



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

August 6, 2015

Vikki Wachino Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Acceptance of 1115 SoonerCare Demonstration waiver extension (Project Number 11-W-00048/6)

Dear Mrs. Wachino:

I am pleased to accept the award of approval for the 1115 SoonerCare Medicaid 1115(a) Demonstration waiver as outlined in your letter dated July 9, 2015. The letter authorizes SoonerCare to operate with no changes to the demonstration through December 31, 2016. The State of Oklahoma looks forward to continued work with CMS during this extension period toward a multi-year extension to this demonstration. This acceptance letter also incorporates acknowledgement of the corresponding waiver, expenditure authority and the Special Terms and Conditions for the period January 1, 2016 to December 31, 2016, contingent upon revisions to include the technical corrections contained in Attachment 1.

Thank you for your timely and thoughtful consideration of the SoonerCare renewal requests. We look forward to continuing to work with Shanna Janu, Project Officer, during the course of the demonstration. If you have any questions or need any additional information, please contact Tywanda Cox at (405) 522-7153 or by email at Tywanda.Cox@okhca.org.

Sincerely,


Joel Nico Gómez

1115 SoonerCare Choice Demonstration Waiver Technical Corrections 8/2015

Proposed changes to sections noted in the Special Terms and Conditions are noted in red. The explanations of the proposed changes are written in blue.

Special Terms and Conditions

1. Page 5 Historical Context of Demonstration Extensions and Amendments

- **first full paragraph**

In the first full paragraph, correction made to the word in this sentence.

...the STCs were ~~amendment~~ amended to reflect the extension of the Insure Oklahoma program...

2. Page 25 VII. SOONERCARE DELIVERY SYSTEMS (OTHER THAN INSURE OKLAHOMA)

- **STC 38 Care Coordination Payments**

The tier payment amount for Tier 2 and Tier 3 for children and adult are modified to reflect correct payments.

PMPM	Tier 1	Tier 2	Tier 3
Children	\$3.46	\$6.32 \$4.50	\$8.41 \$5.99
Children and Adults	\$4.19	\$5.46	\$7.26
Adults	\$4.85	\$4.50 \$6.32	\$5.99 \$8.41

- **STC 39**

STC is modified to reflect correct capitated programs and services.

39. Other Medical Services. All other SoonerCare benefits, with the exception of non - emergency transportation and PACE, which is paid through a capitated contract, are paid through the state's FFS system.

Additionally, add a space between STC39 & STC 40

3. Page 41 XIV. EVALUATION OF THE DEMONSTRATION

- **STC 75**

Per our conversation on July 30, 2015, all hypothesis updates and changes will be addressed in the evaluation design at the direction of CMS.

4. Page 43 & 44 XIV. EVALUATION OF THE DEMONSTRATION

- **STC 77**

STC is modified to remove the period after the word "algorithms", inside the parenthesis.

c) *Impact on Identifying Appropriate Target Population:* ...co-morbidity obtained through claims and algorithms:) as compared to baseline.

- **STC 78**

STC is modified to add lower case "i" to the word "initial".

d) *Impact on Health Outcomes:* ...in performance on the initial set of Health

Add a space between c) & d)

STC is modified to add a parenthesis in front of i.e. and behind exchange.

g) The accurate transfer rate, (i.e., the number of individuals transferred to Medicaid, CHIP or the Exchange), as applicable, who are determined eligible by the agency.

- **STC 80**

Delete the space between b) & c)

5. Page 46 ATTACHMENT A

- **Enrollment Information**

The attachment is modified to remove last two columns. This information was used during the time that OHCA had managed care organizations (MCO). In 2009 OHCA moved to a Primary Care Case Management (PCCM) model throughout the state which we continue to use to date. The information was historical and is no longer reported. We currently report member months for our demonstration populations.

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees (to date)	No. Voluntary Disenrolled in Current Quarter	No. Involuntary Disenrolled in Current Quarter
TANF-Urban			
TANF-Rural			