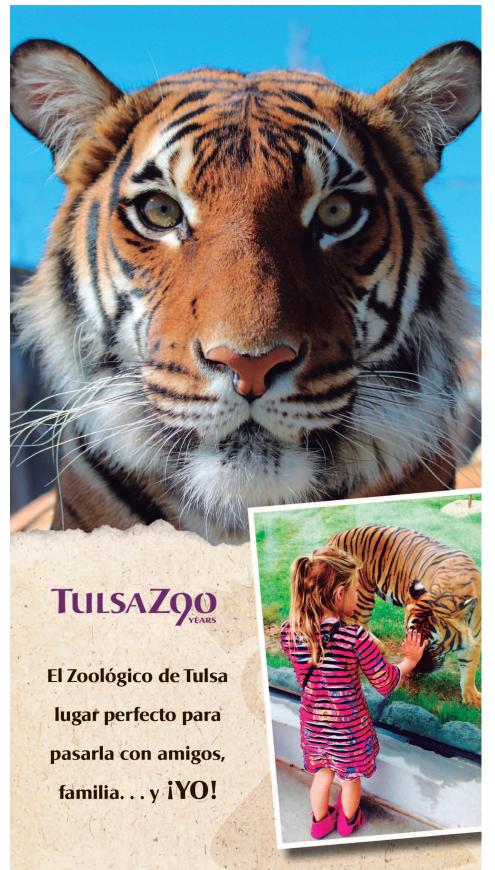
Jayantha Dhanapala, a former UN Under-Secretary-General for Disarmament Affairs (1998-2003), told IPS there is little doubt that North Korea, (also known as the Democratic People's Republic of Korea), has acquired a nuclear weapon capability and the means of delivering it to the mainland of the USA.

He also pointed out that the persistent efforts of the DPRK since the end of the Korean War to conclude a just and equitable peace with the USA have been rebuffed again and again.

"We cannot trust to luck anymore," he warned.

"Some small steps between the two Koreas hold promise of a dialogue beginning on the eve of the Winter Olympics. This must be the opportunity for all major powers to intervene and resume negotiations. The Secretary-General of the UN must act and act now," he added.

The number of nuclear weapons in the world has declined significantly since the end of the Cold War: down from approximately 70,300 in 1986 to an estimated 14,550, according to the Federation of American Scientists (IPS)



# **NEWSPAPER PUBLIC NOTICE**

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Comments and questions may be submitted on line at **http://okhca.org/PolicyBlog.aspx** or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by Telephone 405-522-7914.

Entradas y información en tulsazoo.org

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# Published in

for Distribution of the estate The hearing thereon has been fixed by the Judge of said Court for the 5th day o February, 2018, at 9:00 o'clock a.m., in Courtroom No. 507, of said Court in the County Courthouse at Lawton Oklahoma. All person interested in said estate are notified then and there to appear and show cause, i any they have, why the account should not be settled and allowed, the heirs legatees and devisees of the deceased determined, and the estate distributed accordingly. DATED this, the 11th day of January, 2018. GERALD NEUWIRTH JUDGE OF THE DISTRICT COURT Michael C. Mayhall, OBA #5821 GODLOVE, MAYHALL DZIALO, & DUTCHER, P.C. 802 "C" Avenue P.O. Box 29 Lawton, Oklahoma 73502 Phone (580) 353-6700 Fax (580) 353-2900 Attorneys for Personal Representative Published in The Lawton Constitution January 15, 2018 ORDINANCE NO. 18-01 AN ORDINANCE CHANGING THEZONING CLASSIFICATION FROM TH EXISTING CLASSIFICATION OF R-3 MULTIPLE-FAMILY DWELLING DISTRICT TO C-LOCAL COMMERCIA DISTRICT ZONING CLASSIFICATION ON THE TRACT OF LAND WHICH IS HEREINAFTER MORE PARTICULARLY DESCRIBED IN SECTION ONE (1) HEREOF; APPROVING THE SITE PLAN ATTACHED AS EXHIBIT A AND AUTHORIZING CHANGES TO BE MADE UPON THE OFFICIA ZONING MAP 1 N ACCORDANCE WITH THIS ORDINANCE. Brief Gist This ordinance changes the zoning classification of property located at 1050 SE 45th Street from R-3 Multiple-Family Dwelling District to C-1 Loca Commercial District zoning classification and approve the detailed site plan for levelopment of the tract. PASSED and APPROVED by the Council of the City o Lawton, Oklahoma, this 9t day of January, 2018. FRED L. FITCH MAYO ATTEST: TRACI HUSHBECK, CITY CLERK Published in The Lawton Constitution January 15, 2018 ORDINANCE NO. 18-03 AN ORDINANC PERTAINING T TC NONINTOXICATING BEVERAGES AMENDING DIVISION 4-2-3, ARTICLI 4-2, CHAPTER 4, LAWTON CITY CODE, 2015, ADDING PROVISIONS FO LICENSING OF ON-PREMISI CONSUMPTION NON-TAVERN RETAILER PROVIDING FOR SEVERABILITY, AND DECLARING AN THE EMERGENCY. Brief Gist This ordinance add provisions for the licensing and regulation of the sale fo on-premise consumption, of low-point beer and othe beverages defined by the state as nonintoxicating beverages, for businesse

# CLASSIFIED

General 350 EVANS AND ASSOCIATES UTILITY SERVICES, INC. Is now taking applications for full time Utility Laborers and Backhoe Trackhoe Operators fo the installation of water waste water and storn water utilities. MUS1 HAVE Valid Driver's Li cense. CDL preferred Must be willing to travel Must be able to obtain ENTRY ID Pass on Federa Installation. Full benefits avail. Drug and alcoho testing is required. Apply at 2208 SW F Ave. 7am 5 pm. Mon-Fri. Call 580-351-1800 for more info.

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plications for an Employ ment Training Specialist Will work directly with clients with disabilities Must have a valid Okla homa Driver's License & vehicle insurance. Appl online @www. goodwillsont.org Drug Free Workplace/EOE.

The Lawton Constitution now accepting applica tions for a full time posi tion within the Circulation Department. The pay starts at \$9.50 pe hou plus a benefits program that includes 401(K) medical insurance, vaca ion, and mileage re imbursement. You must have a reliable vehicle, a valid driver's license, and proof of mandatory automobile insurance. Th ability to lift up to 25 lbs. is also required. We will be taking application Monday-Friday at 207 SW B Ave. (Circulation Dept.) swoknews.com

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**MEERS STORE &** RESTAURANT, NOW HIRING KITCHEN HELP, SERIOUS PPLICANTS ONLY START AT \$9 PER HR. TAKING APPLICATIONS FOR WAITSTAFF No Phone Calls. Apply in person. Closed on Tuesdays & Wednesdays). THE MEERS STORE & RESTAURANT 11/2

Help Wanted General 350 PART TIME INSERTER The Lawton Constitution is now accepting applications for Part Time Inser-ter. This is assembly line work within our distribution center with duties consisting of inserting, stacking and bundling of newspapers. Must be able to work split shifts involving afternoons evenings, and late night hours! Approximately 20 hours per week. Applications will be taken in the Circulation Department at 207 SW "B" from 8:30 AM-4:30 PM Monday Friday. No phone calls please. swoknews.com The Kiowa Tribe is currently accepting applica-tions for a **full-time** Accounting Technician, Salary Range: \$13.00 \$18.00 per hour, Closir January 26, 2018, EOE, Indian Preference applies. If interested, please visit our website at: www kiowatribe.org/jobvacancies.html THE LAWTON CON-STITUTION is looking for Independent Contractors to deliver newspaper routes. There are over 100 independent contractors presently distributing The Lawto Constitution throughout Lawton & Southwest Oklahoma. A large percentage of our inde-pendents have held contracts with us for many years and find they can use the money they earn from their route as either their sole source of in come; or an additional income on top of their full time job. The average profits earned by our carriers is over \$1000 per month. Additionally many of our carriers use their routes as a way to exercise, where they actually make money while exercising. Imagine that making money to ex-ercise! Applications available at 207 SW "B "Ave., 8 AM-4 PM or call 353-6397 TODAY! swoknews.com Help Wanted 355 Sales EXPERIENCED SALES needed. Must have good driving record, and be able to pass drug and background check. Serious inquiries only. Fred Brewer Sales, 412 N. Hwy. 277, Fletcher. Help Wanted Office/ Clerical 360 Entry opportunity to lear from the best real estate office in Lawton! 25 to 30 hours per week. Real Estate license preferred. Please bring resume to Capuccio D ream Homes Realty, 2801 SW Lee

Help Wanted time office assistant, 17th. Help Wanted 3rd., 353-4669. Help Wanted Medical CEDAR CREST MANOR Sill Blvd. Help Wanted team contact tamier@ 405-612-6116 or Kevin at Jobs Wanted help. 284-7598. Drivers 277, Cyril 580-464-2503. Experienced **Drivers Needed T&G** Construction Blvd 800 SE 1st Street, Lawton, OK 73501 **PARKS JONES** REALTY (580) 355-6655 Rental Management Dept. Seeking qualified



LPXLP

# **NEA Crossword Puzzle**

ACROSS	47 Forget it!
1 Spout off	(2 wds.)
5 Drop bait	50 Command
on water	to Fido
8 IV units	51 Circus
11 Proposal	performer
12Then	(hyph.)
(2 wds.)	(hyph.) 54 "Do
14 Mauve or	— — say"
lavender	55 Masculine
15 Self puller-	principle
upper	56 Quaker
17 Retiree's	pronoun
kitty	57 İ-90
18 Candy bar	58 Charlotte
19Bowling	of
target	"Bananas"
21 Lady's	59 Dreyfus
honorific	defender
23 Get higher	
24 Routine	DOWN
27 Fall	1 Barbecue
birthstone	tidbit
29 Put a	2 Fusses
dent in	3 Sign light
30 Sort of	4 Straw mat
(3 wds.)	5 Football's
34 Dinghy	Mike —
pair	6 Wind-
37 Sidekick	hoek's
38 Late tennis	cont.
great	7 11th-grade
39 Compas-	exam
sion	8 Junk food
41 Moonshine	9 Radium
containers	discoverer
43 Belgian	10 Penn or
river	Connery
45 Throat	13 Works
feature	by Puccini
1 2 3 4	4 5 6

34

54

1-15

made.

42

LPXLP LEGALS Oklahoma, in Case No. CJ-2014-1050, wherein Wells Fargo Bank, NA is Plaintiff and Scott R. Esk is/are Defendant(s) to satisfy said judgment in the sum of \$55,942.82 together with interest at 7.5% per annum from August 1, 2014, includ-ing late charges, \$2,500.00 for attorney's fee, \$750.00 advances for title search, taxes, insurance, property preservation and all costs of this action accrued and accruing. The addresses of the Defendant(s),

American National Mortgage, and her/his/their unknown successors are un-known to Plaintiff. WITNESS MY HAND this 8th day of

January, 2018. BY: TODD R. GIBSON

Sheriff BY: s/ C. Suttle Deputy

SHAPIRO & CEJDA, LLC 770 NE 63rd St Oklahoma City, OK 73105-6431 (405)848-1819 Attorneys for Plaintiff File No. 14-120836

(Published in The Norman Transcript (Published in the Norman transcript January 15, 2018, 11) NEWSPAPER PUBLIC NOTICE Pursuant to 42 CFR § 431.408, the Okla-homa Health Care Authority (OHCA) is providing public notice of its plan to sub-

mit an amendment to the existing approved 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. The proposed amendment would add supplemental payments to qualified enti-ties for loan repayment and residency. raining programs in recognition of the higher cost associated with service delivery and physician recruitment and train-ing to maintain sufficient access to quality preventive, primary and specialty health-care for SoonerCare members. It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than January 19, 2018 with an ef-fective date of March 1, 2018. The total estimated annual budget impact is one hundred and five million dollars (\$105,000,000) of which the estimated state share is forty-three million, five hundred one thousand, five hundred dollars (43,501,500) which is funded by partici-

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19, 2018.

State Reporting Coordinator by Tele-phone 405-522-7914.





# LPXLP

(Published in The Norman January 15, 22, 2018, 2t) NOTICE OF SHERIFF'S SALE CJ-2017-598 Transcript

LEGALS

CJ-2017-598 Notice is given that on the 21st day of February, 2018, at 10:00 AM, Cleveland County Office Building, 201 S. Jones, Suite 200, in the City of Norman, Cleve-land County, Oklahoma, the Sheriff of said County will offer for sale and sell, with appraisement, for cash, at public curction, to the histoct and best bidder auction, to the highest and best bidder all that certain real estate in Cleveland County, Oklahoma, to-wit: Lot Four (4), in Block Fifty-Four (54), of

Winfield II Addition Section Nine to the City of Oklahoma City, Cleveland County, State of Oklahoma, according to the recorded plat thereof;

subject to unpaid taxes, advancements by Plaintiff for taxes, insurance premiums, and expenses necessary for the preservation of the subject property, if any, said property having been duly ap-praised at \$178,000. Sale will be made pursuant to a Special Execution And Order Of Sale issued in accordance with judgment entered in the District Court of Cleveland County, Oklahoma, in Case No. CJ-2017-598. entitled First United Bank and Trust Company, Plaintiff, vs. Dustin Bly, Heather Bly, John Doe, as occupant of the premises, and Jane Doe as occupant of the premises, being all of the Defendants and persons holding or claiming any interest or lien in the subject property

Todd Gibson, Interim Sheriff, Sheriff of Cleveland County, Oklahoma By: C. Suttle

DEPUTY Done Timberlake - # 9021 BAER & TIMBERLAKE, P.C. P.O. Box 18486 Oklahoma City, OK 73154-0486 Telephone: (405) 842-7722 Facsimile: (405) 848-9349 BT File No.: 114165

# **OLYMPICS: ALPINE PREVIEW**



AP Photo / Giovanni Auletta

United States' Lindsey Vonn gets to the finish area Sunday after completing an alpine ski women's World Cup downhill in Bad Kleinkirchheim, Austria.

# Shiffrin set up as Olympics star

**By Howard Fendrich AP Sports Writer** 

continues to race as well as she has been, she is setting herself up to be the biggest star of the Pyeongchang Olympics. Not just of Alpine skiing, but the entire Winter Games.

Shiffrin, a 22-year-old American, won the first five women's World Cup races she entered in 2018, and seven of her past eight on the circuit, competing against the best the world has to offer and outclassing them time and again. And Shiffrin is not merely winning - she is overwhelming opponents, sometimes ecting victories by m than 1.5 seconds, a large margin in a sport often decided by hundredths. Born in Colorado and raised in New Hampshire and Vermont, Shiffrin was 18 at the 2014 Sochi Games when she became the youngest Olympic slalom champion in history. Her 41st career World Cup race win, which came in January, equaled the highest total for a ski racer under 23. Now she heads to Pyeongchang as an overwhelming favorite to be the first to win consecutive slalom golds. What's more, she will be a contender to win the giant slalom and combined, too , for a chance to match the Alpine record of three titles at one Olympics. It's possible that she could enter the super-G and downhill, too, which would make her something never seen these days: a five-event threat. 'When I go to South Korea, I'm not going to be thinking about what I did in Sochi or what I did even previously in this season," Shiffrin said. "Hopefully, I'll iust be thinking about the task at hand." Here are some other things to watch on the mountains in February:

# Elusive gold

Marcel Hirscher is as dominant among the men as Shiffrin is among the women. The Austrian has won an unprecedented six consecutive overall World Cup ti tles and appears on his way to No. 7. As of mid-January, he put together a five-slalom winning streak. "He is just better. That's the way it is," said Henrik Kristoffersen, a Norwegian who perpetually ends up in second place, behind Hirscher. But for everything he's done, Hirscher has yet to win an Olympic gold medal, despite four top-five finishes in slalom or giant slalom at Sochi and

# Remember

Vancouver.

© 2018 UFS, Dist. by Andrews McMeel Syndication for UFS **Alder on Bridge** JANUARY 15, 2018 A CHOICE OF GAMES OFFERED TO PARTNER

# Barbara Hall, the creator and producer of "Judging Amy" and "Joan of Arcadia," said, "You are what you are because

of the conscious and subconscious choices you have Bridge players usually make conscious choices, but occasionally an expert will produce a bid or play because it "felt right" at the time. In this deal, though, North had the oppor-tunity to offer his partner a choice that worked very well. South had such a soft 18-point hand that he almost

January 18, 2018 1:00 p.m. Medical Advisory Committee Ed McFall Boardroom 345 N. Lincoln Blvd, Oklahoma City,

# Ine OHCA welcomes comments from the public regarding the Amendment to the SoonerCare Choice and Insure Okla-homa 1115(a) Demonstration Waiver pro-gram. The application waiver will be posted online at http://www.okhca.org from January 15, 2018 through January 19, 2018.

omments and questions may be submitted on line at http://okhca.org/PolicyBlog.aspx or by contacting Bill Garrison, OHCA Federal &



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If Mikaela Shiffrin

To put it simply: She is about as close to unbeatable as can be right now.

a balanced 18 or 19, North used New Minor Forcing to find out that partner had three-card spade support. But he then made an excellent choice, continuing with three no-trump to offer partner a choice of games, North's sequence having guaranteed five spades. South had an easy pass.

opened one no-trump. (The Kaplan-Rubens evaluation

Note that four spades had no chance, with one loser in each suit.

Against three no-trump. West's best lead would have been a low heart. Then declarer would have had to attack diamonds first to remove East's entry to his long hearts.

When West chose a low club. declarer won with dummy's nine and played a spade to his queen. West took the trick and shifted to a heart, but South won with dummy's king and led a diamond. East grabbed that trick and returned a heart, but the contract was safe.

In a 13-table duplicate, six other North-Souths reached three no-trump, each when North raised two no-trump to three. The rest went down in four spades.

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FEATURE SYNDICATE

North 01-15-18 ★ J9873 ♥ K2 842 📥 K 9 2 East ★ K 6 4 2
♥ A 10 6
♦ 10 5 3 ▲ 10
♥ 9 8 7 4 3
♦ A 9 7 🕭 A 10 7 뢒 8 6 5 4 South ▲ A Q 5
 ♥ Q J 5 КQЈ 🙅 Q J 3 Dealer: North Vulnerable: Neither South West North Pass East Pass Pass  $1 \blacklozenge$ Pass 3**♣** 3NT 2NTPass All Pass Pass 3 🏚 Pass Opening lead: 🕭 7

# SUDOKU

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/15		·	© 20	)18 Dist. I	y Andrew	s McMeel	Syndicatic	n for Ul

HOW TO PLAY: Each row, column and set of 3-by-3 boxes must con-tain the numbers 1 through 9 without repetition.

5			3					
© 2	© 2018 Dist. by Andrews McMeel Syndication for UFS							
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4	8	7	2	3	5	9	6	1
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9	7	4	6	2	3	8	1	5
6	5	8	7	4	1	3	2	9
2	1	3	8	5	9	6	7	4
8	4	5	3	7	6	1	9	2
3	6	1	5	9	2	4	8	7
7	9	2	4	1	8	5	3	6



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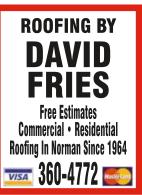
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# Vonn's return and farewell

Shiffrin's U.S. teammate Lindsey Vonn was supposed to be the one to watch at the Sochi Olympics but never got the chance to defend her downhill gold medal from Vancouver in 2010 because of a knee injury. Back on the sport's biggest stage for the last time at age 33, Vonn can add to her legacy as one of the all-time greatest ski racers (she owns a women's record 78 World Cup wins) by earning one more medal in a speed event, downhill or super-G.

# these names

Some folks to keep an eye on who could spring a surprise include Petra Vlhova of Slovakia, the last person to beat Shiffrin in a slalom race before the American's lengthy winning streak; Sofia Goggia of Italy, who will be making her Olympic debut but won two World Cup races on the mountain in South Korea in March 2017; Michael Matt of Austria, whose older brother Mario defeated Hirscher for the gold in slalom four years ago; Andrew Weibrecht of the U.S. (nickname: War Horse), who came out of nowhere to pick up medals in 2010 and 2014 and maybe — just maybe could do it again.

# Bye, Bode

After a U.S.-record six Alpine medals (one gold, three silvers, two bronzes) across five Winter Games appearances, and one infamous boast about partying "at an Olympic level" at the 2006 Turin Games, Bode Miller will not be on the slopes in Pyeongchang. He will, however, be offering his thoughts on TV, which should be insightful and entertaining. Other familiar faces who'll be absent: Tina Maze, a Slovenian who won two golds four years ago; Maria Hoefl-Riesch, a German medal who collected three golds and one silver at the past two Olympics; and Ivica Kostelic, a Croatian with four Olympic silvers.

# New event

A team event is being added at the end of the Olympic Alpine schedule for the first time. Some athletes — notably, Shiffrin have said they doubt they'll participate, but it could be a way for ski racers who had a disappointing Olympics to make one last bid for a medal.

### **4D MONDAY, JANUARY 15, 2018**



3bd 1ba 2car, ch/a, \$600 Accurate Prop 732-3939

3bd 1.7ba 2car, ch/a, fp, \$1000 Accurate Prop 732-3939

469

## Moore

3bd 1.7ba 2car, ch/a, fp \$1000 Accurate Prop 732-3939

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Chihuahua puppies Adorable applehead chihuahua puppies for sale 2m 1f 6wks old parents on site \$150.00 405-332-1452

CHIHUAHUAS: 2 Adorable 3/4 Chihuahuas, 1/4 Yorkie Males, 9wks old, black w/touch of white, 1st shot, \$100. 405-410-9231

Chihuahuas, 2 litters, \$30 each, Jack Russells, free, 414-2470.

Chihuahua Teacups, TEENY TINY, 1st shot, \$350 cash 405-446-4557

Collie Puppies, AKC, sable & white DOB 11/30/17, M&F, POP, call for pics, Tulsa Area. \$350ea, 918-232-0516.

Corgi Pups, AKC, s/w, extra nice ready Feb. \$850ea. 940-867-0931



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2

Sheltie Puppy, AKC, 1M sable & white, s/w, \$600 • 405-929-0382

SHIH TZU Male 14 wk pup imperial CHIH TZU im-perial Chinese CKC 5 to 6pds, have pics s.e. Oklahoma \$600 cash 405 830 2956

222

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Rural Electric Cooperative, Inc. (REC) is a distribution electric utility serving customers in southern Oklahoma. REC is solic-iting bids from power line con-struction and debris removal con-tractors for storm restoration work. Interested parties should contact REC's Engineering and Staking department at 405-756-3104 ext. 302, via email at jonj@recok.coop, or visit the REC office located at 13942 Highway 76, Lindsay, OK 73052 to receive information on specific require-ments and contract forms. All contractor pricing shall remain valid through calendar year 2018. REC complies with the procure-ment standards outlined in Fed-eral policy 2 CFR part 215 and en-sures that small businesses, mi-nority-owned firms, and women's business enterprises are used to the fullest extent practicable business enterprises are used to the fullest extent practicable. Rural Development is an Equal Opportunity Lender. Complaints of discrimination should be sent to: Secretary of Agriculture, Washington, DC 20250.



Small parrot found. Early Dec. Vicinity of S. Penn & SW 104th. Call to id. 405-273-2625

717

## **NEWSPAPER PUBLIC NOTICE**

Pursuant to 42 CFR § 431.408, Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Au-thority (OHCA) is providing pub-lic notice of its plan to submit an amendment to the existing ap-proved 2018 Section 1115(a) ex-tension waiver for the Sooner-Care Choice and Insure Oklahoma programs.

The proposed amendment would add supplemental payments to qualified entities for loan repay-ment and residency training pro-grams in recognition of the higher cost associated with service de-livery and physician recruitment and training to maintain suffi-cient access to quality preven-tive, primary and specialty healthcare for SoonerCare mem-bers.

It is the intent of the Oklahoma



It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than January 19, 2018 with an effec-tive date of March 1, 2018. The total estimated annual budget impact is one hundred and five million dollars (\$105,000,000) of which the estimated state share is forty-three million, five hundred dollars (43,501,500) which is funded by participating entities.

A public meeting will be held at the following location: January 18, 2018 1:00 p.m. Medical Advisory Committee Ed McFall Boardroom Alahoma Health Care Authority 4345 N. Lincoln Blvd, Oklahoma City, OK.

Additionally, a special tribal con-sultation was held January 12, 2018 at 11:00 a.m. at the above location.

The OHCA welcomes comments from the public regarding the Amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at http://www.okhca.org from January 15, 2018 through January 19, 2018.

Comments and questions may be Submitted on line at http://okhca.org/PolicyBlog.aspx or by contacting Bill Garrison, OHCA Federal & State Reporting Coordinator by Telephone 405-522-7914.



SOCIAL NETWORK & JOIN THE CONVERSATION!



10 Tuesday, January 16, 2018

# **Legal Notices**

# KURT GLASSCO JIM FEHRLE DEPUTY COURT CLERK

Prepared by: DRU R. TATE, OBA #30434 South County Law Firm, PLLC 311 W. 7th Street Okmulgee, OK 74447 918-528-6655 - Telephone 918-917-848-Fracsimile Attorney for Petitioner

443739 Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 16 & 23, 2018

IN THE DISTRICT COURT IN AND FOR

TULSA COUNTY STATE OF OKLAHOMA

IN THE MATTER OF THE ESTATE OF JERRY Y. ESTES,

Deceased.

Case No.: PB-2017-740 Hon Kurt G. Glassco

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY STATE OF OKLAHOMA

# ORDER AND NOTICE FOR HEARING ON FIRST AND FINAL ACCOUNT, AND PETITION TO APPROVE FINAL ACCOUNT AND DETERMINING HEIRSHIP, AND PETITION FOR FINAL DECREE OF DISTRIBUTION

NOW ON January 10, 2018, Robin G. Johnson, the Per-Now ON January 10, 2018, Robin G. Jonnson, the Per-sonal Representative of the Estate of Jerry Y. Estes, De-ceased, having filed in this Court her First and Final Ac-count and Petition to Approve Final Account and Deter-mining Heirship, and Petition for Final Decree of Distribu-tion, the Court finds that the same should be set for hearing. IT IS THEREFORE ORDERED that the Final Account

and Petition be set for hearing, and notice is hereby giv-en of the hearing before this Court on the 28th day of February, 2018, at 9:30 o'clock a.m., when and where all persons interested in the estate may appear and contest the same, and that notice of the hearing be given by mailing copies of this Order and Notice to each heir at law, legatee, and devisee of decedent at their last known place of residence; and by publication once each week for two (2) consecutive weeks in a newspaper published in Tulsa County prior to the hearing.

KURT GLASSCO JUDGE OF THE DISTRICT COURT

JIM FEHRLE DEPUTY COURT CLERK

/s/ Robert J. Getchell Robert J. Getchell, OBA No. 11317 GABLEGOTWALS 1100 ONEOK Plaza 100 West 5th Street Tulsa, OK 74103-4217 Telephone: (918)595-4800 Facsimile: (918)595-4890 Attorneys for the Personal Representative

443757 Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 16 & 23, 2018

NOTICE TO BIDDERS:

Sealed proposals for a single contract for the HVAC Re-placement Phase II @ Darnaby Elementary School will be received by the Union Public School District, Inde-pendent School District No. 9, Tulsa County, Oklahoma (the "District"), Support Services, 8506 E. 61st Street, Tulsa, Oklahoma 74133-1926, until 2:00 p.m. CST, Tues-day, February 20, 2018, at which time proposals will be opened and rend aloud. opened and read aloud

The Instructions to Bidders, Form of Proposal, Form of Contract, Drawings, Specifications and other contract documents will be available for examination beginning **Tuesday**, **January 16**, 2018 at the office of the Support Services Department of the District by appointment between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. Call 918-357-6183 (Support Services Department) for an appointment. Additionally, copies of the contract and bidding documents, including the drawings and specifications, may also be obtained from the Support Services Department beginning January 16, 2018.

All Bidders for this project are required to meet all qual-ification requirements as established in these bid docu-ments. Furthermore, each Bidder may not withdraw his bid after the actual date of the opening of bids. Contrac-tors are required to submit qualification statements sev-en (7) days prior to bidding.

The District will conduct a **MANDATORY** pre-bid confer-ence at the place bids will be received, followed by an on-site examination of existing conditions, for the pur-pose of review of the bidding documents, bidding proce-

ties, or to reject any or all bi						
Published: January 16, 2018	and January 23, 2018					
UNION PUBLIC SCHOOL DISTRICT INDEPENDENT SCHOOL DISTRICT NO. 9 TULSA COUNTY, OKLAHOMA						
S. Fred Director of Cons	l Isaacs truction Services					
	<b>1399</b> <mark>s &amp; Legal News, Tuls</mark> a County,					
	UBLIC NOTICE					
Pursuant to 42 CFR § 431.406 Authority (OHCA) is provid to submit an amendment to Section 1115(a) extension Choice and Insure Oklahoma	8, the Oklahoma Health Care ing public notice of its plan o the existing approved 2018 waiver for the SoonerCare i programs.					
The proposed amendment we ments to qualified entities f dency training programs in associated with service deli- ment and training to mainte ty preventive, primary an SoonerCare members.	vould add supplemental pay- or loan repayment and resi- recognition of the higher cost ivery and physician recruit- ain sufficient access to quali- id specialty healthcare for					
It is the intent of the Oklaho submit the amendment no with an effective date of M. mated annual budget impact lion dollars (\$105,000,000) o share is forty-three million, five hundred dollars (43,501, ticipating entities.	ma Health Care Authority to later than January 19, 2018 arch 1, 2018. The total esti- is one hundred and five mil- f which the estimated state five hundred one thousand, 500) which is funded by par-					
A public meeting will be held						
January 18, 2018 1:00 p.m. Medical Advisory Committee Ed McFall Boardroom Oklahoma Health Care Autho 4345 N. Lincoln Blvd, Oklaho	ority					
Additionally, a special tribal ary 12, 2018 at 11:00 a.m. at t	l <mark>consultati</mark> on was <mark>hel</mark> d Janu- the above location.					
The OHCA welcomes comm ing the Amendment to the So Oklahoma 1115(a) Demonsth application waiver will be po hca.org from January 15, 201	ents from the public regard- oonerCare Choice and Insure ration Waiver program. The osted online at <u>http://www.ok</u>					
nca.org from January 15, 201	<mark>18 through Janua</mark> ry 19, 2018.					
	18 through January 19, 2018. ay be submitted on line at <u>htt</u> ax or by contacting Bill Gar- te Reporting Coordinator by					
Comments and questions mo p://okhca.org/PolicyBlog.asp rison, OHCA Federal & Sta Telephone 405-522-7914. 443688 Published in the Tulsa Business & Legal News,						
Comments and questions ma p://okhca.org/PolicyBlog.asp rison, OHCA Federal & Sta Telephone 405-522-7914. 443688 Published in the Tulsa	Tommie L. Blancett, De- ceased, and requesting this for all the second second second second the second second second second second court determine the identi- ty of all the heirs-at-law of the decedent. NOTICE IS ALSO GIVEN that the 6th day of Febru- ary, 2018, at the hour of 10:30 o'clock A.M., of that day, has been appointed as the time for hearing the Petition in Courtroom 701 of the District Court. Pro-					
Comments and questions mo p://okhca.org/PolicyBlog.ast rison, OHCA Federal & Sta Telephone 405-522-7914. 443688 Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 16, 2018 IN THE DISTRICT COURT OF TULSA COUNTY STATE OF OKLAHOMA IN THE MATTER OF THE ESTATE OF	<ul> <li>be submitted on line at <u>http:</u></li> <li>by contacting Bill Gar-</li> <li>fe Reporting Coordinator by</li> <li>Tommie L. Blancett, Decased, and requesting this</li> <li>Court determine the identi-</li> <li>ty of all the heirs-at-law of</li> <li>the decedent.</li> <li>NOTICE IS ALSO GIVEN</li> <li>that the 6th day of February, 2018, at the hour of</li> <li>10:30 of clock A.M., of that</li> <li>day, has been appointed as</li> <li>the fime for hearing the</li> <li>Petition in Courtroom 701</li> <li>of the District Court, Probate Division, in the County</li> <li>ty Gurthouse, in the County</li> <li>ty of Julsa, odklahoma, when and where all persons interested</li> </ul>					
Comments and questions mo pri/okhca.org/PolicyBlog.ast rison, OHCA Federal & Sta Telephone 405-522-7914. 443688 Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 16, 2018 IN THE DISTRICT COURT OF TULSA COUNTY STATE OF OKLAHOMA IN THE MATTER OF THE ESTATE OF Tommie L. Blancett, Deceased.	Tommie L. Blancett, De- ceased, and requesting this Court determine the identi- ty of all the heirs-at-law of the decedent. NOTICE IS ALSO GIVEN that the 6th day of Febru- ary, 2018, at the hour of 10:30 o'clock A.M., of that day, has been appointed as the time for hearing the Petition in Courtroom 701 of the District Court, Pro- bate Division, in the Coun- ty of Tulsa, Oklahoma, when and where all per- sons interested may ap- pear and contest the same by filing written opposition thereto on the ground of incompetency of the appli- cant, or may assert their own rights to the adminis- tration and pray the Let- ters be issued to them.					
Comments and questions mo p://okhca.org/PolicyBlog.ast rison, OHCA Federal & Sta Telephone 405-522-7914. Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 16, 2018 IN THE DISTRICT COURT OF TULSA COUNTY STATE OF OKLAHOMA IN THE MATTER OF THE ESTATE OF Tommie L. Blancett, Deceased. Case No. PB-2018-022 Judge: Glassco NOTICE FOR HEARING PETITION TO ADMINS- TER ESTATE, APPOINT- MENT OF PERSONAL REPRESENTATIVE, AND FOR DETERMINA- TION OF IDENTITY OF	<ul> <li>be submitted on line at <u>http:</u></li> <li>by contacting Bill Gar-</li> <li>fe Reporting Coordinator by</li> <li>Tommie L. Blancett, Deceased, and requesting this</li> <li>Court determine the identi-</li> <li>ty of all the heirs-at-law of</li> <li>the decedent.</li> <li>NOTICE IS ALSO GIVEN</li> <li>that the 6th day of February, 2018, at the hour of</li> <li>10:30 o'clock A.M., of that</li> <li>day, has been appointed as</li> <li>the time for hearing the</li> <li>Petition in Courtroom 701</li> <li>of the District Court, Probate Division, in the County</li> <li>ty Gurthouse, in the County</li> <li>ty Gurthouse, in the County</li> <li>the of the same by filing written opposition</li> <li>thereto on the ground of</li> <li>incompetency of the applicant, or may assert their</li> <li>own rights to the administration and pray the Let</li> </ul>					

dures and to receive Bidders' questions. The MANDATO-RY pre-bid conference is scheduled for 10:00 a.m. CST, Tuesday, February 6, 2018.

This project is contingent upon the sale and receipt of bond funds.

The District reserves the right to waive any informali-ties, or to reject any or all bids.

,	1820 South Cincinnati Ave Tulsa, OK 74119 (918) 749-0606	tain real estate in Tulsa County, Oklahoma, to-wit:
F	camille@camillequinn.com Attorney for Personal	The East Half (E/2) of Lot Seven (7), Block
-	Representative	Twenty-seven (27), in The Town of Red Fork, now an Addition to the
	41863 Published in the Tulsa Busi- ness & Legal News, Tulsa County, Oklahoma, Janu- ary 9 & 16, 2018	City of Tulsa, Tulsa County, State of Oklaho- ma, according to the re- corded plat No. 518;
	NOTICE OF SHERIFF'S SALE CJ-2017-345	subject to unpaid taxes, ad- vancements by Plaintiff for taxes, insurance premiums, and expenses necessary for
	Notice is given that on the 13th day of February, 2018, at 10:00 AM, in Room 119 of the Tulsa County Court- house, in the City of Tulsa, Tulsa County, Oklahoma, the Sheriff of said County will of- fer for sale and sell, with ap- praisement, for cash, at pub- lic auction, to the highest and best bidder, all that cer- tain real estate in Tulsa County, Oklahoma, to-wit: Lot Four (4), Block Five (5), Woodland Meadow Addition, an Addition to the City of Tulsa Tulsa	the preservation of the sub- ject property, if any, said property having been duly appraised at \$36,000. Sale will be made pursuant to a Special Execution And Order Of Sale issued in accordance with judgment entered in the District Court of Tulsa Coun- ty. Oklahoma, in Case No. CJ-2017-3785, entitled Ditech Financial LLC, Plaintiff, vs. Shawn A. Norris, jenueris, Unifund CKR Partners and Jane Doe, as occupant of the premises a/k/a Dunielle, being all of
-	the City of Tulsa, Tulsa County, State of Oklaho- ma, according to the re- corded plot No. 3790;	the Defendants and persons holding or claiming any in- terest or lien in the subject property.
	subject to unpaid taxes, ad- vancements by Plaintiff for taxes, insurance premiums, and expenses necessary for the preservation of the sub-	Vic Regalado, Sheriff of Tulsa County, Oklahoma By: /s/ James Estes
	the preservation of the sub- iect property, if any, said property having been duly appraised at \$111,000. Sale	DEPUTY Don Timberlake - # 9021 BAER & TIMBERLAKE,
	appraised at \$111,000. Sale will be made pursuant to a Special Execution And Order Of Sale issued in accordance	P.C. P.O. Box 18486 Oklahoma City, OK
•	with judgment entered in the District Court of Tulsa Coun- ty, Oklahoma, in Case No. CJ-2017-345, entitled Nationstar Mortgage LLC, District we Braul L Windon	73154-0486 Telephone: (405) 842-7722 Facsimile: (405) 848-9349 <b>BT File No.: 114851</b>
	Plaintiff, vs. Paul J. Winden, Ruth M. Winden, John Doe, as occupant of the premises a/k/a Kurt Winden, Jane Doe, as occupant of the premises and Susan Boyd, as Successor General Guardian of the person and Estate of Paul J. Winden, and as Gen-	443651 Published in the Tulsa Business & Legal News, Tulsa County, Oklaho- ma, January 16 & 23, 2018
-	eral Guardian of the Person and Estate of Ruth M. Winden, being all of the De- fendants and persons holding or claiming any interest or	NOTICE OF SHERIFF'S SALE CJ-2017-2804
- 5 - F	lien in the subject property. Vic Regalado, Sheriff	Notice is given that on the 20th day of February, 2018, at 10:00 AM, in Room 119 of the Tulsa County
1	of Tulsa County, Oklahoma By: James Estes DEPUTY	119 of the Tulsa County Courthouse, in the City of Tulsa, Tulsa County, Okla- homa, the Sheriff of said County will offer for sale
	Don Timberlake - # 9021 BAER & TIMBERLAKE, P.C. P.O. Box 18486	and sell, with appraise- ment, for cash, at public auction, to the highest and best bidder, all that cer- tain real estate in Tulsa
-	Oklahoma City, OK 73154-0486 Telephone: (405) 842-7722	County, Oklahoma, to-wit: Lot Twelve (12), Block
-	Facsimile: (405) 848-9349 BT File No.: 113381	Three (3) Amended Plat of Blocks 1, 2, 3, 11 and 12 of Highland
e F -		Park Estates, Tulsa County, State of Okla- homa, according to the recorded plat No. 925;
-	4 <b>41854</b> Published in the Tulsa Busi- ness & Legal News, Tulsa	subject to unpaid taxes, advancements by Plaintiff
f	County, Oklahoma, Janu- ary 9 & 16, 2018	for taxes, insurance premi- ums, and expenses neces- sary for the preservation of the subject property, if
•	NOTICE OF SHERIFF'S SALE CJ-2017-3785	been duly appraised at \$378.000.00. Sale will be
5	Notice is given that on the 13th day of February, 2018, at 10:00 AM, in Room 119 of	made pursuant to a Spe- cial Execution And Order Of Sale issued in accord-
	the Tulea County Court-	ance with judgment en- tered in the District Court of Tulsa County, Oklaho- ma, in Case No. CJ-2017-
	house, in the City of Tulsa, Tulsa County, Oklahoma, the Sheriff of said County will of- fer for sale and sell, with ap-	
	praisement, for cash, at pub- lic auction, to the highest and best bidder, all that cer-	Mortage Solutions, Inc., Plaintiff, vs. Robert Henry Thomson, Jr. and United States of America, ex rel The Secretary of Housing

and Urban Development, being all of the Defendants and persons holding or claiming any interest or lien in the subject proper-tion

Vic Regalado, Sheriff of Tulsa County, Oklahoma

Don Timberlake - # 9021 BAER & TIMBERLAKE,

P.C. P.O. Box 18486 Oklahoma City, OK 73154-0486 Telephone: (405) 842-7722 Facsimile: (405) 848-9349 **BT File No.:** 114437

441852 Published in the Tulsa Busi-ness & Legal News, Tulsa County, Oklahoma, Janu-

SALE

CJ-2017-342

Notice is given that on the 13th day of February, 2018,

at 10:00 AM, in Room 119 of the Tulsa County Court-house, in the City of Tulsa, Tulsa County, Oklahoma, the

Sheriff of said County will of-

fer for sale and sell, with ap-

praisement, for cash, at pub-lic auction, to the highest

and best bidder, all that cer-tain real estate in Tulsa County, Oklahoma, to-wit:

Lot Four (4), Block Two (2), HUNTINGTON

(2), HUNTINGTON PLACE, an Addition to the City of Tulsa, Tulsa

County, State of Oklaho-ma, according to the re-

subject to unpaid taxes, ad-vancements by Plaintiff for

taxes, insurance premiums,

and expenses necessary for

corded plat thereof;

property.

# 9021

Donald J. Timberlake

Oklahoma City, OK

BAER & TIMBERLAKE, P.C. P.O. Box 18486

73154-0486 Telephone: (405) 842-7722

Facsimile: (405) 848-9349 BT File No.: 113171

441846

SECOND ALIAS

NOTICE OF SHERIFF'S SALE

CJ-2013-157

ary 9 & 16, 2018 NOTICE OF SHERIFF'S

By /s/ James Estes DEPUTY

ty.

### L'EXL'E

house, in the City of Tulsa, Tulsa County, Oklahoma, the Sheriff of said County will offer for sale and sell, with ap-praisement, for cash, at public auction, to the highest and best bidder, all that certain real estate in Tulsa County, Oklahoma, to-wit:

Lot Six (6), Block Two (2), Sun Meadow II, an Addition to the City of Tulsa, Tulsa County, State of Oklahoma, according to the recorded plat No. 3605;

subject to unpaid taxes, advancements by Plaintiff for taxes, insurance premiums, taxes, insurance premiums, and expenses necessary for the preservation of the sub-iect property, if any, said property having been duly appraised at \$210,000.00. Sale will be made pursuant to a Second Alias Special Execu-tion And Order Of Sale is-sued in accordance with sued in accordance with judgment entered in the Dis-Trict Court of Tulsa County, Oklahoma, in Case No. CJ-2013-157, entitled GMAC Mortgage, LLC, Plaintiff, vs. Luther O. Grade, Tammy L. Grade and Mortgage Elec-tropic Pacifection System tronic Registration Systems, Inc., being all of the Defendants and persons holding or claiming any interest or lien in the subject property

> Vic Regalado, Sheriff of Tulsa County, Oklahoma

> > By: /s/ James Estes DEPUTY

Don Timberlake - # 9021 BAER & TIMBERLAKE,

P.O. Box 18486 Oklahoma City, OK 73154-0486

Telephone: (405) 842-7722 Facsimile: (405) 848-9349 BT File No.: 111289

Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, January 9 & 16, 2018

Notice is given that on the 13th day of February, 2018, at 10:00 AM, in Room 119 of the Tulsa County Court-house, in the City of Tulsa, Tulsa County, Oklahoma, the Sheriff of said County will of-fer for sale and sell, with ap-preferement for case at pubpraisement, for cash, at pub-lic auction, to the highest and best bidder, all that certain real estate in Tulsa County, Oklahoma, to-wit:

Lot Seven (7), Block Nine (9), Magic Circle Addition, an Addition to Tulsa County, Oklahoma, according to the re-

vancements by Plaintiff for taxes, insurance premiums, and expenses necessary for the preservation of the sub-ject property, if any, said property having been duly appraised at \$87,000. Sale will be made pursuant to a Concide Everytica and Order Special Execution And Order Of Sale issued in accordance with judgment entered in the District Court of Tulsa County, Oklahoma, in Case No. CJ-2017-4075, entitled First Guaranty Mortgage Corpora-tion, Plaintiff, vs. Adam L. Jennings, Jessica A. Jen-nings and John Doe, as occupant of the premises a/k/a

the preservation of the sub-iect property, if any, said property having been duly appraised at \$266,000. Sale will be made pursuant to a Special Execution And Order 441868 Of Sale issued in accordance with judgment entered in the bistrict Court of Tulsa Coun-ty, Oklahoma, in Case No. CJ-2017-342, entitled Wil-mington Trust, NA, succes-sor trustee, Plaintiff, vs. Ste-phen F. Johnston, Sherlene E. Burge and State of Okla. NOTICE OF SHERIFF'S SALE CJ-2017-4075 E. Burns and State of Okla-homa ex rel., Oklahoma Tax Commission, being all of the Defendants and persons holding or claiming any in-terest or lien in the subject

Vic Regalado, Sheriff of Tulsa County, Oklahoma By: /s/ James Estes DEPUTY

corded plat thereof; subject to unpaid taxes, ad-Published in the Tulsa Business & Legal News, Tulsa County, Oklahoma, Janu-ary 9 & 16, 2018

Notice is given that on the 13th day of February, 2018, at 10:00 AM, in Room 119 of the Tulsa County Court-

### CLASSIFIED Monday, January 15, 2018 6

THE STARS  $\star \star \star \star \star$ 

# **BY JACQUELINE BIGAR**

# **MONDAY, JANUARY 15, 2018**

Note: Bigar's Stars is based on the degree of your sun at birth. The sign name is simply a label astrologers put on a set of degrees for convenience. For best results, readers should refer to the dates following each sign. A baby born today has a Sun and Moon in Capricorn.

Happy birthday for Monday: This year you will want to use your natural abilities to head in the direction you want. You could be more serious-minded than you realize. If you are single, the person you choose to date today could be a lot different from the person you choose to be with three years from now. Take your time and allow this bond to evolve naturally. If you are attached, the two of vou need to learn to adjust to each other's preferences. As a result, you both will be a lot happier. A fellow CAPRICORN could be demanding.

# The Stars Show the Kind of Day You'll Have:

5-Dynamic; 4-Positive; 3-Average; 2-So-so; 1-Difficult

ARIES (March 21-April 19)..... Take charge of your day. You might want to clear out some time for a personal matter. Opportunities come through a partner or associate. This person can deal with a close friend in both of your lives. Let others call the shots for now. Tonight: A discussion is animated.

**TAURUS** (April 20-May 20) ... Listen to your inner voice for inspiration. A close friend could pop in

and out of your day. This person might decide to share an unusual perspective on a situation. You are likely to act on this idea later in the day. Note the feedback you receive. Tonight: Mull over recent happenings.

GEMINI (May 21-June 20) .... \*\*\*\*\* Deal with a partner directly. You could feel overwhelmed by everything that lands on your plate. The good news is that you have the energy to meet these demands. You might have difficulty turning a situation around until you tap into your imagination. Tonight: Share news.

CANCER (June 21-July 22).... \*\*\*\* Your ability to connect with a loved one and others in general

is highlighted. If a challenging situation arises, tap into your imagination to transform the matter more to your liking. You also might get a partner's agreement. Tonight: Go along with a friend's request.

LEO (July 23-Aug. 22) ...... \*\*\*\* You might want to head down a different path. Brainstorm

with someone who knows you well and with whom

Dogs

Dogs **Poodles** home raised, 8 wks, spoiled rotten, shots & wormed, ready to go. 918-485-8200



RENEES PUPPIES! M/F born 11/21/2017. Wormed and shots, \$175 each or 2/\$300. Pure blood-white Text phone: 918-716-4191



**ROTTWEILERS, AKC** Dad is National & Internation-al Champion, \$1500 each. Call 405-481-5558



you feel free. What the two of you come up with might be more appropriate for you in the stage of life that you are in. Be willing to make a change. Tonight:

Work late. **VIRGO** (Aug. 23-Sept. 22) .... \*\*\*\*\* Whatever comes down your path forces you to tap into your dynamic energy. How you see a personal mat-ter could change substantially after a talk with the people involved. Your imagination carries you through any problems you encounter. Tonight: Dance the night away.

**LIBRA** (Sept. 23-Oct. 22).... 5 You could be frightened by someone else's message and lack of clarity. You like inspiring ideas, but you need to know that there is a practical path to that end. Be willing to revise your thinking around a concept that could af-

fect your home life. Tonight: Opt for a cozy evening. SCORPIO (Oct. 23-Nov. 21)..... \*\*\*\*\* Keep conversations moving and open. Do not consider anyone's comment as being final. What is happening is that a process is taking place. You might adjust your ideas and feelings several times in a simple discussion. Stay open to what others have to say. Tonight: Return calls.

SAGITTARIUS (Nov. 22-Dec. 21).... \*\*\*\*

You are full of fun. You seem to be on a more conservative path than you thought possible. How you view a personal matter could dramatically change as a result. Touch base with someone whose ideas generally prove to be beneficial. Tonight: Pay bills before heading out.

CAPRICORN (Dec. 22-Jan. 19) ... \*\*\*\* Your imagination carries you to faraway places. Your more-practical side needs to be appeased in order to act on a risky hunch. A friend or loved one might

encourage you to get past this mindset. You could find it hard to believe some news you hear. Tonight: Just be yourself. AQUARIUS (Jan. 20-Feb. 18).... \*\*\*\*

A A lot is going on behind the scenes that you are not aware of. You might not be as clear as you would like to be on the details surrounding a financial matter. A deal that comes your way really could be too good to be true. Be a cynic, and you will land well. Tonight: Get some rest. \*\*\*\*\*

PISCES (Feb. 19-March 20)..... The You have inspired others to perform to their max. You could be driven by a long-term goal. Patience is a virtue, and you will be more comfortable if you relax and go with the flow. Honor a fast change, and embrace the moment and others' moods. Tonight: Find your friends.

BORN TODAY: Actor Lloyd Bridges (1913), actress Dove Cameron (1996), actress Regina King (1971)

Jacqueline Bigar is on the Internet at www.jacquelinebigar.com.

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**Business Property Lease** 

INSTITUTE OF TECHNOLOGY Yorkshire Terrier AKC pup-pies, home raised. 405 655 9812 Event Number OSUA&M-RFP-000410-2018 Request for Proposal Follow us Property for lease, lease with option to purchase or straight purchase as allowed by on Twitter for Oklahoma law. 115-117 W. 6th Street Bell Building Okmulgee, OK 74447 breaking news. Submission of bids: All oblitistic of bids: All proposals will be accepted electronically through the OSU and A&M electronic bid system called the "OK Corral". To access the info please go to the following: https://bids.okstate.edu twitter.com/tulsaworld **TulsaWorld** Click on the solicitation titled OSUA&M-RFP-000410-2018, then you will be taken to the Pet Memorials OK Corral homepage. Click create account and follow the instructions to register and submit your proposal.

# tulsamarketplace.com



Remodeled, Move In Special 1 bdrm. Clean, quiet, small community in great location, Greystone Apartments 5152 S. Harvard, 918-749-0618



**Rivera West Apartments** Great Location, lots of trees, 1 & 2 Bedrooms, all bills paid option, nice big balconies, central heat and air, move in spe

cial \$350, no deposit, no app fee, pets acceptable, Immediate occupancy 918-638-0861. 918-378-6851.

Victor Apartments 1st MONTH FREE with All bills paid!! in the heart of Brookside 1 Bedroom \$500 & 2 Bedroom \$700 Call 918-742-1840 for information and showing NO Housing Advertise here for results! 918-583-2121

# **Legal Notices**

443116 Published in the Tulsa World, Tulsa County, Oklahoma, Janu-ary 12, 15, 16, 17, 18 & 19, 2018

NOTICE TO BIDDERS SEALED BIDS FOR PROJECT NO. SP 16-10-1400XX

Notice is hereby given that pursuant to an order by the May Nonce is hereby given had pursuant to an order by the May-or of the City of Tulsa, Oklahoma, sealed bids will be re-ceived in Room 260 of the Office of the City Clerk, City of Tul-sa, 175 E. 2nd Street, Tulsa, Oklahoma 74103 until 8:30 a.m. the 9th day of February, 2018 for furnishing all tools, materi-als and labor and performing the work necessary to be done in the construction of the following: in the construction of the following:

# PROJECT NO. SP 16-10-1400XX EMD FACILITIES MAINTENANCE UPGRADES/PLBG, HVAC & LTG

The entire cost of the improvement shall be paid from Account No. 140070.Buildings.5452101-405161 140080.Buildings.5452101-4051611-541104

A MANDATORY Pre-Bid Conference is scheduled for Mon-day January 22, 2018 at 9:00 am in the 2nd Floor Conference Room, Room S213, South Building, 2317 South Jackson Tulsa, Oklahoma

Attendance at the Pre-Bid Conference is MANDATORY. Bids will not be received from contractors who did not attend the Pre-Bid Conference.

Bids will be accepted by the City Clerk from the holders of valid pre-qualifications certificates from the City of Tulsa in one or more of the following classifications: A and B

Drawings, specifications and contract documents for con-struction of said public improvements of the said project have been adopted by the Mayor of said City. Copies of same may be obtained at the Office of the Director of Engineering Services at the City of Tulsa Engineering Services, 2317 South Jackson, Room 103, North Building, for a non-refundable fee in the amount of <u>\$50.00</u> made payable to the City of Tulsa by check or money ardre check or money order.

Contract requirements shall include compliance as required by law pertaining to the practice of non-discrimination in employment.

The overall aspirational Small Business Enterprise utilization goal for this project is six (6) to ten (10) percent.

Attention is called to Resolution No. 18145 of August 23, 1988 requiring bidders to commit to the goal of employing on the project at least fifty percent bona fide residents of the City of Tulsa and/or MSA in each employment classification

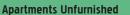
Attention is called to Resolution 7404 of November 8, 2006, re quiring bidders, their subcontractors and their lower-tier sub contractors to hire only citizens of the United States.

The City of Tulsa itself is exempt from the payment of any sales or use taxes, and pursuant to Title 68 O.S. Section 1356(10), direct vendors to the City are also exempt from those taxes. A bidder may exclude from his bid appropriate sales taxes, which he will not have to pay while acting for and on behalf of the City of Tulsa.

A Certified or Cashier's Check or Bidders Surety Bond, in the sum of 5% of the amount of the bid will be required from each bidder to be retained as liquidated damages in the event the successful bidder fails, neglects or refuses to enter into said contract for the construction of said public improve-ments for said project and furnish the necessary bonds within thirty days from and after the date the award is made

The bidder to whom a contract is awarded will be required to furnish public liability and workmen's compensation insur-ance; Performance, Statutory, and Maintenance bonds ac ceptable to the City of Tulsa, in conformity with the require ments of the proposed contract documents ance, Statutory, and Maintenance bonds shall be for one hundred percent (100%) of the contract price.

All bids will be opened and considered by the Bid Committe





Special! Special! Special! STARTING AT \$199 Fiesta Apartments. Five Great Locations! 1 & 2 Bdrm, CH/A. Call 918-638-0888 or 918-378-6851

## Check the **Classifieds Anytime!** tulsaworld.com/classifieds

Must Already Have Voucher. Immediate Occupancy. Call 918-808-7463 or e-mail:

# **Duplex-Triplex-Quad**

### Houses-Unfurnished

3504 E. King Pl., 3 Bed, 3 Bath 1850 SF, huge LR, new wd flrs & paint, lots of storage, fenced yard, pets ok, \$850/mo. + \$850 dep., \$250 pet fee. 918-521-7717

443765

Published in the Tulsa World, Tulsa County, Oklahoma, January 15 & 22, 2018.

**TULSA WORLD** 

**Houses-Unfurnished** 

Country Combo in Beggs

Great for extended family, 2/2/2 brick home 1900sf + 4/2 Mobile 3200sf w/large add-on &

double carport. No smokers/No indoor pets. Excellent Beggs schls \$1900mo both 918-636-6162

4 bdrm, 2 bath, 1 car, wood/tile floors, new paint, fenced yard, near park, \$925 mo., \$600 de-posit, 918-639-1067

Union School district, 3 bdrm, 1.5 bath, 2 car, covered patio, new paint, tile floor,

nice neighborhood, \$875/mo. Call 918-282-7594

**SELLING YOUR HOUSE?** 

Call 918-583-2121

STATE AND INCOME.

LPXLP

**Broken Arrow Rental** 

**Union Rental** 

# REQUEST FOR BIDS: Expo Square Projects

BID PACKAGE #5

Crossland Construction Company, hereinafter called the (CM) Construction Manager, will receive bids in care of Expo Square at the Tulsa County Fairgrounds, Expo Square Administrative Offices at the Southwest corner of the River Spirit Expo Building at 4145 E. 21st St. Tulsa, OK 74112, at 2:00 PM CST on February 6th, 2018 for Bid Package #5 for the Stage and Signage Projects. Work In-Cludes: Selective Demolition, Concrete, Structural Steel, Roofing, Signage, Electrical, landscaping, Utilities

The bid shall be enclosed in a sealed envelope plainly marked and addressed as follows: The name and address of the bidder shall appear in the upper left-hand corner of the envelope. The Trade Contract Package number and description you are bidding shall be written on the cover of the enve-lope.

lope. The lower left hand corner of the envelope shall be marked: BID FOR: **BID PACKAGE #5** The envelope shall be addressed in the lower right hand corner to:

Crossland Construction Company Attention: Colin Skipworth Tulsa County Fairgrounds Expo Square Administrative Offices 4145 E. 21st St. Tulsa, OK 74112

A non-mandatory pre-bid meeting & job walk will be held at 2:00 pm on January 25th, 2018 at the Tulsa County Fairgrounds ExpoServe Culinary Training Center, 3902 East 15th St, Tulsa, OK 74112

All sealed bids will be publicly opened, recorded, and studied for recommendations to the Owner. Bids can be mailed to 4145 E. 21st St. Tulsa, OK 74112 Bids received after the official stated time or more than ninety-six hours, excluding Saturdays, Sundays and Holidays, be-fore the official stated time set for the opening of bids, will not be accepted. No bids may be submitted, changed, or withdrawn after the time of the opening of the bids. Pursuant to Title 61 "Oklahoma Public Com-petitive Bidding Act".

Crossland Construction Co. & the owner reserves the right to reject any or all bids or to waive any formalities or irregularities in any bid, and to accept the bid or bids which seem most advantageous to the Owner.

Jobsite visits can be arranged through Colin Skipworth at 918-325-2741(cell)

The Plans & Specifications are available at the following bid rooms: Dodge, Southwest, Bid News, Isqft & ARC Document Solutions. They can also be accessed at the following link. following link:

# https://crosslandconstruction.box.com/s/33kzvyp06juoax0 phbrb0s6jzv95bbna

Attention to the following bid requirements:

- ttention to the following bid requirements:
  Complete, sign and include Attachments A, B, C, D, E, F, & G found at the end of this bid package document along with your bid form with your sealed bid.
  SBE Requirements: Record of solicitation for Small Business Enterprise (SBE). Exhibit 11 Resolution No. 7404 Affidavit of Compliance. Exhibit 11 Resolution Affidavit. Exhibit 11: Sol% Resident II: Envision Affidavit. Exhibit 11: No-Collusion Affidavit. Exhibit 11: No-Collusion Affidavit. Exhibit 11: Antipatheter and the sealed bid for 5% of Base Bid required for all bids over \$50,000.
  Performance, payment, and maintenance bonds will be required by the lowest responsible bidder for any bid amount.
- amount.

All questions shall be furnished in writing via email to: Colin Skipworth at <u>cskipworth@crossland.com</u> or at 918-325-2741 (cell)



## Apartments-Furnished

3/1, Bills Paid. SEC 8 ONLY! voyagerA69@gmail.com

Midtown Tulsa- Duplex 2/2, kitchen, living room, central h/a, carport, no pets. \$675/mo 4318 S. MaplewoodAve. Tulsa, Ok, 74135. 918-706-2361

# Condo-Town Home-Sale Townhouse For Sale By Owner 7912 E. 15th Pl., Tulsa 3 Bdrm, 2.5 bath, 2 story, includes furnishings, \$63,000. Call 918-664-8130 (SEAL) **Bixby-For Sale** Two brick homes for Sale in Two brick homes for Sale in Bixby! 202 E. Bixby St: 1/3 bed, 2 bath, 1.5 car garage de-tached, front porch, part fur-nished, 1431 sq ft., \$98,600. 103 E. Bixby St: 4bed/2bath, 2 living areas, large yard, wood burning stove, new vinyl dou-ble nene window. Jaroe lot ble pane windows, large lot, 1861 sq ft. \$119,900. Both homes within 100 ft of schools, have newer heat and air units, hot water tanks, roofs and new driveways! 918-568-9042. Rentals Oklahoma **Apartments Unfurnished** AVAILABLE NOW! 5120 East Cameron 2 bed. overhead garage, ection 8 ok. \$625/m Call for appt. 501-860-6376. Bali West / Bali South Apts Large and affordable all bills paid apartments at Ball in Brookside. 1 bedrooms starting at \$400per month and two bedrooms for \$650. Call 918-742-1840 for information and ployment. showing. No housing. Completely Remodeled!! TAX SPECIAL! Sapulpa-Studio & 1 Bdr apts., \$200 Dep. Catoosa - 1 & 2 Bdr apts., \$350 Dep. Call Now! 918-257-9156 Deville Apartments All Bills PAID and 1st Months FREE! In these cozy apartments in Brookside. 1 Bedroom \$500 and 2 Bedroom \$700 Call 918-749-1387 for showing and information. No Housing Hollywood Apartments 1 Month FREE!! 1 Bed/ 1Bath I 680 Sq. Ft. \$565.00 \*AII BILLS PAID 918-838-3321

LIVE AT THE RIVER Move In Special, all bills paid option, pool, new mgmt/owner, 1 & 2 bdrm, River Oaks Apts. 1620 S. Elwood Ave 918-237-6239

of said City at a meeting of said Committee to be held in the City Council Room of City Hall in said City at 9:00 a.m. the 9th day of February, 2018.

Dated at Tulsa, Oklahoma, this 12th day of January, 2018.

Michael P. Kier City Clerk

443118

Published in the Tulsa World, Tulsa County, Oklahoma, Janu ary 12, 15, 16, 17, 18 & 19, 2018

### NOTICE TO BIDDERS SEALED BIDS FOR PROJECT NO. 147520d

Notice is hereby given that pursuant to an order by the May-or of the City of Tulsa, Oklahoma, sealed bids will be re-ceived in Room 260 of the Office of the City Clerk, City of Tul-sa, 175 E. 2nd Street. Tulsa, Oklahoma 74103 until 8:30 a.m. the 16th day of February, 2018 for furnishing all tools, materi-ter the day of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s als and labor and performing the work necessary to be done in the construction of the following:

PROJECT NO. 147520d CRAWFORD PARK PLAYGROUND IMPROVEMENTS

The entire cost of the improvement shall be paid from Account No. 147520.ArchEngr.5451101-4054111-541101

A MANDATORY Pre-Bid Conference is scheduled for Mon-day, January 29, at 9:30 a.m. in the 2nd Floor Conference Room, Room S213, South Building, 2317 South Jackson Tulsa,

Attendance at the Pre-Bid Conference is MANDATORY. Bids will not be received from contractors who did not attend the Pre-Bid Conference.

Bids will be accepted by the City Clerk from the City of Tulsa. No Pre-qualification Required.

Drawings, specifications and contract documents for con-struction of said public improvements of the said project have been adopted by the Mayor of said City. Copies of same may be obtained at the Office of the Director of Engineering Services at the City of Tulsa Engineering Services, 2317 South Jackson, Room 103, North Building, for a non-refundable fee in the amount of <u>\$50.00</u> made payable to the City of Tulsa by check or money order. check or money order.

Contract requirements shall include compliance as required by law pertaining to the practice of non-discrimination in em

The overall aspirational Small Business Enterprise utilization goal for this project is six (6) to ten (10) percent.

Attention is called to Resolution No. 18145 of August 23, 1988 requiring bidders to commit to the goal of employing on the project at least fifty percent bona fide residents of the City of Tulsa and/or MSA in each employment classification

Attention is called to Resolution 7404 of November 8, 2006, re quiring bidders, their subcontractors and their lower-tier sub contractors to hire only citizens of the United States.

The City of Tulsa itself is exempt from the payment of any sales or use taxes, and pursuant to Title 68 O.S. Section 1356(10), direct vendors to the City are also exempt from those taxes. A bidder may exclude from his bid appropriate sales taxes, which he will not have to pay while acting for and appendix of the City of Tules. and on behalf of the City of Tulsa.

A Certified or Cashier's Check or Bidders Surety Bond, in the sum of 5% of the amount of the bid will be required from each bidder to be retained as liquidated damages in the event the successful bidder fails, neglects or refuses to enter into said contract for the construction of said public improvements for said project and furnish the necessary bonds within thirty days from and after the date the award is made

The bidder to whom a contract is awarded will be required to The bidder to whom a contract is awarded will be required to furnish public liability and workmen's compensation insur-ance; Performance, Statutory, and Maintenance bonds ac-ceptable to the City of Tulsa, in conformity with the require-ments of the proposed contract documents. The Perform-ance, Statutory, and Maintenance bonds shall be for one hundred percent (100%) of the contract price.

All bids will be opened and considered by the Bid Committee of said City at a meeting of said Committee to be held in the City Council Room of City Hall in said City at 9:00 a.m. on the 16th day of February, 2018.

Dated at Tulsa, Oklahoma, this 12th day of January, 2017. (SEAL)

Michael P. Kier City Clerk

443411 Published in the Tulsa World, Tulsa County, Oklahoma, Janu ary 15, 2018

### NEWSPAPER PUBLIC NOTICE

Pursuant to 42 CFR § 431.408, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the existing approved 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs.

The proposed amendment would add supplemental pay-ments to qualified entities for loan repayment and resi-dency training programs in recognition of the higher cost associated with service delivery and physician recruit-ment and training to maintain sufficient access to quali-ty preventive, primary and speciality healthcare for SoonerCare members.

It is the intent of the Oklahoma Health Care Authority to submit the amendment no later than January 19, 2018 with an effective date of March 1, 2018. The total esti-mated annual budget impact is one hundred and five mil-lion dollars (\$105,000,000) of which the estimated state share is forty-three million, five hundred one thousand, five hundred dollars (43,501,500) which is funded by par-ticipating entities.

A public meeting will be held at the following location:

January 18, 2018 1:00 p.m. Medical Advisory Committee Ed McFall Boardroom Sklahoma Health Care Authority 3345 N. Lincoln Blvd, Oklahoma C</mark>ity, OK.

Additionally, a special tribal consultation was ary 12, 2018 at 11:00 a.m. at the above location. vas held Janu-

The OHCA welcomes comments from the public regard-ing the Amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. The application waiver will be posted online at <u>http://www.ok</u> <u>hca.org</u> from January 15, 2018 through January 19, 2018.

# Comments and questions may be submitted on line at http://whica.org/PolicyBlog.aspx or by contacting Bill Gar-rison, OHCA Federal & State Reporting Coordinator by Telephone 405-522-7914.

441612	438047
Published in the Tulsa	Published in the Tulsa
World, Tulsa County,	World, Tulsa County,
Oklahoma, January 5, 6, 7,	Oklahoma, December 25,
8, 9, 10, 11, 12, 13, 14, 15,	2017, January 1, 8 & 15,
16, 17, 18 & 19, 2018	2018

Request for Qualifications

The Pawnee Nation of Okla-The Pawnee Nation of Okla-homa is advertising for Architectural/Engineering Services for the design of the Pawnee Nation Ceremonial Campgrounds & Nature Fit Trail. This will be a revitali-zation effort for the camp-grounds area inclusive of a new restroam/shower facilinew restroom/shower facili-ty, MEP infrastructure to hew restroom/shower tacili-ty, MEP infrastructure to the area and the creation of a nature fit trail within the area. This revitalization ef-fort is located on the Pawnee Nation Tablel Because which Nation Tribal Reserve which is east of Pawnee, Oklaho-ma. The complete Request for Qualifications including the criteria that will be used to select the most qualified firm is available upon written request.

Submit your request for the full RFQ by fax at 918-762-6446 or by email (rhowell@pa wneenation.org) and please include your email address and/or your fax number.

Qualifications documents must be received no later than 1:30 pm on Friday, Jan-uary 19, 2018.

Point of Contact for Informa Reva Howell, ICDBG tion: Coordinator

Contact: W. Bruce Pratt, President, Pawnee Nation of Oklahoma, (918) 762-3621, Fax: (918) 762-6446. Attn: rax: (918) 762-6446. Attn: ICDBG Pawnee Nation Cere-monial Compared monial Campground & Nature Fit Trail.

Notice that TULSA PEDIA Notice that IULSA PEDIA-TRIC & ADOLESCENT MEDICINE, P.C., Regis-tered Agent, John Newhouse, Esq., 1900 E. 15th, St., Ste. #800A, Edmond, OK 73013, filed a Certificate of Dissolu-tion (#2200674224) in the Of-fice of the Secretary of State of Oklaberg on Jonuery 17 fice of the Secretary of State of Oklahoma on January 17, 2017, and is no longer an ex-isting Domestic For-Profit Corporation. The dissolution was authorized on June 25, 2016 by the governing body and members of the corpora-tion. All creditors of said dissolved corporation are hereby notified of this disso-lution and must immediately contact the Registered Agent to discharge any claim of contact the Registered Agent to discharge any claim of debt or liability, and all for-mer patients and/or legal guardians of patients of said dissolved corporation are hereby given notice that they must immediately contact the Registered Agent to Registered the Agent to make arrangements for pro-curement of respective medical records as the dissolved corporation shall no longer furnish these as of February 1, 2018.

From:	Catina Baker on behalf of Johnney Johnson
To:	Catina Baker; Stephanie Mavredes; Janet Byas; Dana Miller; Lucinda Gumm; "Amy.Eden@creekhealth.org";
	Angela Daugherty; "Annette James"; April Wazhaxi; "betty-gurule@cherokee.org";
	"breezy, prince@vichitatribe.com"; "brenda.teel@chickasaw.net"; Brian Wren; "bstacy@peoriatribe.com"; "Carol-
	Masters@cherokee.org"; "carolyn.romberg@chickasaw.net"; "cbottaro@astribe.com"; "charles-
	grim@cherokee.org"; "claims@okcic.com"; "connie-davis@cherokee.org"; "cskeeter@ihcrc.org"; "Dawna Hare";
	"deborah-shepherd@cherokee.org"; "eloise.rice@ihs.gov"; "emma-hall@cherokee.org"; "frances-
	inman@cherokee.org"; "gertrude.lee@ihs.gov"; "gordon-watkins@cherokee.org";
	<u>"heather.summers@chickasaw.net";</u> "Jackie Warledo"; "Jacquelin.Bannister@ihs.gov"; "Jan.Robb@ihs.gov";
	Janetta Mahtapene; "jennifer.wofford@ihs.gov"; "Jeri.Coats@ihs.gov"; "jgibson@ihcrc.org";
	"jharmon@astribe.com"; "johankutasov@hotmail.com"; "JohnBallard@cableone.net";
	<u>"johnita.williams@ihs.gov"; "Joni Duffield, BS, MPA"; "Judy.Parker@Chickasaw.net"; "Julie Shaffer";</u>
	<u>"kamcconnell@cnhsa.com"; "Kamisha Busby, MBA, LPN"; Karen Simmons; "kathy-despain@cherokee.org";</u>
	<u>"kdmings@cnhsa.com"; "kduderstadt@wyandotte-nation.org"; "Kelly Walker"; "Kelly.Battese@ihs.gov";</u>
	"Kelly.Garrett@Chickasaw.net"; "Keosha.ludlow@choctawnation.com"; "kevin.meeks@ihs.gov";
	<u>"kharjo@potawatomi.org"; "kim.chuculate@ihs.gov"; "Kinsel Lieb (Kinsel.Lieb@ihs.gov)"; Kristi Babb;</u>
	"KSMassey@cnhsa.com"; Kymberly Cravatt; "lea.lake@ihs.gov"; "linda.bailey@ihs.gov"; Lindsay King;
	"lisa.mcgowen@ihs.gov"; "lisa-gassaway@cherokee.org"; "Louis Hicks "; "Marjorie.rogers@ihs.gov"; Mark E.
	Rogers; "Marla Throckmorton"; "Marty.Wafford@chickasaw.net"; "Mary Culley"; Melanie Fourkiller;
	<u>"melissa.gower@chickasaw.net"; "melissa.odi@chickasaw.net"; "Michele.deathrage@ihs.gov"; Mitchell</u> Thornbrugh: "mnorman@tonkawatribe.com": "mpeercy@choctawnation.com": "Nicolas Barton":
	"Pat.Gonzales@ihs.gov"; "Paul Emrich"; "guapawtriberep@gmail.com"; "rbutcher@potawatomi.org";
	"regena.overbey@ihs.gov"; Regina Bays; "renee.hogue@chickasaw.net"; "renee-holloway@cherokee.org";
	"rhonda.beaver@creekhealth.org"; "rick-kelly@cherokee.org"; "rkaiser@wyandotte-nation.org";
	"rm.sleeper@yahoo.com"; Robert Weaver; "robin.p@okcic.com"; "robyn.s@okcic.com";
	"Ronald.Grinnell@ihs.gov"; Rvan Smykil; Sandra Sealey; "sdiggs@choctawnation.com";
	"secretary@sacandfoxnation-nsn.gov"; Seneca Smith; Shawn Terry; "slvarner@cnhsa.com";
	"Steven.Sanders@ihs.gov"; "Summer Duke"; "Taveah.George@ihs.gov"; "tconway@c-a-tribes.org";
	"tgoodvoice@unitedkeetoowahband.org"; "thumble@kawnation.com"; "tkjackson@cnhsa.com";
	"tlmodoc@cableone.net"; "tmmoore@osagetribe.org"; Todd Hallmark; "tpeery@astribe.com";
	"treasurer@sacandfoxnation-nsn.gov"; "twithrow@potawatomi.org"; "vhanvey@cherokee.org"; "vicki-
	tallchief@ouhsc.edu"; "Wendy.Dunson@ihs.gov"; "ymyers@potawatomi.org"
Subject:	FW: Proposed Amendment to 1115 waiver for University Residency Program
Start:	Friday, January 12, 2018 3:00:00 PM
End:	Friday, January 12, 2018 4:00:00 PM
Location:	Conf Rm-Board Room - Room# 1013

-----Original Appointment-----

From: Johnney Johnson

Sent: Tuesday, January 16, 2018 1:27 PM

To: Johnney Johnson; Catina Baker; Stephanie Mavredes; Janet Byas; Dana Miller; Lucinda Gumm; 'Amy Eden@creekhealth.org'; Angela Daugherty; 'Annette James'; April Wazhaxi; 'betty-gurule@cherokee.org'; 'breezy.prince@wichitatribe.com'; 'brenda.teel@chickasaw.net'; Brian Wren; 'bstacy@peoriatribe.com'; 'Carol-Masters@cherokee.org'; 'carolyn.romberg@chickasaw.net'; 'cbottaro@astribe.com'; 'charles-grim@cherokee.org'; 'claims@okcic.com'; 'connie-davis@cherokee.org'; 'cskeeter@ihcrc.org'; 'Dawna Hare'; 'deborah-shepherd@cherokee.org'; 'eloise.rice@ihs.gov'; 'emma-hall@cherokee.org'; 'frances-inman@cherokee.org'; 'gertrude.lee@ihs.gov'; 'gordon-watkins@cherokee.org'; 'heather.summers@chickasaw.net'; 'Jackie Warledo'; 'Jacquelin.Bannister@ihs.gov'; 'Jan.Robb@ihs.gov'; Janetta Mahtapene; 'jennifer.wofford@ihs.gov'; 'Jeri.Coats@ihs.gov'; 'jgibson@ihcrc.org'; 'jharmon@astribe.com'; 'johankutasov@hotmail.com'; JohnBallard@cableone.net'; 'johnita.williams@ihs.gov'; 'Joni Duffield, BS, MPA'; 'Judy.Parker@Chickasaw.net'; 'Julie Shaffer'; 'kamcconnell@cnhsa.com'; 'Kamisha Busby, MBA, LPN'; Karen Simmons; 'kathy-despain@cherokee.org'; 'kdmings@cnhsa.com'; 'kduderstadt@wyandotte-nation.org'; 'Kelly Walker'; 'Kelly.Battese@ihs.gov'; 'Kelly.Garrett@Chickasaw.net'; 'Keosha.ludlow@choctawnation.com'; 'kevin.meeks@ihs.gov'; 'kharjo@potawatomi.org'; 'kim.chuculate@ihs.gov'; 'Kinsel Lieb ( HYPERLINK "mailto:Kinsel.Lieb@ihs.gov" Kinsel.Lieb@ihs.gov)'; Kristi Babb; 'KSMassey@cnhsa.com'; Kymberly Cravatt; 'lea.lake@ihs.gov'; 'linda.bailey@ihs.gov'; Lindsay King; 'lisa.mcgowen@ihs.gov'; 'lisa-gassaway@cherokee.org'; 'Louis Hicks '; 'Marjorie.rogers@ihs.gov'; Mark E. Rogers; 'Marla Throckmorton'; 'Marty.Wafford@chickasaw.net'; 'Mary Culley'; Melanie Fourkiller; 'melissa.gower@chickasaw.net'; 'melissa.odi@chickasaw.net'; 'Michele.deathrage@ihs.gov'; Mitchell Thornbrugh; 'mnorman@tonkawatribe.com'; 'mpeercy@choctawnation.com'; 'Nicolas Barton'; Pat.Gonzales@ihs.gov'; 'Paul Emrich'; 'quapawtriberep@gmail.com'; 'rbutcher@potawatomi.org'; 'regena.overbey@ihs.gov'; Regina Bays; 'renee.hogue@chickasaw.net'; 'renee-holloway@cherokee.org'; 'rhonda.beaver@creekhealth.org'; 'rick-kelly@cherokee.org'; 'rkaiser@wyandottenation.org'; 'rm.sleeper@yahoo.com'; Robert Weaver; 'robin.p@okcic.com'; 'robyn.s@okcic.com'; 'Ronald.Grinnell@ihs.gov'; Ryan Smykil; Sandra Sealey; 'sdiggs@choctawnation.com'; 'secretary@sacandfoxnation-nsn.gov'; Seneca Smith; Shawn Terry; 'slvarner@cnhsa.com'; 'Steven.Sanders@ihs.gov'; 'Summer Duke'; 'Taveah.George@ihs.gov'; 'tconway@c-a-tribes.org'; 'tgoodvoice@unitedkeetoowahband.org'; 'thumble@kawnation.com'; 'tkjackson@cnhsa.com'; 'tlmodoc@cableone.net'; 'tmmoore@osagetribe.org'; Todd Hallmark; 'tpeery@astribe.com'; 'treasurer@sacandfoxnation-nsn.gov'; 'twithrow@potawatomi.org'; 'vhanvey@cherokee.org'; 'vicki-tallchief@ouhsc.edu'; 'Wendy.Dunson@ihs.gov'; 'ymyers@potawatomi.org'

Subject: FW: Proposed Amendment to 1115 waiver for University Residency Program

When: Friday, January 12, 2018 3:00 PM-4:00 PM (UTC-06:00) Central Time (US & Canada). Where: Conf Rm-Board Room - Room# 1013

From: Johnney Johnson

Sent: Wednesday, January 10, 2018 4:16 PM

To: Stephanie Mavredes; Janet Byas; Dana Miller; Lucinda Gumm; 'Amy.Eden@creekhealth.org'; Angela Daugherty; 'Annette James'; April Wazhaxi; 'betty-gurule@cherokee.org'; 'breezy.prince@wichitatribe.com'; 'brenda.teel@chickasaw.net'; Brian Wren; 'bstacy@peoriatribe.com'; 'Carol-Masters@cherokee.org'; carolyn.romberg@chickasaw.net'; 'cbottaro@astribe.com'; 'charles-grim@cherokee.org'; 'claims@okcic.com'; 'conniedavis@cherokee.org'; caketer@ihcrc.org'; 'Dawna Hare'; 'deborah-shepherd@cherokee.org'; 'eloise.rice@ihs.gov'; 'emma-hall@cherokee.org'; 'frances-inman@cherokee.org'; 'gertrude.lee@ihs.gov'; 'gordon-watkins@cherokee.org'; 'heather.summers@chickasaw.net'; 'Jackie Warledo'; 'Jacquelin.Bannister@ihs.gov'; 'Jan.Robb@ihs.gov'; Janetta Mahtapene; 'jennifer.wofford@ihs.gov'; 'jeri.Coats@ihs.gov'; 'gibson@ihcrc.org';

<sup>-----</sup>Original Appointment-----

'jharmon@astribe.com'; 'johankutasov@hotmail.com'; 'JohnBallard@cableone.net'; 'johnita.williams@ihs.gov'; 'Joni Duffield, BS, MPA'; Judy.Parker@Chickasaw.net'; Julie Shaffer'; 'kamcconnell@cnhsa.com'; 'Kamisha Busby, MBA, LPN'; Karen Simmons; 'kathydespain@cherokee.org'; 'kdmings@cnhsa.com'; 'kduderstadt@wyandotte-nation.org'; 'Kelly Walker'; 'Kelly.Battese@ihs.gov'; 'Kelly.Garrett@Chickasaw.net'; 'Keosha.ludlow@choctawnation.com'; 'kevin.meeks@ihs.gov'; 'kharjo@potawatomi.org'; 'kim.chuculate@ihs.gov'; 'Kinsel Lieb (HYPERLINK "mailto:Kinsel.Lieb@ihs.gov" Kinsel.Lieb@ihs.gov)'; Kristi Babb; 'KSMassey@cnhsa.com'; Kymberly Cravatt; 'lea.lake@ihs.gov'; 'linda.bailey@ihs.gov'; Lindsay King; 'lisa.mcgowen@ihs.gov'; 'lisa-gassaway@cherokee.org'; 'Louis Hicks '; 'Marjorie.rogers@ihs.gov'; Mark E. Rogers; 'Marla Throckmorton'; 'Marty.Wafford@chickasaw.net'; 'Mary Culley'; Melanie Fourkiller; 'melissa.gower@chickasaw.net'; 'melissa.odi@chickasaw.net'; 'Michele.deathrage@ihs.gov'; Mitchell Thornbrugh; 'mnorman@tonkawatribe.com'; 'mpeercy@choctawnation.com'; 'Nicolas Barton'; 'Pat.Gonzales@ihs.gov'; 'Paul Emrich'; 'quapawtriberep@gmail.com'; 'rbutcher@potawatomi.org'; 'regena.overbey@ihs.gov'; Regina Bays; 'renee.hogue@chickasaw.net'; 'renee-holloway@cherokee.org'; 'rhonda.beaver@creekhealth.org'; 'rickkelly@cherokee.org'; 'rkaiser@wyandotte-nation.org'; 'rm.sleeper@yahoo.com'; Robert Weaver; 'robin.p@okcic.com'; 'robyn.s@okcic.com'; Ronald Grinnell@ihs.gov'; Ryan Smykil; Sandra Sealey; 'sdiggs@choctawnation.com'; 'secretary@sacandfoxnation-nsn.gov'; Seneca Smith; Shawn Terry; 'slvarner@cnhsa.com'; 'Steven.Sanders@ihs.gov'; Summer Duke'; Taveah.George@ihs.gov'; 'tconway@c-a-tribes.org'; 'tgoodvoice@unitedkeetoowahband.org'; 'thumble@kawnation.com'; 'tkjackson@cnhsa.com'; 'tlmodoc@cableone.net'; 'tmmoore@osagetribe.org'; Todd Hallmark; 'tpeery@astribe.com'; 'treasurer@sacandfoxnation-nsn.gov'; 'twithrow@potawatomi.org'; 'vhanvey@cherokee.org'; 'vickitallchief@ouhsc.edu'; 'Wendy.Dunson@ihs.gov'; 'ymyers@potawatomi.org' Subject: Proposed Amendment to 1115 waiver for University Residency Program When: Friday, January 12, 2018 3:00 PM-4:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Conf Rm-Board Room - Room# 1013

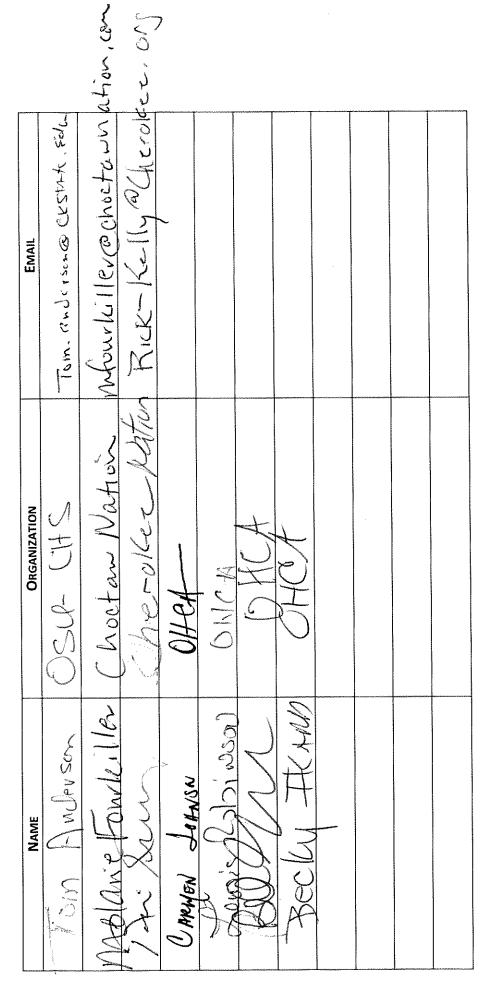
Good afternoon everyone. Sorry for the short notice, but I would like to take this opportunity to invite you to OHCA's January ad hoc Tribal Consultation Meeting. We have an update regarding the University Residency Program that was mentioned at last week's consultation. This meeting will take place in the Ed McFall Board Room on the first floor, at the Oklahoma Health Care Authority (4345 N. Lincoln Blvd. Oklahoma City, OK 73105) on January 12th , 2018 at 3 pm. An agenda with the summary regarding the waiver will follow soon. Thank you.

You are invited to an OHCA webinar. When: Jan 12, 2018 3:00 PM Central Time (US and Canada) Topic: Bi-Monthly Tribal Consultation

Please register for the meeting: https://okhca.zoom.us/webinar/register/WN\_IzeITY9RQHqftdB6IoOA3g

After registering, you will receive a confirmation email containing information about joining the webinar.

TRIBAL CONSULTATION MEETING SIGN IN SHEET JANUARY 2, 2018 11:00AM BOARD ROOM 4345 N. LINCOLN BLVD. OKLAHOMA CITY, OK 73105





MARY FALLIN GOVERNOR

# STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2018-01

January 11, 2018

# RE: 1115(a) Supplemental Payment Waiver Amendment

Dear Tribal Representative,

The State is seeking to invoke the expedited (14 days) consultation as authorized under the state plan for an amendment to the Section 1115(a) waiver. The proposed amendment will add qualifying supplemental payments to Oklahoma public universities that offer residency training programs in recognition of the higher cost associated with service delivery and physician recruitment and training to maintain sufficient access to quality preventive, primary and specialty healthcare for SoonerCare members.

The proposed change will be reviewed at the tribal consultation meeting on January 12th, 2018 at 3 p.m. in the Oklahoma Health Care Authority (OHCA) Board Room at the OHCA's office, located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments you may have. The agency is committed to active communication with Tribal Governments during the decision-making and priority-setting process and therefore keeps you apprised of all proposed changes.

Please note that this is only a proposed change and has not yet taken effect. Before implementation, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's <u>Policy Change Blog</u> and the <u>Native American</u> <u>Consultation Page</u>. This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming changes. To ensure that you stay apprised of proposed changes, you may sign up for web alerts for the page to be automatically notified when any new proposed changes are posted for comment.

If you have any questions or comments about the proposed changes, please use the online comment system found on the <u>Policy Change Blog</u> and/or the <u>Native American Consultation Page</u>.

Sincerely,

S\

Dana Miller Director, Tribal Government Relations



# STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

# Tribal Consultation Meeting Agenda 3 PM, January 12<sup>nd</sup> Board Room 4345 N. Lincoln Blvd. Oklahoma City, OK73105

## Attendance

# Tribal Partner Attendees Onsite:

- Tom Anderson OSU, Office for the Advancement of American Indians in Medicine and Science
- Melanie Fourkiller Choctaw Nation
- Rick Kelly Cherokee Nation
- Melissa Gower Chickasaw Nation

# OHCA Attendees Onsite:

- Dana Miller
- Johnney Johnson
- Stephanie Mavredes
- Melody Anthony
- Tywanda Cox
- Becky lkard
- Gloria Lafitte
- Patrick Schlect
- Melinda Thomason
- Lewis Robinson
- Carmen Johnson

# Tribal Partner Attendees Webinar:

- Carrie Stanley Absentee Shawnee Tribe
- Amber Wilson Whichita & Affiliated Tribes
- Amy Eden Muscogee (Creek) Nation
- Kymberly Cravatt Chickasaw Nation
- Mary Culley Department of Veterans Affairs
- Chelsea Cope Absentee Shawnee Tribe
- Marty Wofford Chickasaw Nation

# OHCA Attendees Webinar:

- Kasie Wren
- Sandra Puebla

- 1. Welcome— Dana Miller, Director of Tribal Government Relations
- 2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Tywanda Cox, Policy Development

Coordinator

# Proposed Rule, State Plan, and Waiver Amendments

- Supplemental Payment Waiver Amendment
- **Tywanda Cox**: We brought a similar waiver proposal to consultation under our 1115 waiver that would have reimbursed for residency programs for teaching universities, for specific provider types (MD/DO/Nurses). At that time, the tribes expressed great interest in having funding for this program. We submitted to have this item in our waiver extension. I did report at January's tribal consultation, CMS did not approve the waiver. We had a large loss in revenue (approx. \$160 million), especially for providers that have been a part of this program for many years. On Wednesday of this week, we had a meeting at the governor's office with the



## STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

universities. Because of the urgency with the loss of funding, we were asked to go through an expedited process to get this to CMS by Friday January 19, 2018. Tribal Consultation is important to us. We immediately reached out to Melissa and Melanie on Wednesday to see if we could get this consultation and input going. These two expressed interest in this proposal previously. Choctaw participates with the OSU residency program, and the Chickasaw's are looking at starting a residency program. They participated on a workgroup meeting call, along with the schools, yesterday. Because of the aggressive timeline, we will be running an expedited timeline (This is less than the 14 day expedited timeline written in our SPA) so we reached out to CMS for guidance. The feedback from CMS was that they wanted us to make sure the tribes were fully engaged. They asked if we could get something from the tribe that acknowledged that this expedited process was under and outside of the OHCA State Plan parameters. Through our workgroup, OSU engaged the tribes to attempt to find resolution. We expressed to CMS that this resolution was in process. Yesterday, our language was incorporated into the language for the resolution with OSU and their workgroup. It is our understanding that the resolution was approved.

- **Melissa Gower**: That was a resolution passed by five of the 39 tribes in Oklahoma. Was there an attempt to get anything else?
- **Tywanda Cox**: That is a great point. Our attempt at trying to reach out to all of the tribes is this meeting. We will post the amendment online and request input on the process. We hope to have the amendment on the website by COB on Monday and it will be posted for 5 days.
- Dana Miller: Do we send out a link for the comments section on the invite for consultation?
- Johnney Johnson: Yes, we send this a link out to all of our partners (150+ people). This includes our contractors and direct-service tribes.
- Tywanda Cox: When this is posted on the website, we will send out global messages and post a banner.
- **Tywanda Cox**: We will be developing a pool for costs that are associated with resident salaries and costs associated with the administration costs. We have had a lot of discussion related to how tribes fit into the existing program. Right now OU and OSU are sponsors for the current program. Would the program be able to reimburse the tribes directly if the universities have to sponsor the tribes?
- **Melissa Gower**: The workgroup that is developing the language had their third meeting today. We met for 6 hours today. There are two ways to have a standalone residency program:
  - 1. Have the program under a teaching university or
  - 2. Under a health system.

The Choctaw Nation, Chickasaw Nation, and Cherokee Nation (Tahlequah partnership) are interested in this. They are accredited through ACGME (*Accrediation Counsel for Graduate Medical Education*) – this requires a sponsoring entity – which is either a teaching university or a defined health system. We have a sponsoring agency at the Chickasaw's, which is the same for the Cherokees and Choctaw's. There is a discussion around the money that would come to OHCA through the waiver is based on the number of residents (a specific methodology). There are approximately 1,000 residents in Oklahoma (Cherokee and Choctaw's residents are included in this number). The discussion has been how to funnel money to the tribes for their residency program. Through the workgroup, I felt like the money that is associated with the residents at the tribal sites should go to the tribes. The universities believe that the mechanism should be left to an agreement negotiated between the university and the tribe. Once the agreement is negotiated and reached, the university would tell the state Medicaid agency how much to reimburse the tribe.

- **Tywanda Cox**: OSU states that they have the accreditation, even if the tribes have their own accreditation. Today we accomplished a lot through the workgroup.
- **Melissa Gower**: We put in terminology of federally recognized tribes, in the event that a tribe wanted to sponsor themselves as a "health system," then we would be separate from them.
- **Tywanda Cox**: Based on our aggressive timeline, we are not quite finished with the waiver, but we will post it on Monday for comment. We will have those comments open and then we will submit the waiver on Friday. We will present this to our Medical Advisory Committee on 1/18/2018 as an agenda item. This will be posted in the newspaper on Monday, Tuesday, and Wednesday (seven different newspapers will run the proposal) which will afford people to come to the meeting on Thursday 1/18/2018. Are there any questions?
- **Melanie Fourkiller**: First, with regard to consultation, we are disappointed that the expedited rule could not be followed. We need ample time to comment and review the items. We do not want this to be lax from this



## STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

point going forward. However, thank you for reaching out to us for this item. This provides access where we do not always have capacity/access to care. First, I will focus my comments on loan repayment portion. Our hospital in Talihina is the only provider - we have a small outpatient clinic that serves all persons in the community because we have no providers. It is a small town with little amenities to attract providers to the area. We have individuals who work hard to attract providers to the area. The PMTC (Physican Manpower Trainign Comission) is a part of the loan repayment – they have a \$40,000 limit – this is not always sufficient to attract someone for loan repayment. This does not always cover even the interest on the loan. I am not sure if this decision lies with PMTC or within the waiver, but it should be looked at. The TSET portion run by PMTC is very successful. For medical residency, we've talked about the importance of this. This is key to attracting providers and keeping vacancy rates low. We were able to keep seven of our 10 residents in our program. Next year, all of our residency spots are full. We have high competition for our program. Tribal programs are eligible for the typical Medicare program for residency - this is a hospital HRSA grant. This has been a grant we have been enrolled with since 2015. This Grant must be reauthorized periodically and it cannot be a reliable source for the long-term. We need a reliable and stable funding stream. The funding stream is for the salaries, housing, medical library, program director for the residency program, accreditation costs (separate from OSU) and all of the indirect costs - we need training space, classroom space, etc. The costs are substantial. In this respect, Melissa discussed where we were at today - we advocate for eligibility for these funds (tribally accredited and sponsored programs). Today OSU discussed that they should get the funds and then the tribes negotiate a rate per resident (that is also how the HRSA grant is run) and then the rate would be paid to them. We do not want to be subject to a negotiation that we have no leverage in.

- **Tywanda Cox**: We did talk about what infrastructure to make payment to the tribes directly would be. Melanie had Dr. Hill call in to our workgroup today to make comment on his work with the Choctaw's. He did not feel like CMS would sign off on this because the program must be under a sponsor. At this point, we do not know if this proposal will even be approved. We will submit these comments along with the application. We can discuss this with CMS through our negotiations. In addition, when we submit waivers, there is always opportunity for negotiation – the door is not completely closed. We will move those concerns forward.
- Melanie Fourkiller: OSU is not accrediting us.
- **Tywanda Cox**: They hold accreditation for the program.
- **Melanie Fourkiller**: With the HRSA grant funds, there is involvement with OSU regarding compliance, however, the amount of the funds and the direct payment of the funds does not impact this. This is the same type of setup as the Medicaid program we are discussing. I think it is possible to explore this further.
- **Tywanda Cox**: Certainty. I also do know that we looked at the 100% pass-through. During our last proposal, we asked if this would be something that would go through the 100% pass-through. If payments were made to OU or OSU, then it would impact this ability. This is a process where there is back and forth negotiating and the door is not closed.
- **Rick Kelly**: This issue came up in our health committee meeting at intertribal counsel this week. We partner with Northeastern Health System (Tahlequah City Hospital). Rural Oklahoma benefits from this program. 17 of our last 23 residents are still in rural Oklahoma. We are also partnering with IHS to make a new outpatient clinic this will have space for a residency program for OSU. We are hoping we can get this funding in place. I do have a question will Northeastern Health System meet these criteria?
- Melissa Gower: OSU is Tahlequah City Hospital's sponsoring agency.
- **Tywanda Cox**: This is why we put language in there. We anticipate tribes will be able to get a stand-alone program for residency.
- **Tywanda Cox**: Our next steps will be to circulate the draft internally to the workgroup this weekend, and post it on the website beginning Monday for formal comments.
- Marty Wofford: Thank you for including us. This was great timing with meetings for intertribal counsel, etc. Please keep us informed as you go through this process. We have \$0 funding for this program; we are using our revenue to start a program. It is not cheap. We have to take our own physicians time to be there for these residents. I appreciate being included. I know we can work this out. We value OU, OSU, and the partnership. We support you.
- **Tywanda Cox**: Our CEO came in late. Was there anything you would like to add?
- Becky Pasternik-Ikard: We thank you for participating in this expedited process. We are looking for your



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support and discussion. Thank you again for all you do.

- **Dana Miller**: Thank you for those next steps Ty. We will look for the draft posted on Monday. We will send a reminder out to everyone to check the link.
- **Tywanda Cox**: We can expand the draft to include others not on the workgroup, such as the Cherokee Nation. If we can get email addresses for those who want to be added, we will send it to them as well this weekend. It is not isolated to the workgroup.
- **Dana Miller**: If you are interested in the addendum, please let Johnney or I know, and we will get your information to Ty.
- 3. New Business- Dan Miller, Director of Tribal Government Relation

Adjourn—Next Tribal Consultation Scheduled for 11am, March 6<sup>th</sup> 2018

**Supplemental Payment Waiver Amendment** — the proposed amendment would add supplemental payments to qualified entities for loan repayment and residency training programs in recognition of the higher cost associated with service delivery and physician recruitment and training to maintain sufficient access to quality preventive, primary and specialty healthcare for SoonerCare members.

# The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES



Bill John Baker Principal Chief



Bill Anoatubby Governor



Gary Batton Chief



James R. Floyd Principal Chief



Greg P. Chilcoat Chief

Supporting the Continuation of CMS funding to Oklahoma's medical schools

# Resolution No. 18-04

WHEREAS, the Inter-Tribal Council of the Five Civilized Tribes (ITC) is an organization that unites the tribal governments of the Cherokee, Chickasaw, Choctaw, Muscogee (Creek), and Seminole Nations, representing approximately 750,000 Indian people throughout the United States; and

WHEREAS, the Center for Medicare and Medicaid Services (CMS) may potentially cut millions in federal funds from Oklahoma's state medical schools, including Oklahoma State University (OSU) and the University of Oklahoma (OU); and

WHEREAS, for more than twenty years, CMS has provided federal funds to OSU and OU to ensure that SoonerCare patients received care; and

WHEREAS, the largest recipients of the SoonerCare program are American Indians, with more than 125,000 tribal citizens currently participating in the SoonerCare program through OSU and OU's clinical network, which makes these institutions vital to not only the SoonerCare program, but also to the wellbeing of American Indians and other populations; and

WHEREAS, the loss of CMS funds would severely limit the ability of OSU and OU to provide services to SoonerCare patients and would result in even worse physician shortages across Oklahoma; and

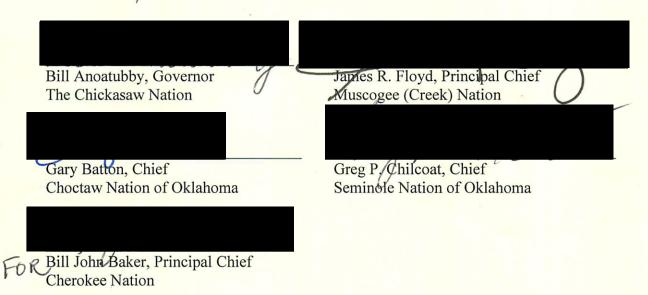
WHEREAS, the ITC understands that the Oklahoma Health Care Authority, the State Medicaid agency, must submit to CMS immediately with a waiver amendment or other mechanism to ensure that these critical and substantial health services are not lost, and we acknowledge it will require an expedited Tribal Consultation that may be shorter than the 14-days required in its State plan.

**NOW, THEREFORE LET IT BE RESOLVED THAT,** the Inter-Tribal Council of the Five Civilized Tribes calls upon the State of Oklahoma, Congress and the Trump Administration to find a long-term solution to continue CMS funding to OSU and OU to ensure the SoonerCare participants will not face a health care gap and to safeguard the healthcare network of the state.

# The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES

# CERTIFICATION

The foregoing resolution was adopted by the Inter-Tribal Council of the Five Civilized Tribes meeting in Thackerville, Oklahoma on this 12<sup>th</sup> day of January 2018, by a vote of \_\_\_\_\_\_ for \_\_\_\_\_ against and \_\_\_\_\_\_ abstentions.



# Website Public Notice and Comments

# <u>Comment Summaries for 1115(a) Demonstration Waiver Supplemental Payment</u> <u>Amendment</u>

# <u>1/17/2018</u>

There have been six comments received for the waiver supplemental payment amendment. Several commenters have pointed out that Oklahoma is facing a physician shortage and these schools are necessary in helping provide future physicians, as well as, serving the most vulnerable patients in Oklahoma. The commenters addressed that this program will continue to provide the access to care that is needed for these patients.

Additional comments pointed out that OU and OSU provide services to Medicaid (SoonerCare) patients that other groups do not, including specialty care doctors and physicians that are located in rural areas. The proposed waiver program will ensure SoonerCare members' continued access to comprehensive primary and specialty care in academic settings, and the maintenance and retention of Oklahoma-trained providers to serve SoonerCare members for years to come.

The feedback has been very positive towards the proposed waiver amendment. All six of the comments received, so far, are unanimous in voicing support for the waiver amendment.

# <u>1/18/2018</u>

There were four comments received on Thursday, January 18, 2018. This brings the total number of comments, received for the 1115(a) Demonstration Waiver Supplemental Payment Amendment, to ten.

The commenters expressed support for the waiver amendment stating that these colleges help to represent one-third of SoonerCare providers and the loss of that capacity would overburden the entire Oklahoma health care system; rendering it unable to provide appropriate levels of care.

It was pointed out that the two primary medical institutions have a proven record of accomplishment for producing skilled and prepared physicians for rural and urban communities across the state.

Several comments reiterated the fact that without this waiver amendment, programs would be placed into jeopardy. The comments went on to state that without this waiver, access to care, particularly for specialty services, would be unnecessarily threatened.

The feedback for the proposed waiver amendment continues to be very positive. Combined with the comments from yesterday, all ten comments are unanimous in their support for the waiver amendment.

# <u>1/19/2019</u>

There were five additional comments received. This brings the total number of comments, received for the 1115(a) Demonstration Waiver Supplemental Payment Amendment, to fifteen.

The comments reiterated the fact that the waiver amendment for residency training programs and physician loan repayments would continue support for crucial access points to the SoonerCare population. Due to unique structures in Oklahoma, the ability for the payments to help offset the indirect expenses associated with residency programs and graduate medical education is critical. Without them, Oklahoma's healthcare delivery infrastructure would be greatly diminished.

The comments went on to state that the federal government's investment into these programs would be well placed and would help ensure positive long-term effects on the physician workforce, which would continue to help improve health outcomes.

One comment pointed out that there was a different projected expenditure on the budget neutrality spreadsheet and that some comments were flowing into two different Excel boxes. These were fixed and updated on all documents. Additionally, the comment inquired about the status of the C-Report. The agency inquired about the report and found that the 2017 "C" Report would not be available until the end of the month. The agency requested to have it sent immediately as soon as it was ready.

The feedback for the proposed waiver amendment continues to be very positive. The comments have been unanimous in their support for the waiver amendment.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
1-17-18	Anonymous	Oklahoma has such a primary care and mental health physician shortage that these schools are necessary to not only provide future physicians but also to provide care in their clinics to the most vulnerable patients in Oklahoma. Without the OU and OSU physician networks SoonerCare patients and those without insurance would have no where to go except for the local hospital ERs. This program will provide the access to care that is needed for these patients.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-17-18	Anonymous	OSU and OU provide services to medicaid patients that no other groups provide. Whether it be specialty care or rural doctors, without OSU and OU some patients may have no where to go.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-17-18	Anonymous	Resident physicians and medical students from OU and OSU take care of patients across the state. This program allows them to continue to reach across the state to provide care to Medicaid patients and those	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

# 1115a SoonerCare Choice and Insure Oklahoma 2018 Waiver Amendment

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		without insurance. Since we are a state that did not expand medicaid we have higher number of uninsured unlike some other states.	
1-17-18	Rick Snyder, Oklahoma Hospital Association	The Oklahoma Hospital Association fully supports the proposed amendment to the existing approved 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. Hospitals are deeply concerned about Medicaid funding for resident training programs in the state. Oklahoma is in the midst of a physician shortage, and experiencing health care access issues in many rural areas. Stable, well-funded physician training programs are essential in addressing these issues, and will play a vital role in improving the health of Oklahomans. The proposed waiver program will ensure SoonerCare members' continued access to comprehensive primary and specialty care in academic settings, and the maintenance and retention of Oklahoma-trained providers to serve SoonerCare members for years to come.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-17-18	Anonymous	OU Physicians and OSU Physicians networks provide a great service in their teaching clinics and at their teaching hospitals (OU Medical Center and OSU Medical Center). Without their clinics and hospitals several patients, including Medicaid patients, would lose access to primary and specialty care physicians. A lot of the Oklahoma Medicaid provider infrastructure is based around OU and OSU.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-17-18	Zack Stoycoff, Tulsa Chamber of Commerce	Oklahoma continues to suffer from a trained physician shortage, which decreases the quality of available health care and lowers the overall health of our residents. The best way to reverse that physician shortage is to train physicians locally, especially since physicians are much more likely to stay and practice near where	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		they are trained. The business community has long maintained that local programs like the Oklahoma State University Center for Health Sciences and the University of Oklahoma Health Sciences Center are essential to address our physician shortage. Our state already ranks 45th for physicians per capita, and we cannot afford to slip any further. The shortage we experience today is only going to grow in the years ahead. Statewide, we need to train more physicians – not less – each year just to keep from falling even further behind other states in the provision of health care to our residents.	
1-17-18	Emily Shipley, State Chamber of Oklahoma	We are writing to support the 1115(a) amendment adding supplemental funding for residency training and loan repayment programs. The State Chamber is concerned about access to Medicaid services in certain parts of the state if this amendment is not approved as drafted. The Oklahoma State University College of Osteopathic Medicine (OSU) and the University of Oklahoma's College of Medicine (OU) represent one-third of SoonerCare providers and the loss of that capacity would overburden the entire Oklahoma health care system, rendering it unable to provide appropriate levels of care. With 1 in 4 Oklahomans on Medicaid, we are aware that our health care infrastructure is dependent on the Medicaid program and its reimbursements. In addition to our concerns about access to care, the business community is focused on maintaining a strong health care system in the state, as it often serves as an economic development tool. Without a strong system and a quality provider, businesses will not relocate to the state and existing businesses could suffer. As you would expect, our businesses rely on higher education institutions in Oklahoma to prepare and train our	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		workforce both in health care and other industries. Oklahoma's two primary medical institutions have a proven track record of producing skilled and prepared physicians for rural and urban communities across the state. Medicaid beneficiaries are positively served by the providers these institutions produce. Without this supplemental funding, Oklahoma's medical education pipeline and access to care will be negatively impacted in years to come. We appreciate your commitment to working with the state's medical schools to resolve this matter.	
1-18-18	Anonymous	The services that the state universities (OU and OSU) provide through their physician networks and training clinics is necessary for the SoonerCare program to continue to survive.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-18-18	Charles L Spicer, Jr., FACHE CEO OU Medical System	As CEO of the OU Medical System, I am writing in support of the Oklahoma Health Care Authority's amendment to the 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. OU Medical Center and The Children's Hospital count on this funding for physician training and the services they provide to the state's most needy and vulnerable patients. Without this waiver, programs will be in jeopardy and access to care, particularly for specialty services, will be unnecessarily threatened. We respectfully ask the Centers for Medicare and Medicaid to approve this waiver amendment. This program has demonstrated success and has served a critical role in improving access to care for the past 20 years. Thank you for your time and support of the people of Oklahoma. Sincerely, Charles L. Spicer.	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-18-18	Terry Taylor, President Oklahoma	The Oklahoma Health Center Foundation is writing in support of	The OHCA welcomes all comments, feedback and

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
	Health Center Foundation	the OHCA amendment to the 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. Because of this waiver, physicians affiliated with the University of Oklahoma and Oklahoma State University have been able to provide much-needed health care to the state's most needy and vulnerable patient populations. Without this waiver, these medical services would be jeopardized and many citizens' access to primary and specialty care would be unnecessarily threatened, particularly in rural Oklahoma and other underserved communities. For the past 20 years, this waiver has played a critical role in Oklahoma's comprehensive efforts to improve the overall health of its people. For over 50 years, the Oklahoma Health Center Foundation has supported the vital mission of healthcare for the citizens of our state, and we respectfully ask the Centers for Medicare and Medicaid Services give this request your utmost consideration and approve the waiver amendment in the interest of Oklahoma public health. Sincerely, Terry W. Taylor	suggestions. The agency considers every single comment when developing policies and rules.
1-18-18	Kenneth E. Calabrese, DO President, Oklahoma Osteopathic Association	On behalf of more than 2,000 osteopathic physicians and students, the Oklahoma Osteopathic Association would like to express its support of the OHCA's 1115(a) extension waiver. The proposed waiver amendment regarding supplemental payments for residency training programs and physician loan repayment would continue support for crucial access points to the SoonerCare population. Due to unique structures in Oklahoma, the ability for the payments to help offset the indirect expenses associated with residency programs and graduate medical education is critical. Without them, Oklahoma's healthcare delivery infrastructure would be greatly diminished. The federal government's investment in these	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		programs ensures access to care for the underserved while improving health outcomes by undergirding the physician workforce. We appreciate your commitment to a sustainable resolution for our patients. Kenneth E. Calabrese, DO President, Oklahoma Osteopathic Association	
1-18-18	Rodd Moesel, Oklahoma Farm Bureau	Oklahoma Farm Bureau's mission is to improve the lives of rural Oklahomans. As such, we strongly support the state's pursuance of a supplemental payment for Oklahoma's medical schools. As president of the state's largest farm organization with some 90,000 member families, I can say our members value any effort to improve health care and access to health care, especially in rural parts of Oklahoma. The proposed 1115(a) waiver amendment regarding supplemental payments for residency training programs and physician loan repayment would continue support for crucial access points to the SoonerCare population. It's critical that Oklahoma have the funds to help offset the indirect expenses associated with residency programs and graduate medical education. Without them, Oklahoma's healthcare delivery infrastructure is greatly diminished. The importance of this funding is enhanced by Oklahoma State University's priority in rural health care and investment in their rural residency programs. The federal government's investment in 	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		grassroots level to support these efforts to train more physicians and to recruit more doctors and critical health care to rural Oklahoma. Thank you for your consideration in this matter. Rodd Moesel .	
1-19-18	Kevin Taubman, MD President, Oklahoma State Medical Association	On behalf of the Oklahoma State Medical Association's nearly 4,000 physician and medical student members, I am writing in support of the OHCA amendment to the 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. Thanks in part to this waiver, state physicians with OU and OSU have been able to provide valuable health care to our state's most vulnerable and at-risk patients. If this waiver is not renewed, medical services for thousands of at-risk Oklahomans will be placed in jeopardy. This waiver is vital to Oklahoma's efforts to protect access to care and improve the health of its citizens. We respectfully request that the Centers for Medicare and Medicaid Services act quickly to approve the waiver and promote public health in Oklahoma. Sincerely, Kevin Taubman, MD President, Oklahoma State Medical Association	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.
1-19-18	Derek Sparks, Government Relations Manager, Greater Oklahoma City Chamber	On behalf of the Greater Oklahoma City Chamber of Commerce, we are voicing our support for the OHCA amendment to the 2018 Section 1115(a) extension waiver for the SoonerCare Choice and Insure Oklahoma programs. Over the last two decades, this waiver has made it possible for physicians affiliated with the University of Oklahoma and Oklahoma State University to provide much-needed, lifesaving health care to our most needy and vulnerable patient populations. These critical medical services would be jeopardized without this waiver and many citizens' access to primary and specialty care would be unnecessarily threatened, particularly in rural	The OHCA welcomes all comments, feedback and suggestions. The agency considers every single comment when developing policies and rules.

DATE	FROM	COMMENT	AGENCY RESPONSE AND FOLLOW UP
		Oklahoma and other underserved communities, including the Oklahoma City metro area. With the support of this waiver, OU and OSU doctors also train future physicians in a clinical setting, preparing them for service in other communities across the state. This training and mentorship are essential for Oklahoma to address its statewide physician shortage and ensure that its people have adequate health care services. With those factors in mind, we respectfully ask the Centers for Medicare and Medicaid Services to approve the waiver amendment in the interest of Oklahoma public health. Thank you for your time and consideration. Sincerely, Derek Sparks Government Relations Manager Greater Oklahoma City Chamber	
1-19-18	Melinda Thomason	The worksheet labeled "Summary of Changes May 17-Jan 18 under the heading "University Access to Care Pool" shows a projected expenditure of only \$100 million instead of \$105 million. (It's correct as \$105 million on Exhibit 3. On Exhibit 9, it appears that some notes/comments are still on the spreadsheet in cells D-21 & -22. Do we have an updated C-report for 2017? Does it matter? We include a 2014-2016 report. Is all data for 2017 projected, no actuals?	The inquiries about the spreadsheet and the two different Excel boxes were fixed and updated on all documents. Additionally, the agency inquired about the report and found that the 2017 "C" Report would not be available until the end of the month. The agency requested to have it sent immediately as soon as it was ready.

For all comments received during the Tribal Consultation meeting on January 12, 2018 please refer to the Tribal attachment.

# 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 <u>Medicaid.gov 1115 Demonstrations</u> 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:

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;
 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.