

Oklahoma Health Care Authority



SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request

Amendment Request 2019-02

Project Number: 11-W00048/6

Submitted 6/03/2019

Section 1 Executive Summary

Oklahoma's single state Medicaid agency, the Oklahoma Health Care Authority (OHCA) operates a section 1115(a), of the Social Security Act, Research and Demonstration Waiver. The waiver authorizes the SoonerCare Choice and Insure Oklahoma (IO) demonstrations. On August 31, 2018, the Centers for Medicare and Medicaid Services (CMS) approved OHCA's request to extend Oklahoma's SoonerCare 1115(a) waiver. The current demonstration is approved for the period of August 31, 2018, through December 31, 2023.

The OHCA operates a managed care delivery system named SoonerCare Choice, which is a network of primary care case management providers. Effective 2010, OHCA was approved to initiate Health Access Networks (HANs) to support the patient-centered medical homes delivery system. The HANs are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members.

Section 2 Waiver Amendment Description and Goals

The State asks for an amendment to the waiver's Special Terms and Conditions (STCs) with an effective date no later than October 1, 2019, as follows:

2.1 Remove language that is either duplicative or no longer applicable to Health Access Networks' (HAN) duties from the approved Special Terms and Conditions (STCs) at **STC 40**.

The following paragraphs are identified for removal:

- b) Ensure patients access to all levels of care, including primary, outpatient, specialty, certain ancillary services, and acute inpatient care, within a community or across a broad spectrum of providers across a service region or the state;
- c) Submit a development plan to the state detailing how the network will reduce costs associated with the provision of health care services to SoonerCare enrollees, improve access to health care services, and enhance the quality and coordination of health care services to SoonerCare beneficiaries; and
- d) Offer core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

2.2 The OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following correction request of removing the word "pilot" from the reference to the program in the first paragraph in **STC 84. Evaluation of the Health Access Networks**.

In addition, the following paragraphs are requested as replacement language pursuant to the Evaluation Design that the State has submitted to CMS to address "analyses of the HANs effectiveness:"

- a) **Impact on Costs:** The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;
- b) **Impact on Access:** The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;
- c) **Impact on Quality and Coordination:** The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and
- d) **Impact on PCMH Program:** The implementation and expansion of the HANs will enhance the State's Patient Centered Medical Home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance and cost.

Section 3 Waiver List

With this waiver amendment, no changes to the waiver list are requested.

Section 4 Expenditure Authority

With respect to expenditure authority, no changes are requested.

Section 5 Member Impact

The proposed changes to the STCs will ensure that members continue to receive a full array of appropriate care coordination services that are grounded in interventions that respect the member, are evidence-based, and address health literacy. Further, the effectiveness of the HAN will continue to be examined as per the waiver's evaluation design and reporting requirements.

Section 6 Budget Neutrality

While the proposed language will not have an effect on budget neutrality for the 1115(a) demonstration waiver, the State's revisions propose a modest increase in funding for HAN. Calendar Year 2020 is projected to have an additional \$3 million in expenditures; successive years are increased by 2.8 percent (2.8%) for growth and utilization as in the currently approved waiver. Please refer to the Budget Neutrality Worksheet (Attachment 7) for additional documentation.

Section 7 Required Elements of Waiver Amendment Process

The OHCA has conducted an extensive and transparent public notice process for this waiver amendment in accordance with federal and state requirements. The public notice process begins with Tribal Consultation which invites our tribal partners to offer feedback over a 60-day period on the proposed waiver amendment. The in-person Tribal Consultation meeting, which also provided for call-in participation throughout the state, was held at OHCA at 11 a.m., Tuesday,

March 5, 2019. There were no questions pertaining to the HAN amendment during the Tribal Consultation meeting. Additionally and pursuant to federal requirements, OHCA scheduled two public meetings for presentation of the proposed amendments as listed below.

Medical Advisory Committee March 14, 2019

1:00 p.m.

Ed McFall Boardroom, Oklahoma Health Care Authority 4345

N. Lincoln Boulevard, Oklahoma City, Oklahoma 73105

The Children's Health Group (TCHG) Quarterly Meeting

April 9, 2019

5:00 p.m.

OU Health Sciences Center Campus, Provost's Conference Room, #233

Bird Library

1105 N Stonewall Ave, Oklahoma City, Oklahoma 73117

Any questions and responses or feedback received during the public comment period in which the draft waiver amendment is posted will be considered by OHCA, as well as submitted to CMS for its evaluation of the waiver amendment request. The OHCA received the following comment from the agency web page and responded accordingly.

Comment: If this network interacts it seems as though you will need an interface, the last time I checked on it the provider is responsible for the interface costs and monthly occurring cost. Is this your understanding?

Response: SoonerCare Choice providers join the HANs at no cost to them. The Health Access Networks (HANs) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare Choice members.

Section 8 CHIP Allotment Worksheet

As CHIP funds are not used for HAN, the worksheet has not been modified.

Section 9 Attachments with submission

1. Tribal Consultation Documentation
2. Public Website Blog Posting
3. Public Notice Documentation
4. 2019 Waiver Projects Currently Undergoing Application, Renewal, or Amendment
5. Medical Advisory Committee (MAC) Meeting
6. The Children's Health Group (TCHG) Quarterly Meeting
7. SoonerCare Choice Budget Neutrality Worksheet
8. Standard CMS Financial Management Questions
9. Accessibility Report

REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER



J KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2019-02

February 25, 2019

RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on March 5, 2019 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Boardroom located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments regarding the proposed changes. 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.

Enclosed are summaries of the current proposed rules, state plans, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have 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 [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

S\

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Therapeutic Foster Care Revisions — The proposed revisions will align therapeutic foster care policy with current practice. Revisions will add new language establishing a more intensive treatment program for children in the Oklahoma Department of Human Services (DHS) and the Oklahoma Office of Juvenile Affairs (OJA) custody known as Intensive Treatment Family Care (ITFC). ITFC is a therapeutic foster care model whose goal is to stabilize children with severe emotional and behavioral disorders while in a family-like setting so that a transition to a lower level of care can occur. The proposed revisions will define ITFC, member criteria for the provision of ITFC services, provider participation and credentialing requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for ITFC services.

Increased Enhanced Payments for State University Affiliated Physicians — The proposed revisions were presented at the January 2, 2018 Tribal consultation and are included on this consultation's agenda with the newly proposed enhanced payment increase. The proposed revisions will increase the enhanced payments made for services provided by physicians who are employed by or contracted with state universities. The current payments rates are set at 140 percent of the Medicare allowable and will be increased to 175 percent. The increase is based on the maximum percentage allowed by the Medicare Equivalent of the Average Commercial Rate calculation. The additional state share will be provided by the University of Oklahoma and Oklahoma State University.

Methodology Clarification for Outpatient Services — The proposed policy will reflect the correct month that the Agency's fee schedule for outpatient services is updated to reflect Medicare rates pursuant to the specified reimbursement methodology in the State Plan.

1115(a) Demonstration Health Access Network (HAN) Revisions — OHCA will seek approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023. OHCA proposes to ask CMS to remove language in three paragraphs from the approved Special Terms and Conditions (STCs) at **STC 40** that are either duplicative or no longer applicable to the duties of Health Access Networks (HANs). The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to **STC 84. Evaluation of the Health Access Networks**.

One correction will be to remove the word pilot from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the Evaluation Design that the State has submitted to the CMS includes the following:

- a. Impact on Costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;

b. Impact on Access: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;

c. Impact on Quality and Coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and

d. Impact on PCMH Program: The implementation and expansion of the HANs will enhance the State's Patient Centered Medical Home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance and cost.



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, March 5th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Sasha Teel, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- Therapeutic Foster Care Revisions
 - Increased Enhanced Payments for State University Affiliated Physicians
 - Methodology Clarification for Outpatient Services
 - 1115(a) Demonstration Health Access Network (HAN) Revisions
3. Other Business and Project Updates:
 - Hope Act update- Derek Lieser, Enrollment Automation & Data Integrity Director
 - Legislative update-MaryAnn Martin, Senior Director of Communications
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, May 7th , 2019

Proposed Rule, State Plan, and Waiver Amendments

Therapeutic Foster Care Revisions — The proposed revisions will align therapeutic foster care policy with current practice. Revisions will add new language establishing a more intensive treatment program for children in the Oklahoma Department of Human Services (DHS) and the Oklahoma Office of Juvenile Affairs (OJA) custody known as Intensive Treatment Family Care (ITFC). ITFC is a therapeutic foster care model whose goal is to stabilize children with severe emotional and behavioral disorders while in a family-like setting so that a transition to a lower level of care can occur. The proposed revisions will define ITFC, member criteria for the provision of ITFC services, provider participation and credentialing requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for ITFC services.

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STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, March 5th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Tribal Partners: Onsite

- Judy Gibson – Indian Health Care Resource Center
- Tenesha Washington – Oklahoma City Indian Clinic
- Wynona Coon – Absentee Shawnee Tribe
- Carmelita Skeeter – Oklahoma City Indian Clinic
- Sandra Sealey – Indian Health Services

Other Partners: Onsite

- Travis Kirkpatrick – OJA
- Nicole Prietojohns – OJA
- Kevin Haddock – DHS

Tribal Partners: On the phone

- Johnathen Worth – Cherokee Nation
- Bobbie Moran – Oklahoma City Indian Clinic
- Yvonne Myers – Citizen Potawatomi Nation
- Elizabeth Bonilla -
- Robert Coffey – Iowa Nation
- Robin Parker - Oklahoma City Indian Clinic
- Travis Watts – Indian Health Services
- Scott Miller – Absentee Shawnee Tribe
- Melissa Gower – Chickasaw Nation
- Rhonda Beaver – Muscogee (Creek) Nation
- Jennifer Wofford – Northeastern Tribal Health System
- Brenda Teel – Chickasaw Nation
- Pamela Heap of Birds – Indian Health Service
- Elizabeth Fowler -
- Sheri Brown – Sac & Fox Nation

OHCA: Onsite

- Dana Miller
- Johnney Johnson
- Lucinda Gumm
- Janet Dewberry-Byas
- Stephanie Mavredes
- Mary Ann Martin
- Sarai Connell
- Andrea Carr
- David Ward
- Latrita Bradford
- Melody Anthony
- Ashley Johnson
- Daryn Kirkpatrick
- Jennifer Wynn
- Sasha Teel
- Monika Lutz

OHCA: Phone

- Bryan Younger

OHCA: Onsite Continued,

- Patrick Schlecht
- Jimmy Witcosky
- Derek Lieser
- Gloria LaFitte
- Carmen Johnson
- Harvey Reynolds
- Catina Baker
- Katelynn Burns
- Tewanna Edwards

1. Welcome— Dana Miller, Director of Tribal Government Relations
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Proposed Rule, State Plan, and Waiver Amendments

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- **Attendee:** Are Tribal programs included with the Therapeutic Foster Care Revision?
- **Kevin Haddock:** Yes. A lot of the child welfare dealings go back to the Tribal/State agreements between the Tribe and Child Welfare. There will have to be some revisions there. However, I expect it to look identical to the way it does today.

Increased Enhanced Payments for State University Affiliated Physicians — The proposed revisions were presented at the January 2, 2018 Tribal consultation and are included on this consultation’s agenda with the newly proposed enhanced payment increase. The proposed revisions will increase the enhanced payments made for services provided by physicians who are employed by or contracted with state universities. The current payments rates are set at 140 percent of the Medicare allowable and will be increased to 175 percent. The increase is based on the maximum percentage allowed by the Medicare Equivalent of the Average Commercial Rate calculation. The additional state share will be provided by the University of Oklahoma and Oklahoma State University.

- No comments

Methodology Clarification for Outpatient Services — The proposed policy will reflect the correct month that the Agency’s fee schedule for outpatient services is updated to reflect Medicare rates pursuant to the specified reimbursement methodology in the State Plan.

- No comments

1115(a) Demonstration Health Access Network (HAN) Revisions — OHCA will seek approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023. OHCA proposes to ask CMS to remove language in three paragraphs from the approved Special Terms and Conditions (STCs) at **STC 40** that are either duplicative or no longer applicable to the duties of Health Access Networks (HANs). The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to **STC 84. Evaluation of the Health Access Networks.**

One correction will be to remove the word pilot from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the Evaluation Design that the State has submitted to the CMS includes the following:

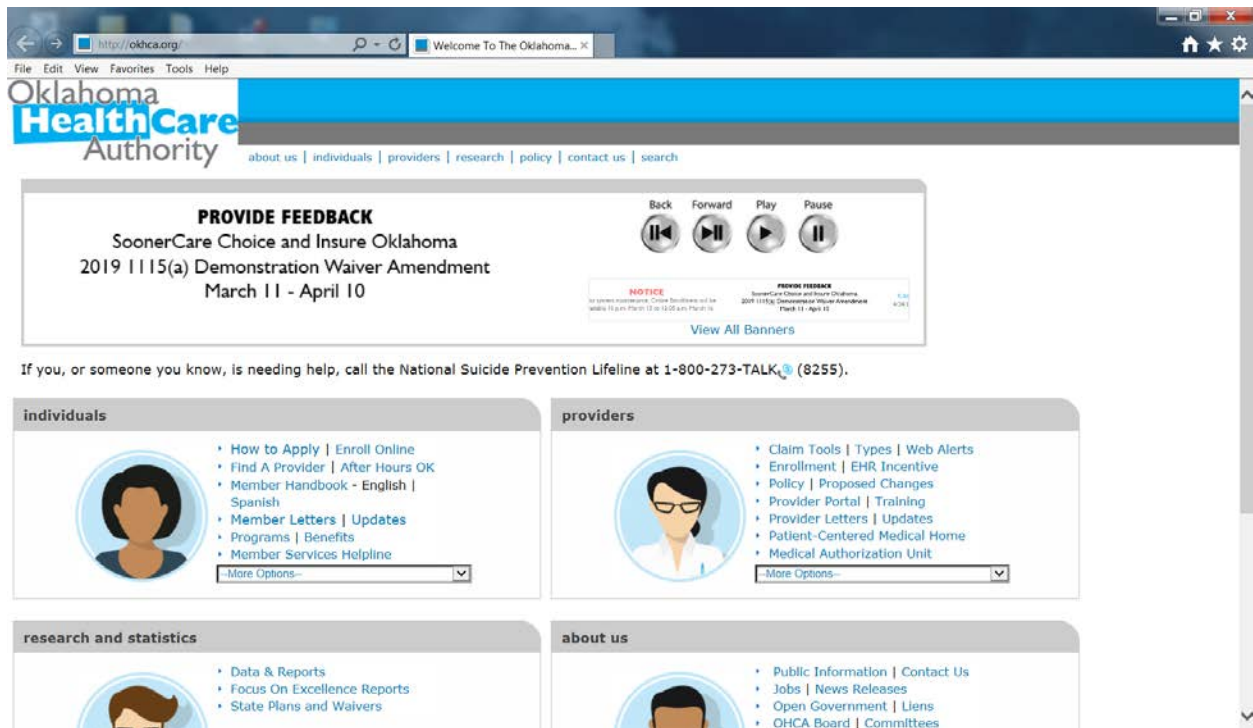
- a. Impact on Costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;
- b. Impact on Access: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;
- c. Impact on Quality and Coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served

by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and

d. Impact on PCMH Program: The implementation and expansion of the HANs will enhance the State's Patient Centered Medical Home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance and cost.

- No comments

Attachment 2. March 11, 2019 Public Website Blog Posting



The screenshot shows a web browser window displaying the Oklahoma HealthCare Authority website. The browser's address bar shows the URL <http://ohca.org>. The website header includes the logo for Oklahoma HealthCare Authority and a navigation menu with links for [about us](#), [individuals](#), [providers](#), [research](#), [policy](#), and [contact us](#).

The main content area features a video player with the following text: **PROVIDE FEEDBACK**, SoonerCare Choice and Insure Oklahoma, 2019 1115(a) Demonstration Waiver Amendment, March 11 - April 10. The video player includes standard playback controls (Back, Forward, Play, Pause) and a **NOTICE** section with a [View All Banners](#) link.

Below the video player, a text message reads: "If you, or someone you know, is needing help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)."

The website is organized into four main sections, each with a representative icon and a list of links:

- individuals**: Includes links for [How to Apply](#), [Enroll Online](#), [Find A Provider](#), [After Hours OK](#), [Member Handbook - English](#), [Spanish](#), [Member Letters](#), [Updates](#), [Programs](#), [Benefits](#), and [Member Services Helpline](#).
- providers**: Includes links for [Claim Tools](#), [Types](#), [Web Alerts](#), [Enrollment](#), [EHR Incentive](#), [Policy](#), [Proposed Changes](#), [Provider Portal](#), [Training](#), [Provider Letters](#), [Updates](#), [Patient-Centered Medical Home](#), and [Medical Authorization Unit](#).
- research and statistics**: Includes links for [Data & Reports](#), [Focus On Excellence Reports](#), and [State Plans and Waivers](#).
- about us**: Includes links for [Public Information](#), [Contact Us](#), [Jobs](#), [News Releases](#), [Open Government](#), [Liens](#), and [OHCA Board](#), [Committees](#).

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period. The proposed amendment will be presented in two public meetings: the Medical Advisory Committee (MAC) on March 14, 2019, at 1:00 p.m., in the Ed McFall Board Room within the OHCA offices located at 4345 N Lincoln Blvd, OKC, OK 73105. The second public meeting will be held at The Children's Health Group (TCHG) Quarterly Meeting on April 9, 2019, at 5:00 p.m., in the OU Health Sciences Center Campus, Provost's Conference Room, #233 Bird Library, 1105 N Stonewall Ave. OKC, OK 73117.

Health Access Networks (HAN) 1115(a) demonstration waiver amendment, Effective: October 1, 2019

With this amendment request, the OHCA seeks approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023:

Effective October 1, 2019, the waiver Special Terms and Conditions (STCs) will be updated for the Health Access Networks (HANs), contingent upon CMS approval. HANs are non-profit administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members.

The OHCA proposes to remove three paragraphs that are either duplicative or no longer applicable to HAN duties from STC 40. The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to STC 84, Evaluation of the HANs.

One correction will be to remove the word "pilot" from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the evaluation design that the state has submitted to Centers for Medicare and Medicaid Services (CMS) including the following:

- a. Impact on costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;
- b. Impact on access to care: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;
- c. Impact on quality and coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and
- d. Impact on the patient-centered medical home (PCMH) program: The implementation and expansion of the HANs will enhance the State's PCMH program through an evaluation of primary care physician (PCP) profiles that incorporates a review of utilization, disease guideline compliance, and cost.

Amending the language will not have any effect on budget neutrality for the 1115(a) demonstration waiver.

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration waiver program. Persons wishing to present their views in writing or obtain copies of the proposed amendment may do so at the following address: Federal & State Authorities Unit,

Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma, 73105, or by email request at federal.authorities@okhca.org. Persons wishing to be linked with local agencies to obtain copies of the proposed amendment can make such request by contacting the email above. Written and oral comments will also be accepted during regular business hours by contacting the OHCA as indicated. Comments submitted will be available for review by the public Monday – Friday, 9:00 AM to 4:30 PM, at OHCA located at the above address or online at www.okhca.org/proposedchanges. The proposed amendment may also be viewed and receive written comments on the agency's website at www.okhca.org/proposedchanges; the amendment to the waiver will be posted online from March 11, 2019 through April 10, 2019.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS no later than June 3, 2019.

NORMAN TRANSCRIPT 3/15/19

PROOF OF PUBLICATION

In the District Court of Cleveland County,
State of Oklahoma

HAN PUBLIC NOTICE

Affidavit of Publication

State of Oklahoma, County of Cleveland, ss:
I, the undersigned publisher, editor or Authorized Agent of the Norman Transcript, do solemnly swear that the attached advertisement was published in said paper as follows:

- 1st Publication MARCH 15, 2019
- 2nd Publication _____
- 3rd Publication _____
- 4th Publication _____

That said newspaper is Daily, in the city of Norman, Cleveland County, Oklahoma, a Daily newspaper qualified to publish legal notices, advertisements and publications as provided in Section 106 of Title 25, Oklahoma Statutes 1971, as amended, and complies with all other requirements of the laws of Oklahoma with reference to legal publications.

That said Notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publications and not in a supplement, on the above noted dates.

Signature

Subscribed and sworn before me on this 15th day of March, 2019.

Notary Public

My commission expires 09/29/19 Notary Public Commission #

Cost of Publication
PAY TO:
The Norman Transcript
P.O. Drawer 1058
Norman, OK 73070

A copy of this affidavit of publication was delivered to the Office of the Cleveland County Court Clerk on March 15, 2019. Please include the case number on your check.

Published in the Norman Transcript March 15, 2019.

PUBLIC NOTICE
Pursuant to §§ 209 & 401 AOB and 402 CDB § 407 BDB, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to amend an approval notice to the 11700g demonstration waiver. The OHCA currently has an approved 11700g waiver for the 2019-2020 demonstration period. The proposed amendment will be presented to two public meetings on March 14, 2019, at 12:00 p.m. at the Dr. Paul Baker Room within the OHCA offices located at 400 N. Lincoln Blvd., OKC, OK 73102. The second public meeting will be held at the Oklahoma Health Care Authority, 4000 E. Pioneer's Conference Room, 4000 E. Pioneer, 1108 N. Broadway Ave. OKC, OK 73117.

Health Access Network (HAN) 11700g demonstration waiver amendment effective October 1, 2019.
With the amendment issued, the OHCA will be amending the following medical care approved in the 11700g demonstration to the current demonstration period that will begin on and through December 31, 2019. Effective October 1, 2019, the waiver will expire terms and conditions (ETOC) will be added for the health access network (HAN), including: (1) OHCA approved, HAN and non-HAN providers will assist that work with providers to coordinate and improve the quality of care to SomenCare members.

The OHCA proposes to remove three paragraphs for six other paragraphs to be added to the waiver to ensure that the waiver will be in compliance with the requirements of the waiver. The amendments include: (1) adding a requirement to submit a copy of the waiver to the OHCA; (2) adding a requirement to submit a copy of the waiver to the OHCA; (3) adding a requirement to submit a copy of the waiver to the OHCA.

OHCA proposes to remove the currently approved membership and evaluation criteria and measures proposed in the current evaluation design waiver approved by the Board of the HAN.

One correction will be to remove the word "and" from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the evaluation design that the waiver has submitted to Centers for Medicare and Medicaid Services (CMS) including the following:

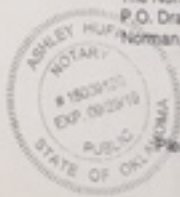
1. Impact on costs. The implementation and expansion of the HAN will reduce costs associated with the provision of health care services to SomenCare beneficiaries served by the HAN.

2. Impact on access to care. The implementation and expansion of the HAN will improve access to and the availability of health care services to SomenCare beneficiaries served by the HAN.

3. Impact on quality and coordination. The implementation and expansion of the HAN will improve the quality and coordination of health care services to SomenCare beneficiaries served by the HAN, with specific focus on the populations at greatest risk, including those with multiple chronic diseases, and

4. Impact on the patient-centered medical home (PCMH) program. The implementation and expansion of the HAN will enhance the State's PCMH program through an evaluation of primary care physician (PCP) profiles that incorporates a review of utilization, disease guidelines compliance, and risk stratification. This language will not have any effect on budget neutrality for the 11700g demonstration waiver.

The OHCA solicits comments from the public regarding the amendment to the waiver. Persons wishing to present their views in writing or obtain copies of the proposed amendment may do so at the following address: Patricia S. State Authority, 4000 E. Pioneer Blvd., Oklahoma City, Oklahoma 73109, or by email: han@ohca.ok.gov



THE LAWTON CONSTITUTION
3/15/19
HAN NETWORK

**PROOF OF PUBLICATION
THE LAWTON CONSTITUTION**
P.O. BOX 2069-L, Lawton, OK 73502 :(580) 353-0620

IN THE _____ COURT OF COMANCHE COUNTY, OKLAHOMA
STATE OF OKLAHOMA, COUNTY OF COMANCHE

Case No. **Health Access Networks**

I, **DENNIS WAGE**, of lawful age, being duly sworn upon oath, deposes and says: That I am the Business Manager of The Lawton Constitution, a daily newspaper printed and published in the city of Lawton, County of Comanche, and state of Oklahoma, and that the advertisement above referred to, a true and printed copy of which is here unto attached, was published in said newspaper for the publication dates listed below.

Publication Dates **03/15/2019.**

That said newspaper has been published continuously and uninterrupted in said county during a period of one hundred and four consecutive weeks prior to the publication of the attached notice or advertisement; that it has been admitted to the United States mail as second-class mail matter, that it has a general paid circulation, and publishes news of general interest, and otherwise conforms with all of the statutes of the State of Oklahoma governing legal publications.

Published in
The Lawton Constitution
March 15, 2019
PUBLIC NOTICE

Paragraphs 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period. The proposed amendment will be presented in two public meetings: the Medical Advisory Committee (MAC) on March 14, 2019, at 1:00 p.m., in the 8th Medical Board Room within the OHCA offices located at 4345 N Lincoln Blvd, OKC, OK 73105. The second public meeting will be held at The Children's Health Group (CHRG) Quarterly Meeting on April 9, 2019, at 5:00 p.m., in the OU Health Sciences Center Campus, Proctor's Conference Room, 8233 Red Library, 1105 N Starwell Ave, OKC, OK 73117.

Health Access Networks (HAN) 1115(a) demonstration waiver amendment. Effective: October 1, 2019

With this amendment request, the OHCA seeks approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023.

Effective October 1, 2019, the waiver Special Terms and Conditions (STC) will be updated for the Health Access Networks (HAN), contingent upon CMS approval. HANs are non-profit administrative entities that work with providers to coordinate and improve the quality of care for **Solemnly sworn.**

The OHCA proposes to remove three paragraphs that are either duplicative or no longer applicable to HANs dates from STC 40. The paragraphs identified for removal are in relation to: 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, **document access to providers.**

following correction to STC 84, Evaluation of the HANs. One correction will be to remove the word pilot from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the evolution design that the state has submitted to Centers for Medicare and Medicaid Services (CMS) including the impact on costs. The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SeniorCare beneficiaries served by the HANs.

3. Impact on access to care. The implementation and expansion of the HANs will improve access to and the availability of health care services to SeniorCare beneficiaries served by the HANs.

4. Impact on quality and coordination. The implementation and expansion of the HANs will improve the quality and coordination of health care services to SeniorCare beneficiaries served by the HANs, with specific focus on the population at greatest risk, including those with multiple chronic diseases, and

5. Impact on the patient-centered medical home (PCMH) program. The implementation and expansion of the HANs will enhance the State's PCMH program through an evaluation of primary care physician (PCP) profiles that incorporates a review of utilization, disease guideline compliance, and cost.

Amending the language will require any effect on budget neutrality for the 1115(a) demonstration waiver.

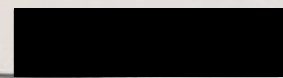
The OHCA welcomes comments from the public regarding the amendments to the SeniorCare Choice and Home Oklahoma 1115(a) Demonstration waiver program. Persons wishing to present their views in writing or obtain copies of the proposed amendment may do so at the following address: Federal & State Authorities for Oklahoma Health Care

Comments will also be accepted during regular business hours by contacting the OHCA as indicated. Comments submitted will be available for review by the public Monday Friday, 9:00 AM to 4:30 PM, at OHCA located at the above address or e-mail at www.ohca.org/proposedchanges. The proposed amendment may also be viewed and receive written comments on the agency's website at www.medicaid.gov after the amendment has been submitted to CMS no later than June 3, 2019.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS no later than June 3, 2019.

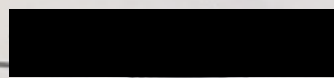
OHCA, telemedicine, and expanded quality improvement strategies. OHCA proposes to continue its currently approved monitoring and evaluation components identified in the STC. The hypotheses and measures provided in the current evaluation design remain applicable with the

Author: 4345 N Lincoln Blvd., Oklahoma City, Oklahoma, 73105, or by email: denis.wage@ohca.org Federal authorities: denis.wage@ohca.org Persons wishing to be listed with local agencies to obtain copies of the proposed amendment can make such request by contacting the email above. Written and oral



Signature

SUBSCRIBED and sworn to before me this day of _____



Notary Public

NOTARY PUBLIC State of OK
JOHN WILSON
Comm. # 05011169
Expires 12-12-2021

TULSA WORLD - 3/15
HAN
NETWORK

TULSA WORLD

P.O. Box 1770 Tulsa, Oklahoma 74102-1770 | tulsaeworld.com

Account Number

1013049

Date

March 15, 2019

ADVERTISING
SARAH WOODS
772 E. MOUNTAIN SAGE DRIVE
PHOENIX, AZ 85048

Date	Category	Description	Ad Size
03/15/2019	Legal Notices	HAN PUBLIC NOTICE	2 x 106.00 CL

Printed in the Tulsa World, Tulsa County, Oklahoma,
March 15, 2019

PUBLIC NOTICE

Pursuant to 42 CFR § 40.408 and 42 CFR § 40.206, the Oklahoma Health Care Authority (OHCA) is announcing public notice of its plan to extend an amendment to the 110021 demonstration waiver for the 2019-2021 demonstration period. The proposed amendment will be presented in two public meetings. The initial Advisory Committee (ACAC) on March 21, 2019, at 1:00 p.m., in the 12th Street Board Room within the OHCA offices located at 400 N. Lincoln Blvd., OKC, OK 73109. The second public meeting will be held at The Oklahoma Health Group (OHG) Governance Meeting on April 5, 2019, at 1:30 p.m., in the OHG Health Science Center Campus, Process 7A Conference Room, 820 SW 10th Street, 15th & Stonewall Ave. OKC, OK 73101.

Health Access Network (HAN) 110021 demonstration will be extended through December 31, 2021. The OHCA seeks approval of the following modifications to the 110021 demonstration for the current extension period that will be in effect through December 31, 2021:

Effective October 1, 2019, the initial Special Terms and Conditions (STC) will be updated for the Health Access Network (HAN), including new CHS services. HANs are no longer administrative entities that work with providers to coordinate and improve the quality of care for Senior-Care members.

The OHCA proposes to remove three paragraphs that are either duplicative or no longer operative to such dates from STC 40. The paragraphs identified for removal are in relation to: (1) ensuring access to all levels of care, (2) submitting a data, medical records, insurance records, to specialty care, telemedicine, and extended quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STC. The program remains applicable with the following corrections to STC 40. Evaluation of the rules.

One correction will be to remove the word "shall" from the subsequent paragraphs will be revised to reflect the program design that the state has submitted to Centers for Medicare and Medicaid Services (CMS) including the following:

- Insert an over: The implementation and expansion of the HANs will increase access to and the provision of health care services to Senior-Care beneficiaries served by the HANs.
- Insert an over to care: The implementation and expansion of the HANs will increase access to and the provision of health care services to Senior-Care beneficiaries served by the HANs.
- Insert an over and coordination: The implementation and expansion of health care services to Senior-Care beneficiaries served by the HANs, with specific focus on the populations of greatest risk, including those with multiple chronic diseases, and
- Insert an over the patient-centered medical home (PCMH) program: The implementation and expansion of the program will enhance the State's PCMH program through the evaluation of primary care attraction (PCA) practices that incorporate a review of utilization, disease guidelines, and cost.

Amending the language will not have any effect on budget authority for the 110021 demonstration waiver.

Affidavit of Publication

I, Melissa Marshall, of lawful age, am a legal representative of the Tulsa World of Tulsa, Oklahoma, a daily newspaper of general circulation in Tulsa County, Oklahoma, a legal newspaper qualified to publish legal notices, as defined in 25 O.S. § 106 as amended, and thereafter, and complies with all other requirements of the laws of Oklahoma with reference to legal publication. That said notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement, on the DATE(S) LISTED BELOW

03/15/2019

Newspaper reference: 0000552399

Legal Representative

Sworn to and subscribed before me this date:

MAR 15 2019

Notary Public

My Commission expires

DEC 08 2022



NANCY CAROL MOORE

Notary Public
State of Oklahoma

Commission # 0601684 Expires 12/08/22

TULSA WORLD -3/15/19
HAN NETWORK

The OPCA solicits comments from the public regarding the amendment to the Patient Care Change and Hours of Service for Critical Intervention and/or program. Persons wishing to present their views in writing or obtain copies of the proposed amendment may do so at the following address: Patient & State Authority Unit, Oklahoma Health Care Authority, 444 N. Lincoln Blvd., Oklahoma City, Oklahoma, 73102, or by email request of help@authorityoklahoma.org. Persons wishing to be listed with local agencies to obtain copies of the proposed amendment can make such request by contacting the critical change, written and oral comments will also be accepted during regular business hours by contacting the OPCA as indicated. Comments submitted will be accepted for review by the public hearing - Friday, 9:00 AM to 6:00 PM, at OPCA located at the above address or online at www.oklahomahealthcare.org. The proposed amendment may also be viewed and receive written comments on the agency's website at www.oklahomahealthcare.org; the amendment to the statute will be posted online from March 11, 2019 through April 10, 2019.

Comments may also be made at www.oklahomahealthcare.org after the amendment has been submitted to CMS no later than June 1, 2019.

THE BLACK CHRONICLE

is the _____ Court of _____ Oklahoma
STATE OF OKLAHOMA

STATE OF OKLAHOMA, _____

COUNTY OF _____ OKLAHOMA _____

RUSSELL M. FERRY of lawful age, being duly sworn upon oath,
deposes and says: That he is the PUBLISHER of the The Black Chronicle,

weekly newspaper printed and published in the city of Oklahoma City, County of Oklahoma, State of Okla-
homa, and has personal knowledge of the facts hereinafter stated.


That a printed notice, copy of which is here to attached, was published in the regular and entire is-
sue of said newspaper, and not in any supplement thereof, for one consecutive

week, the first publication thereof being made on Thursday the
14th day of March, 2019 and the last publication on the
14th day of March, 2019.

That said newspaper had been continuously and uninterruptedly published in said county during a
period of more than one hundred and four (104) weeks consecutively and immediately prior to the first pub-
lication of the attached notice or advertisement; that it has entrance into the United States mails in the city
and county where published; that said newspaper comes within all of the prescriptions and requirements of
Title 25 Oklahoma Statutes of 1941, Section 102, and meets all other requirements of the laws of the State
of Oklahoma with reference to legal publications.

Subscribed and sworn to before me this _____ day of _____

My Commission Expires _____

 **LAUREL A. TALLEY**
Notary Public
State of Oklahoma
Commission # E3306287 Expires 04/27/19

Notary Public

Publication fee \$ _____



PROOF OF PUBLICATION

Las Américas abre nueva tienda

Las Americas opens new store

ANTONIO PÉREZ, PROPIETARIO DE SUPERMERCADOS LAS AMERICAS

“Trabajamos durante varias semanas de 12 a 14 horas al día con muy poco tiempo para comer, pero creo que valió la pena. Gracias a todos los que me apoyaron en este proyecto y ya nos preparamos para el siguiente”

POR WILLIAM R. WYNN | TULSA, OK

Un nuevo miembro de la familia de tiendas de abarrotes Las Américas abrió sus puertas el pasado fin de semana. Supermercados Las Americas International tuvo su gran inauguración el 16 de marzo en 3039 S. Sheridan Rd., Una ubicación que recientemente fue “Save N Fresh” pero que durante años fue el hogar de Warehouse Market.

La tienda ofrece todos los productos básicos de comida latina que los clientes esperan de Las Américas, así como ofertas del Caribe y productos estándar como leche, pan, queso, cereales, papas fritas, refrescos, productos frescos y carne.

El propietario Antonio Pérez y los empleados de la tienda acordaron que el proyecto ha sido un arduo trabajo, pero están ansiosos por llevar las ofertas de la tienda a nuevos clientes al tiempo que dan la bienvenida a quienes han comprado en Las Américas durante años.

“Trabajamos por varias semanas de 12 a 14 horas al día con muy poco tiempo para comer, pero creo que valió la pena”, dijo Pérez. “Gracias a todos los que me apoyaron en este proyecto y pronto nos prepararemos para el próximo”.

Quienes viven cerca están muy felices de tener nuevamente un mercado en el vecindario, comentaron lo limpia que es la tienda y elogiaron a los empleados bilingües de Las Américas.

“Las frutas y verduras son muy frescas y de buena calidad”, observó un cliente, “y los precios también son bas-



tante buenos”.

Como forma de dar la bienvenida a los clientes a la nueva tienda, Las Américas está llevando a cabo un concurso para obsequiar un televisor nuevo de pantalla grande.

Supermercados Las Americas International está ubicado en la esquina noreste de 31st y Sheridan en el centro de Tulsa. (La Semana)

ENGLISH

The newest member of the Las Americas family of grocery stores opened last weekend. Supermercados Las Americas International had its grand opening March 16th at 3039 S. Sheridan Rd., a location that was most recently Save N Fresh but had for years been home to Warehouse Market.

The store offers all the Latin food staples customers have come to expect from Las Americas, as well as offerings from the Caribbean and standard items such as milk, bread, cheese, cereal, chips, soda, fresh produce and meat.

Owner Antonio Perez and employees at the store agreed the proj-

ect has been a lot of work but they are looking forward to bringing the store’s offerings to new customers while welcoming those who have shopped at Las Americas for years.

“We worked for several weeks from 12 to 14 hours a day with very little time to eat but I think it was worth it,” Perez said. “Thank you to all those who supported me in this project and we will soon prepare for the next one.”

Those who live nearby are very happy to have a neighborhood market again, and remarked on how clean the store is and praised Las Americas’ helpful bilingual employees.

“The fruits and vegetables are very fresh and good quality,” one customer observed, “and the prices are pretty good too.”

As a way of welcoming customers to the new store Las Americas is holding a drawing for a new big screen television.

Supermercados Las Americas International is located on the northeast corner of 31st and Sheridan in midtown Tulsa. (La Semana)



“We worked for several weeks from 12 to 14 hours a day with very little time to eat but I think it was worth it, thank you to all those who supported me in this project and we will soon prepare for the next one.”

ABOGADA LORENA RIVAS

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FACILIDADES DE
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ABOGADA LORENA RIVAS



PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Oklahoma Health Care Authority (OHCA) is required to give public notice of any significant proposed change in methods and standards for setting payment rates for services in the SoonerCare program. The following payment changes will necessitate amendments to the Oklahoma Medicaid State Plan. The proposed changes will be presented in two public meetings: the State Plan Amendment Rate Committee (SPARC) on March 20, 2019 at 11:00 AM and the OHCA Board meeting on March 21, 2019, at 1:00 PM. Both meetings will be held at the OHCA offices located at 4345 N. Lincoln Blvd., OKC, OK 73105 in the OHCA Board Room.

Partial Hospitalization Program (PHP) Services, Effective: April 1, 2019

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) requests a change to the current reimbursement methodology for Partial Hospitalization Program Services (PHP) from a one hour unit of service (\$42.80/hour) to a single daily payment (\$160.50/day) for all services provided in a day. The new rate methodology is based on the 2010 Medicare cost assumptions for PHP services, but is a blend of a 3.5 hour treatment day and 4 hour treatment day; it is also in line with the Healthcare Common Procedure Coding System (HCPCS) guidelines for the PHP Code, H0035, and will reduce the likelihood of a payment error finding. The new reimbursement rate will be \$160.50 per encounter up to 23 hours and 59 minutes. The proposed State Plan amendment is budget neutral as the current \$3,000 per member per month cap for PHP services will remain.

Certified Community Behavioral Health Clinics (CCBHCs), Effective: April 1, 2019

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan amendment to sustain CCBHC services beyond its demonstration period in Oklahoma. The CCBHC demonstration is set to end on March 31, 2019. Currently, there are three CCBHC Clinics providing services to SoonerCare members. The services provided include nine types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. CCBHCs are reimbursed utilizing a Prospective Payment System (PPS) methodology. In establishing the PPS rate, CCBHCs completed cost reports for the period of April 1, 2017 to March 31, 2018 that include the cost of providing all services to all patients to establish a Per-Member Per Month (PMPM) cost of serving patients in that clinic. The reports included actual plus anticipated costs related to new services or new costs which were provided or incurred during the demonstration phase. CCBHCs will receive a fixed PMPM reimbursement rate for every individual who has at least one qualifying visit in the month. There is a standard CCBHC (or base) rate and two separate reimbursement rates for Special Populations (SPPPOP). The ODMHSAS developed a list of individuals who are “most in need” and the provider may choose from this list to assign individuals to SPPPOP rate categories and bill for the SPPPOP rate. At the end of 90 days, ODMHSAS will review care needs and rates for clients assigned to special populations to determine a need for continued stay at this level of service intensity. If the client has been admitted for an inpatient psychiatric hospital stay during this time period, the state will recoup the difference in the applicable provider-specific SPPPOP rate and the standard rate. The rate will then be updated annually based on the Medicare Economic Index (MEI).

Federal impact: Due to CCBHCs moving from a demonstration to a State Plan Medicaid covered service, the Centers for Medicare & Medicaid Services (CMS) views the budget as new Medicaid program and requires the total net budget to be reported. Prior to the CCBHC demonstration, most of the amounts below were being paid on a fee-for-service basis and are now paid on a Prospective Payment System (PPS) methodology. The net increase for the six remaining months of Federal Fiscal Year (FFY) 2019 will be \$42,048,685 total, 26,444,418 federal share. The net increase for FFY2020 will be \$84,097,370 total, \$55,521,084 federal share.

State impact: The net increase to ODMHSAS for the three months remaining in State Fiscal Year (SFY) 2019 is \$1,683,210 total, \$618,222 state share paid by ODMHSAS. Due to the rebasing and change in methodology for special populations, the estimated SFY2020 budget impact is a savings to ODMHSAS of \$259,849 total, \$90,661 state share.

Deductible and Coinsurance for Crossover Claims, Effective: April 1, 2019

The Oklahoma Health Care Authority proposes a change in methodology for Medicare Part A and B claims rendered to Qualified Medicare Beneficiaries (QMB) and Qualified Medicare Beneficiaries with full Medicaid benefits (QMB Plus). The State Plan amendment proposes that psychiatric hospital services and Psychiatric Residential Treatment Facility (PRTF) services crossover Part A claims pay at 75% of the deductible and at 25% of the coinsurance. In addition, the State Plan amendment proposes to make payment for Medicare medical services and dialysis services which are not specifically addressed elsewhere in the State Plan at 100% of the deductible and 46.25% of the coinsurance. Finally, payment for Indian Health Service (IHS) clinics and transportation services will be made at 100% of the deductible and coinsurance for Medicare Part B claims. The proposed State Plan amendment is budget neutral as this proposed amendment is being submitted to align with current practice.

Persons wishing to present their views in writing or obtain copies of the proposed changes may do so at the following address: Federal & State Authorities Unit, Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, OK, 73105, or by email request at federal.authorities@okhca.org. Persons wishing to be linked with local agencies to obtain copies of the proposed amendment can make such request by contacting the email above. Written and oral comments will also be accepted during regular business hours by contacting the OHCA as indicated. Comments submitted will be available for review by the public Monday – Friday, 9:00 AM to 4:30 PM, at OHCA located at the above address or online at www.okhca.org/proposedchanges. The proposed state plan amendment language may also be viewed and receive written comments on the agency’s website at www.okhca.org/proposedchanges.

PUBLIC NOTICE

Pursuant to 42 CFR § 431.408 and 42 CFR § 447.205, the Oklahoma Health Care Authority (OHCA) is providing public notice of its plan to submit an amendment to the 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period. The proposed amendment will be presented in two public meetings: the Medical Advisory Committee (MAC) on March 14, 2019, at 1:00 p.m., in the Ed McFall Board Room within the OHCA offices located at 4345 N Lincoln Blvd., OKC, OK 73105. The second public meeting will be held at The Children’s Health Group (TCHG) Quarterly Meeting on April 9, 2019, at 5:00 p.m., in the OU Health Sciences Center Campus, Provost’s Conference Room, #233 Bird Library, 1105 N Stonewall Ave. OKC, OK 73117.

Health Access Networks (HAN) 1115(a) demonstration waiver amendment, Effective: October 1, 2019

With this amendment request, the OHCA seeks approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023:

Effective October 1, 2019, the waiver Special Terms and Conditions (STCs) will be updated for the Health Access Networks (HANs), contingent upon CMS approval. HANs are non-profit administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members.

The OHCA proposes to remove three paragraphs that are either duplicative or no longer applicable to HAN duties from STC 40. The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to STC 84, Evaluation of the HANs.

One correction will be to remove the word “pilot” from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the evaluation design that the state has submitted to Centers for Medicare and Medicaid Services (CMS) including the following:

- Impact on costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;
- Impact on access to care: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;
- Impact on quality and coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and
- Impact on the patient-centered medical home (PCMH) program: The implementation and expansion of the HANs will enhance the State’s PCMH program through an evaluation of primary care physician (PCP) profiles that incorporates a review of utilization, disease guideline compliance, and cost.

Amending the language will not have any effect on budget neutrality for the 1115(a) demonstration waiver.

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration waiver program. Persons wishing to present their views in writing or obtain copies of the proposed amendment may do so at the following address: Federal & State Authorities Unit, Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma, 73105, or by email request at federal.authorities@okhca.org. Persons wishing to be linked with local agencies to obtain copies of the proposed amendment can make such request by contacting the email above. Written and oral comments will also be accepted during regular business hours by contacting the OHCA as indicated. Comments submitted will be available for review by the public Monday – Friday, 9:00 AM to 4:30 PM, at OHCA located at the above address or online at www.okhca.org/proposedchanges. The proposed amendment may also be viewed and receive written comments on the agency’s website at www.okhca.org/proposedchanges; the amendment to the waiver will be posted online from March 11, 2019 through April 10, 2019.

Comments may also be made at www.medicaid.gov after the amendment has been submitted to CMS no later than June 3, 2019.

Attachment 4. 2019 Waiver Projects Currently Undergoing Application, Renewal or Amendment

Waiver Projects Currently Undergoing Application, Renewal, or Amendment

1115(a) Waiver Projects Currently Undergoing Application and Amendment 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(a) demonstration waiver project or extension renewal or amendment to any previously approved demonstration waiver project. This is a comment period of a minimum of thirty (30) days. Comments may also be made at the CMS website (Medicaid.gov) for an additional thirty (30) days.

Public notices, including the description of the new 1115(a) Demonstration Waiver project, extension renewal, or amendment to an existing demonstration waiver project to be submitted to CMS, will be posted on the Agency's website along with the amendment documents to be submitted to CMS.

The full public notice 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 30-day time period in which comments will be accepted,
- The locations, dates, and times of at least two public hearings convened by the State to seek input, (at least one of the two required public hearings will use telephonic and/or Web conference capabilities to ensure statewide accessibility to the public hearing); and
- [Medicaid.gov 1115 Demonstrations](#) received by CMS during their 30-day public comment period after the amendment has been submitted to CMS.

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

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

The State will hold a Tribal Consultation and two public hearings during the public comment period.

SoonerCare Choice and Insure Oklahoma Waiver Amendment Public Hearing

Medical Advisory Committee
March 14, 2019
1:00 p.m.
Ed McFall Boardroom
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard
Oklahoma City, Oklahoma

The Children's Health Group (TCHG) Quarterly Meeting
April 9, 2019
5:00 p.m.
OU Health Sciences Center Campus, Provost's Conference Room, #233
Bird Library
1105 N Stonewall Ave, Oklahoma City, OK 73117
Oklahoma City, Oklahoma

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\(a\) Demonstration Waiver Public Notice and Amended Application](#)

View and/or print the public notice for the waiver amendment to be submitted to CMS for the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver at:

[1115\(a\) Demonstration Health Access Network Waiver 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 Authorities Unit
4345 N. Lincoln Blvd,
Oklahoma City, Oklahoma 73105
Contact: Kasie Wren

View and/or print the waiver amendment regarding SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver at:

[1115\(a\) Demonstration Health Access Network Waiver Amendment](#)

- View and/or print comments that others have submitted at the Agency's [Policy Change Blog website](#).

Public comments may be submitted until midnight on Wednesday, April 10, 2019. Comments may be submitted by agency blog or by regular mail to:

Oklahoma Health Care Authority
Federal and State Authorities Unit
4345 N. Lincoln Blvd,
Oklahoma City, Oklahoma 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(a) Demonstration waiver and to hold public hearings to receive comments on the amendments to the Demonstration.

With this amendment request, the OHCA seeks approval of the following modifications to the demonstration for the 2018-2023 extension period:

Effective October 1, 2019, the waiver Special Terms and Conditions (STCs) will be updated for the Health Access Networks (HANs), contingent upon CMS approval. HANs are non-profit administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members.

The OHCA proposes to remove three paragraphs that are either duplicative or no longer applicable to HAN duties from STC 40. The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to STC 84, Evaluation of the HANs.

One correction will be to remove the word "pilot" from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the evaluation design that the state has submitted to Centers for Medicare and Medicaid Services (CMS) including the following:

a. Impact on costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;

b. Impact on access to care: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;

c. Impact on quality and coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and

d. Impact on the patient-centered medical home (PCMH) program: The implementation and expansion of the HANs will enhance the State's PCMH program through an evaluation of primary care physician (PCP) profiles that incorporates a review of utilization, disease guideline compliance, and cost.

Waiver List - The state is not seeking to change the waiver list.

Expenditure Authorities - The state is not seeking to change the expenditure authority.

Budget Neutrality - Amending the language will not have any effect on budget neutrality for the 1115(a) demonstration waiver. The state proposes a modest increase in funding for HAN. Calendar Year 2020 is projected with an additional \$3 million in expenditures, and successive years are increased by 2.8 percent for growth and utilization as in the currently approved waiver.

AGENDA

March 14th, 2019
1:00 PM – 3:30 PM

Charles Ed McFall Board Room

- I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Steven Crawford, M.D.**
- II. Action Item: Approval of Minutes of the January 17th, 2019: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Tasha Black, Director of Fiscal Planning**
- VI. SoonerCare Operations Update: **Melinda Thomason, Director of Health Care Systems Innovation**
 - A. Pharmacy Update: **Burl Beasley, Senior Director of Pharmacy Service**
- VII. Legislative Update: **MaryAnn Martin, Senior Director of Communications**
- VIII. 1115(a) Waiver Amendment Update: **Sandra Puebla, Director of Federal & State Authorities**
- IX. Proposed Rule Changes: Presentation, Discussion, and Vote: **Sandra Puebla, Director of Federal & State Authorities**
 - A. 18-07A&B Preadmission Screening and Resident Review revisions
 - B. 18-09 Prepayment Review and Suspended Claims Review
 - C. 18-13 Provider Screening and Application Fees
 - D. 18-14 Countable Income & Resources Policy Change (SSI Methodology)
 - E. 18-15A, B, & C Change Timeframes for Appeals
 - F. 18-16 NET & Parity Compliance
 - G. 18-17 Maternal Depression Screening
 - H. 18-23 Psychiatric Services in Nursing Facilities Revisions
 - I. 18-24 Out of State Services
 - J. 18-25 General Policy Language Cleanup
 - K. 18-26 Residential Behavioral Management Services (RBMS) Group Homes Revisions
 - L. 18-27 Updates to Medicare Crossover Policy

**M. 18-28 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services in
Inpatient Psychiatric Settings**

N. 18-30 Federally Qualified Health Centers Revisions

X. New Business: **Chairman, Steven Crawford, M.D.**

XI. Future Meeting:

May 16th

July 18th

September 19th

November 21st

XII. Adjourn

**AGENDA
(Revised 4/3/2019)**

**The Children's Health Group (TCHG) Quarterly Meeting
Tuesday, April 9, 2019, 5:00**

*OU Health Sciences Center Campus, Provost's Conference Room, # 223, Bird Library (live video streaming at
OU College of Medicine – Tulsa, Room 2B26, Schusterman Campus for confirmed attendees)*

Welcome and Introductions – Dr. Marny Dunlap

Legislative/Budget Updates

- OSDH – *Ashely Scott, Legislative Liaison*
Group Discussion
- DMHSAS – *Sean Wallace, Director of Government Relations*
Group Discussion
- OHCA – *Dr. MaryAnn Martin, Senior Director of Communications*
Group Discussion

Updates and Presentations

- 1115A Waiver Amendment Request OHCA's Health Access Networks – *Catina Baker, Policy*
Group Discussion
- OKAAP's Chapter Quality Network Immunization Improvement Project – *Dr. Marny Dunlap*
Group Discussion
- OHCA's Annual EPSDT Report – *Ryan Morlock, Data Governance and Analytics*
Group Discussion

Announcements/New Business

- Child Abuse Prevention Month – *Beth Martin, Family Support & Prevention Service, OSDH*
- CY 2019 Meeting Dates: *July 9, October 8*

Adjournment

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
	CY13	CY14	CY15	CY16	CY17	
	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
Medicaid Pop 1-TANF Urban						
TOTAL EXPENDITURES	\$ 954,184,381	\$ 951,550,408	\$ 986,750,815	\$ 948,370,039	\$ 959,029,502	\$ 4,799,885,145
ELIGIBLE MEMBER MONTHS	3,741,817	4,001,208	4,101,736	4,023,592	4,172,775	
PMPM COST	\$ 255.01	\$ 237.82	\$ 240.57	\$ 235.70	\$ 229.83	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		-0.28%	3.70%	-3.89%	1.12%	0.13%
ELIGIBLE MEMBER MONTHS		6.93%	2.51%	-1.91%	3.71%	2.76%
PMPM COST		-6.74%	1.16%	-2.02%	-2.49%	-2.57%
Medicaid Pop 2-TANF Rural						
TOTAL EXPENDITURES	\$ 602,610,415	\$ 631,345,481	\$ 592,057,993	\$ 566,807,338	\$ 625,688,644	\$ 3,018,509,871
ELIGIBLE MEMBER MONTHS	2,618,683	2,745,120	2,807,836	2,721,130	2,804,870	
PMPM COST	\$ 230.12	\$ 229.99	\$ 210.86	\$ 208.30	\$ 223.07	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		4.77%	-6.22%	-4.26%	10.39%	0.94%
ELIGIBLE MEMBER MONTHS		4.83%	2.28%	-3.09%	3.08%	1.73%
PMPM COST		-0.06%	-8.32%	-1.21%	7.09%	-0.77%
Medicaid Pop 3-ABD Urban						
TOTAL EXPENDITURES	\$ 351,048,325	\$ 386,068,589	\$ 395,192,728	\$ 385,443,404	\$ 417,964,076	\$ 1,935,717,121
ELIGIBLE MEMBER MONTHS	360,205	365,630	362,810	373,088	350,790	
PMPM COST	\$ 974.58	\$ 1,055.90	\$ 1,089.26	\$ 1,033.12	\$ 1,191.49	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		9.98%	2.36%	-2.47%	8.44%	4.46%
ELIGIBLE MEMBER MONTHS		1.51%	-0.77%	2.83%	-5.98%	-0.66%
PMPM COST		8.34%	3.16%	-5.15%	15.33%	5.15%
Medicaid Pop 4-ABD Rural						
TOTAL EXPENDITURES	\$ 282,298,187	\$ 295,085,786	\$ 296,210,206	\$ 279,910,973	\$ 302,136,435	\$ 1,455,641,587
ELIGIBLE MEMBER MONTHS	290,965	291,806	287,250	278,503	283,807	
PMPM COST	\$ 970.21	\$ 1,011.24	\$ 1,031.19	\$ 1,005.06	\$ 1,064.58	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		4.53%	0.38%	-5.50%	7.94%	1.71%
ELIGIBLE MEMBER MONTHS		0.29%	-1.56%	-3.05%	1.90%	-0.62%
PMPM COST		4.23%	1.97%	-2.53%	5.92%	2.35%

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
			CY18		CY19	CY20	CY21	CY22	CY23	
ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 23	TREND RATE 2	DEMONSTRATION YEARS (DY)			DY 27	DY 28	TOTAL WOW
					DY 24	DY 25	DY 26			
Medicaid Pop 1-TANF Urban										
Pop Type:	Medicaid									
Eligible Member Months	2.8%	12	4,287,944	2.8%	4,406,291	4,527,904	4,652,875	4,781,294	4,913,258	
PMPM Cost	3.8%	12	\$ 396.34	3.8%	\$ 411.40	\$ 427.03	\$ 443.26	\$ 460.10	\$ 477.58	
Total Expenditure			\$1,699,490,012		\$ 1,812,748,049	\$ 1,933,551,042	\$ 2,062,433,205	\$ 2,199,873,352	\$ 2,346,473,601	\$ 10,355,079,249
Medicaid Pop 2-TANF Rural										
Pop Type:	Medicaid									
Eligible Member Months	1.7%	12	2,853,394	1.7%	2,902,758	2,952,976	3,004,062	3,056,032	3,108,901.80	
PMPM Cost	3.8%	12	\$ 402.00	3.8%	\$ 417.27	\$ 433.13	\$ 449.59	\$ 466.67	\$ 484.40	
Total Expenditure			\$1,147,059,558		\$ 1,211,233,818	\$ 1,279,022,358	\$ 1,350,596,308	\$ 1,426,158,658	\$ 1,505,952,032	\$ 6,772,963,173
Medicaid Pop 3-ABD Urban										
Pop Type:	Medicaid									
Eligible Member Months	-0.7%	12	348,475	-0.7%	346,175	343,890	341,620	339,366	337,125.92	
PMPM Cost	3.6%	12	\$ 1,369.89	3.6%	\$ 1,419.21	\$ 1,470.30	\$ 1,523.23	\$ 1,578.07	\$ 1,634.88	
Total Expenditure			\$477,372,344.96		\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 535,542,882	\$ 551,160,422	\$ 2,603,986,224
Medicaid Pop 4-ABD Rural										
Pop Type:	Medicaid									
Eligible Member Months	-0.6%	12	282,047	-0.6%	280,299	278,561	276,834	275,117	273,411.68	
PMPM Cost	3.6%	12	\$ 1,093.79	3.6%	\$ 1,133.16	\$ 1,173.95	\$ 1,216.21	\$ 1,259.99	\$ 1,305.35	
Total Expenditure			\$7,897,327		\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 346,645,182	\$ 356,897,936	\$ 1,684,870,922

Hypo 1									
Pop Type:	Hypothetical								
Eligible Member Months									
PMPM Cost									
Total Expenditure					\$ -	\$ -	\$ -		\$ -
Hypo 2									
Pop Type:	Hypothetical								
Eligible Member Months									
PMPM Cost									
Total Expenditure					\$ -	\$ -	\$ -		\$ -

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	CY18	DEMO TREND RATE	DEMONSTRATION YEARS (DY)				CY22	CY23	TOTAL WW
	DY 23		DY 24	DY 25	DY 26	DY 27	DY 28		
Medicaid Pop 1-TANF Urban									
Pop Type:	Medicaid								
Eligible Member									
Months	4,287,944	2.8%	4,404,411	4,524,611	4,649,491	4,777,817	4,909,684		
PMPM Cost	\$ 220.25	3.8%	\$ 228.62	\$ 237.31	\$ 246.32	\$ 255.68	\$ 265.40		
Total Expenditure	\$944,412,257		\$ 1,006,926,542	\$ 1,073,713,815	\$ 1,145,275,552	\$ 1,221,606,793	\$ 1,303,025,420	\$ 5,750,548,122	
Medicaid Pop 2-TANF Rural									
Pop Type:	Medicaid								
Eligible Member									
Months	2,853,394	1.7%	2,901,520	2,950,828	3,001,877	3,053,810	3,106,641		
PMPM Cost	\$ 230.48	3.8%	\$ 239.24	\$ 248.33	\$ 257.76	\$ 267.56	\$ 277.73		
Total Expenditure	\$657,643,918		\$ 694,147,766	\$ 732,769,917	\$ 773,773,817	\$ 817,072,188	\$ 862,793,423	\$ 3,880,557,111	
Medicaid Pop 3-ABD Urban									
Pop Type:	Medicaid								
Eligible Member									
Months	348,475	-0.6%	346,175	343,890	341,620	339,366	337,126		
PMPM Cost	\$ 1,232.88	3.6%	\$ 1,277.26	\$ 1,323.24	\$ 1,370.88	\$ 1,420.23	\$ 1,471.36		
Total Expenditure	\$429,626,184		\$ 442,155,115	\$ 455,049,419	\$ 468,319,752	\$ 481,977,080	\$ 496,032,689	\$ 2,343,534,055	
Medicaid Pop 4-ABD Rural									
Pop Type:	Medicaid								
Eligible Member									
Months	282,047	-0.6%	280,299	278,561	276,834	275,117	273,412		
PMPM Cost	\$ 1,101.40	3.6%	\$ 1,141.05	\$ 1,182.13	\$ 1,224.68	\$ 1,268.77	\$ 1,314.45		
Total Expenditure	\$310,646,343		\$ 319,834,268	\$ 329,293,942	\$ 339,033,403	\$ 349,060,926	\$ 359,385,031	\$ 1,696,607,569	
Exp Pop 1-NDWA-ESI									
Pop Type:	Expansion								
Eligible Member									
Months	178,025	2.5%	182,435	186,954	191,586	196,332	201,196		
PMPM Cost	\$ 341.13	3.80%	\$ 354.10	\$ 367.55	\$ 381.52	\$ 396.02	\$ 411.07		
Total Expenditure	\$60,730,211		\$ 64,599,598	\$ 68,715,521	\$ 73,093,687	\$ 77,750,805	\$ 82,704,648	\$ 366,864,258	
Exp Pop 2-TEFRA									
Pop Type:	Expansion								
Eligible Member									
Months	7,874	7.6%	8,475	9,122	9,819	10,569	11,376		
PMPM Cost	\$ 802.87	3.60%	\$ 831.77	\$ 861.71	\$ 892.74	\$ 924.87	\$ 958.17		
Total Expenditure	\$6,321,478.94		\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 9,774,664	\$ 10,899,903	\$ 44,350,033	

Exp Pop 3-College-ESI										
Pop Type:		Expansion								
Eligible Member										
Months	1,380	2.2%	1,410	1,441	1,472	1,504	1,537			
PMPM Cost	\$ 258.77	3.80%	\$ 268.60	\$ 278.81	\$ 289.41	\$ 300.40	\$ 311.82			
Total Expenditure	\$357,202		\$ 378,839	\$ 401,786	\$ 426,123	\$ 451,935	\$ 479,309	\$ 2,137,992		
Exp Pop 4-NDWA-IP										
Pop Type:		Expansion								
Eligible Member										
Months	61,938	5.5%	65,317	68,880	72,637	76,600	80,779			
PMPM Cost	\$ 580.12	3.80%	\$ 602.16	\$ 625.04	\$ 648.79	\$ 673.45	\$ 699.04			
Total Expenditure	\$35,931,196		\$ 39,331,164	\$ 43,052,852	\$ 47,126,702	\$ 51,586,039	\$ 56,467,337	\$ 237,564,094		
Exp Pop 5-College-IP										
Pop Type:		Expansion								
Eligible Member										
Months	2,263	-0.4%	2,255	2,246	2,238	2,229	2,221			
PMPM Cost	\$ 180.60	3.80%	\$ 187.46	\$ 194.58	\$ 201.98	\$ 209.65	\$ 217.62			
Total Expenditure	\$408,763		\$ 422,691	\$ 437,095	\$ 451,989	\$ 467,391	\$ 483,317	\$ 2,262,483		
Exp Pop 6-HAN										
Pop Type:		Expansion								
Eligible Member										
Months	1,799,754	2.8%	1,849,427	1,900,471	1,952,924	2,006,825	2,062,214			
PMPM Cost	\$ 5.00	0.00%	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00			
Total Expenditure	\$8,998,770		\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 10,034,126	\$ 10,311,068	\$ 48,859,310		
Exp Pop 7-HMP										
Pop Type:		Expansion								
Eligible Member										
Months	7,771,860	<i>Sum of Traditional MEGs</i>	7,932,405	8,097,890	8,269,822	8,446,110	8,626,863			
PMPM Cost	\$ 1.48	3.80%	\$ 1.54	\$ 1.60	\$ 1.66	\$ 1.72	\$ 1.79			
Total Expenditure	\$ 11,528,394		\$ 12,213,667	\$ 12,942,270	\$ 13,719,304	\$ 14,544,204	\$ 15,419,969	\$ 68,839,414		

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

Budget Neutrality Summary

Note: Savings Carryforward is in a separate tab

Without-Waiver Total Expenditures

	CY18	CY19	CY20	CY21	CY22	CY23	TOTAL
	DEMONSTRATION YEARS (DY)						
	DY 23	DY 24	DY 25	DY 26	DY 27	DY 28	
Medicaid Populations							
Medicaid Pop 1-TANF Urban	\$1,699,490,012	\$ 1,812,748,049	\$ 1,933,551,042	\$ 2,062,433,205	\$ 2,199,873,352	\$ 2,346,473,601	\$ 12,054,569,261
Medicaid Pop 2-TANF Rural	\$1,147,059,558	\$ 1,211,233,818	\$ 1,279,022,358	\$ 1,350,596,308	\$ 1,426,158,658	\$ 1,505,952,032	\$ 7,920,022,731
Medicaid Pop 3-ABD Urban	\$477,372,345	\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 535,542,882	\$ 551,160,422	\$ 3,081,358,569
Medicaid Pop 4-ABD Rural	\$7,897,327	\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 346,645,182	\$ 356,897,936	\$ 1,692,768,250
DSH Allotment Diverted		\$ -	\$ -	\$ -			\$ -
Other WOW Categories							
Category 1							\$ -
Category 2							\$ -
TOTAL	\$3,331,819,242	\$ 3,832,899,967	\$ 4,045,211,532	\$ 4,270,084,005	\$ 4,508,220,074	\$ 4,760,483,991	\$ 24,748,718,810

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)						TOTAL
	DY 23	DY 24	DY 25	DY 26	DY 27	DY 28	
Medicaid Populations							
Medicaid Pop 1-TANF Urban	\$944,412,257	\$ 1,006,926,542	\$ 1,073,713,815	\$ 1,145,275,552	\$ 1,221,606,793	\$ 1,303,025,420	\$ 6,694,960,379
Medicaid Pop 2-TANF Rural	\$657,643,918	\$ 694,147,766	\$ 732,769,917	\$ 773,773,817	\$ 817,072,188	\$ 862,793,423	\$ 4,538,201,029
Medicaid Pop 3-ABD Urban	\$429,626,184	\$ 442,155,115	\$ 455,049,419	\$ 468,319,752	\$ 481,977,080	\$ 496,032,689	\$ 2,773,160,239
Medicaid Pop 4-ABD Rural	\$310,646,343	\$ 319,834,268	\$ 329,293,942	\$ 339,033,403	\$ 349,060,926	\$ 359,385,031	\$ 2,007,253,912
Expansion Populations							
Exp Pop 1-NDWA-ESI	\$60,730,211	\$ 64,599,598	\$ 68,715,521	\$ 73,093,687	\$ 77,750,805	\$ 82,704,648	\$ 427,594,469
Exp Pop 2-TEFRA	\$6,321,479	\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 9,774,664	\$ 10,899,903	\$ 50,671,512
Exp Pop 3-College-ESI	\$357,202	\$ 378,839	\$ 401,786	\$ 426,123	\$ 451,935	\$ 479,309	\$ 2,495,195
Exp Pop 4-NDWA-IP	\$35,931,196	\$ 39,331,164	\$ 43,052,852	\$ 47,126,702	\$ 51,586,039	\$ 56,467,337	\$ 273,495,290
Exp Pop 5-College-IP	\$408,763	\$ 422,691	\$ 437,095	\$ 451,989	\$ 467,391	\$ 483,317	\$ 2,671,246
Exp Pop 6-HAN	\$8,998,770	\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 10,034,126	\$ 10,311,068	\$ 57,858,080
Exp Pop 7-HMP	\$11,528,394	\$ 12,213,667	\$ 12,942,270	\$ 13,719,304	\$ 14,544,204	\$ 15,419,969	\$ 80,367,808
Medical Education Program	\$46,207,095	\$ 69,310,642					
TOTAL	\$2,512,811,812	\$ 2,665,616,623	\$ 2,733,739,656	\$ 2,879,750,540	\$ 3,034,326,151	\$ 3,198,002,114	\$ 17,024,246,896
VARIANCE	\$819,007,429	\$ 1,167,283,344	\$ 1,311,471,875	\$ 1,390,333,465	\$ 1,473,893,924	\$ 1,562,481,877	\$ 7,724,471,914
Savings Carryforward	\$204,751,857.31	\$ 291,820,836.06	\$ 327,867,968.78	\$ 347,583,366.29	\$ 368,473,480.97	\$ 390,620,469.14	\$1,931,117,978.56

HYPOTHETICALS ANALYSIS							
Without-Waiver Total Expenditures	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03				
	Hypo 1	\$ -	\$ -	\$ -			
Hypo 2	\$ -	\$ -	\$ -				\$ -
TOTAL	\$ -	\$ -	\$ -				\$ -
With-Waiver Total Expenditures	DEMONSTRATION YEARS (DY)						TOTAL
	DY 01	DY 02	DY 03				
	Hypo 1	\$ -	\$ -	\$ -			
Hypo 2	\$ -	\$ -	\$ -				\$ -
TOTAL	\$ -	\$ -	\$ -				\$ -
HYPOTHETICALS VARIANCE	\$ -	\$ -	\$ -				\$ -

Prior Period Savings Carryforward	
CY 2013	\$411,141,706
CY 2014	\$629,923,609
CY 2015	\$807,662,207
CY 2016	\$973,362,470
CY 2017	\$1,027,928,066
Total Prior Period Savings Carryforward	\$3,850,018,059
Cumulative Total Savings Carryforward	\$5,781,136,037.64

Community Engagement Impact Estimate

The estimated impact of community engagement on program enrollment is based on early findings for the Arkansas model. The following data was reported by the Arkansas Department of Human Services in January, 2019:

Reporting Period	Total Cases	Closures Due to Not
Aug-18	60,012	4,353
Sep-18	73,266	4,109
Oct-18	69,041	3,815
Nov-18	64,743	4,655
Dec-18	60,680	1,232

Average Number of Cases	65,548
Total Closures	18,164
Closure Rate (Annual)	27.7%
Closure Rate (prorated for three	20.8%

Oklahoma applied the historical Arkansas closure rate of 27.7 percent, adjusted by .75 to reflect a partial year (April - December, 2019)

Oklahoma notes that the Arkansas closure rate is declining month-over-month and likely will continue to decline after its implementation period; Oklahoma therefore applied a lower closure rate of 15 percent for the subsequent year.

Oklahoma estimates that 15,000 members will be subject to community engagement requirements. (Information on calculation of this estimate is available upon request.)

The projected impact of community engagement requirements is provided in the table below.

	Without Waiver	Percent Distribution	Cases Subject to	Closure Rate	Enrollment Impact
DY 24 (CY 2019)					
TANF - Urban	4,406,291	60.3%	9,043	20.8%	1,879
TANF - Rural	2,902,758	39.7%	5,957	20.8%	1,238
Total	7,309,049	100.0%	15,000	20.8%	3,117
DY 25 (CY 2020)					
TANF - Urban	4,527,904	60.5%	9,079	15%	1,362
TANF - Rural	2,952,976	39.5%	5,921	15%	888
Total	7,480,880	100.0%	15,000	15%	2,250

Oklahoma adjusted the TANF-Urban and TANF-Rural enrollment projections in the "With Waiver" tab to reflect the enrollment impact provided in the table above.

Standard CMS Financial Management Questions

- i. 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, the Health Access Networks (HANs) receive and retain 100 percent of the payments.
- ii. 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 capitation payments to the HANs is funded through appropriations from the legislature to the Medicaid agency and Intergovernmental Transfers (IGTs) which come 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 appropriations from the legislature to the Medicaid agency and Intergovernmental Transfers (IGTs) which come from appropriations from the legislature.
 - 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.
Two HANs are affiliated with academic medical centers. Funds are appropriated to University of Oklahoma (OU) and Oklahoma State University (OSU) Medical Schools for Medical Education Program payments.
 - d. Please provide an estimate of total expenditure and state share amounts for each type of Medicaid payment.
The total expenditure for SFY2018 was \$9,873,775.00 with \$4,057,134.15 state share.

- 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 invoices and receives the transferred amounts after making the HAN 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.

- g. For any payment funded by CPEs or IGTs, please provide the following:

- i. A complete list of the names of entities transferring or certifying funds:

University of Oklahoma College of Medicine

Oklahoma State University College of Osteopathic Medicine

- ii. The operational nature of the entity (state, county, city, other):

Oklahoma Public Universities

- iii. The total amounts transferred or certified by each entity:

In SFY2018 the University of Oklahoma College of Medicine transferred \$2,725,098.83 and Oklahoma State University College of Osteopathic Medicine transferred \$71,823.59.

- 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 from the state legislature.

- vi. 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.

- vii. 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.

Accessibility Report

Filename:

HAN Waiver Amendment 6-3-19 cb.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
Title	Passed	Document title is showing in title bar
Bookmarks	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
Scripts	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 alternate text	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
Summary	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

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