OKLAHOMA
Health Care Authority

SoonerCare 1115(a) Research and Demonstration Waiver

Amendment Request

Adding New Adults to Patient Centered Medical Home (PCMH) Model
&
Increasing Care Coordination Rates for Indian Health Service Facilities, Tribal Facilities and Urban Indian Clinics (ITUs)

Project Number: 11-W00048/6

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Section 1 Executive Summary

Demonstration Background

The Oklahoma Health Care Authority (OHCA) is the State's Single State Agency for Medicaid. The OHCA operates the SoonerCare Choice and Insure Oklahoma programs under Section 1115(a) demonstration authorities.

On August 31, 2018, the Centers for Medicare and Medicaid Services (CMS) approved the OHCA's request to extend Oklahoma's SoonerCare 1115(a) waiver. The State submitted a waiver request to update the Health Management Program's (HMP) description to match current practices on January 16, 2019. The State submitted a second waiver amendment on June 3, 2019 to update the standard terms and conditions related to the Health Access Networks (HAN) to remove outdated practices. The State received approval of both waiver requests on November 1, 2019. The current demonstration is approved for the period August 31, 2018 through December 31, 2023.

Coordinated Care Model

The SoonerCare Demonstration operates as a coordinated care model. The Demonstration provides coordinated care through patient centered medical homes (PCMH), Health Access Networks (HANs) and the SoonerCare Health Management Program (HMP).

- PCMH: The Demonstration operates statewide under an enhanced Primary Care Case Management (PCCM) model in which the OHCA contracts directly with primary care providers to serve as patient centered medical homes for SoonerCare Choice members. Monthly care coordination payments are made to the following providers for each member on their panels: PCMHs, facilities operated by Indian Health Service, tribal facilities, and Urban Indian Clinics (ITUs); and Insure Oklahoma Individual Plan providers.

- HAN: HANs are non-profit, administrative entities that work with affiliated providers to coordinate and improve the quality of care provided to SoonerCare Choice members. The HANs employ care managers to provide telephonic and in-person care management and care coordination to SoonerCare Choice members with complex health care needs who are enrolled with affiliated PCMH providers. The HANs also work to establish new initiatives to address complex medical, social and behavioral health issues. For example, the HANs have implemented evidence-based protocols for care management of ABD members with, or at risk for, complex/chronic health conditions, as well as TANF and related members with asthma and diabetes, among other conditions.

- HMP: The SoonerCare HMP is an initiative under the Demonstration developed to offer care management to SoonerCare Choice members most at-risk for chronic disease and other adverse health events. The program is administered by the OHCA and is managed by a vendor selected through a competitive procurement. The program is authorized to operate statewide. The SoonerCare HMP serves SoonerCare Choice beneficiaries ages four through 63 who are not enrolled with a HAN and have one or more chronic illnesses and are at high risk for adverse outcomes and increased health care expenditures. The program is holistic, rather than disease-specific, but prominent conditions of members in the program include asthma, cardiovascular disease, chronic obstructive pulmonary disorder, diabetes, heart failure and hypertension.

New Adult Group Expansion

Oklahoma's uninsured rate remains among the highest in the country. In 2018, the uninsured rate for adult Oklahomans was 16.31%, versus the national rate of 10.03%. Only Texas had a higher rate of uninsured (source: US Census Bureau).

On February 21, 2020, Oklahoma posted formal public notice for submission of three State Plan Amendments (SPAs) to CMS to expand SoonerCare to low-income adults up to 133% of the federal poverty limit, effective July 1, 2020 (Attachment 1). Notice included the OHCA's intent to modify the State Plan to:

- Add the New Adult Group ages 19 – 64 with incomes at or below 133% of FPL as per Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act and 42 CFR 435.119 and consistent with the expanded eligibility criteria as defined in the Affordable Care Act (referenced henceforth as 'Adult Group').

- Establish an Alternative Benefit Plan (ABP) for individuals in the Adult Group.

- Establish Oklahoma's eligibility procedures for identification of the Adult Group for the purpose of securing Federal Medical Assistance Percentage (FMAP) rate for the Adult Group.

The OHCA submitted the formal Title XIX State Plan Amendment request to CMS to add the adult eligibility group on March 6, 2020. The OHCA expects enrollment under the SPA expansion will begin July 1, 2020. The OHCA projects an average monthly enrollment of 121,203 from July 1 through December 31, 2020. The projected average monthly enrollment in the first full year of the amendment (CY2021) is 140,291 and enrollment is expected to reach 159,604 in CY2023.

Increase ITU PCMH Care Coordination Payments

Oklahoma seeks to increase ITU PCMH care coordination fees. The OHCA and ITU provider community collaborated in redesigning the ITU PCMH model, informed by the recently-approved Arizona Medicaid (Arizona Health Care Cost Containment System, or AHCCCS) American Indian Medical Home program.

Section 2 Demonstration Amendment Request and Goals

Oklahoma seeks to: 1) align demonstration populations with the State Plan to include the Adult Group; and 2) increase monthly care coordination payments to ITUs, effective July 1, 2020. This amendment will:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals who were previously under or uninsured.
- Encourage members to increase utilization of preventive, primary, urgent, and specialty care—accessing the appropriate type of care in the appropriate setting.
- Decrease reliance on emergency departments for services that would be better provided in lower levels of care settings.
- Through the use of HANs and HMP, the OHCA will help newly eligible members become more informed about their health condition and health care options, understand appropriate use of the ED, and learn best practices in self-management such that they are empowered to make better informed decisions about their care.
- Reduce the number or uninsured Oklahomans.

Amendment Description

The State requests the following amendments to the waiver's Special Terms and Conditions (STCs) with an effective date no later than July 1, 2020:

1) Add the Adult Group and enhance our Demonstration activities related to that group as follows:

A. ***Adult Expansion Group***. In alignment with the submitted State Plan Amendment, the OHCA seeks to add Demonstration Population #17 to include individuals who:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B

The OHCA will use its existing MAGI-based financial eligibility methodologies in calculating household income. The amount of the income standard for this group is 133% FPL.

As part of the SoonerCare Choice coordinated delivery system all new members will be requested to select a PCMH for primary care and will be eligible to receive HMP and HAN support based on their health status and coordinated care needs.

B. ***Application of current waivers to the Adult Group***. The OHCA seeks to extend currently approved waivers to the Adult Group as noted in the following sections.

C. ***Cost Sharing***. Adult Group members will be charged copays consistent with those allowable in the State Plan. All households will be responsible for paying copayments for their services up to the 5% out-of-pocket household maximum.

D. ***Covered Benefits***. The state proposes to use the Medicaid State Plan benefits within the Alternative Benefit Plan template (ABP 5). Additionally, the OHCA will provide a prescription drug benefit in accordance with section 1927 of the SSA.

2) Increase ITU PCMH care coordination payments to match the Arizona model for ITU medical homes throughout the approved demonstration period as follows:

Oklahoma SoonerCare Choice ITU Medical Home Capitation Rates			
Time Period	July 2020 - December 2021	Calendar Year 2022	Calendar Year 2023
Payment Amount Per Member per Month	$27.25	$28.50	$29.81

A. ***ITU Care Coordination Payments.*** OHCA seeks to modify STC 40 Care Coordination Payments, at c) Monthly Care Coordination payments to read: *In addition to the monthly care coordination payments described above, the State also makes monthly care management payments to PCPs and IHS, tribal or urban Indian clinics. Rates for ITU medical homes will be $27.25 per member per month through December 2021; $28.50 per member per month for calendar year 2022 and $29.81 per member per month for calendar year 2023. Insure Oklahoma Individual Plan PCPs receive $3 per member per month.*

B. ***No additional changes.*** Waivers, cost sharing and covered benefits will remain the same.

Impact

Oklahoma has a long history of working closely with CMS to develop innovative solutions to unique health challenges. This amendment furthers those efforts, requesting new flexibilities that will help improve our system of care and align incentives to promote efficient, coordinated, quality health care that drives better health outcomes for Oklahomans.

The expansion of eligibility will improve access to services for a previously uninsured and underinsured population. The expansion is expected to extend coverage to more than 120,000 low-income, uninsured Oklahomans in the first year. The traditional SoonerCare population — low-income parents, children, pregnant women, elderly adults and people eligible on the basis of disability — will not be directly affected.

The OHCA anticipates that the expansion initiative will increase enrollment within current, traditional Medicaid eligibility groups. The OHCA estimates that average monthly enrollment within existing eligibility groups will increase by 32,230 during the second half of Demonstration Year 25 (July 1, 2020 –

December 31, 2020). The OHCA anticipates average monthly enrollment for existing Medicaid eligibility groups to increase by 52,973 by Demonstration Year 28 (Calendar Year 2023).

The proposed increase for ITU PCMH payments will promote member access to care, promote care management, enhance quality of care and improve outcomes.

Requested Waivers

The OHCA seeks to extend currently approved waivers to the Adult Group including:

> *Comparability Section 1902(a)(10)(B) and 1902(a)(17)*. To permit the state to offer a different benefit package to individuals in the proposed Demonstration Population #17.
>
> *Freedom of Choice Section 1902(a)(23)(A)*: To permit the state to restrict Adult Group beneficiaries' freedom of choice of care management providers and to use selective contracting that limits freedom of choice of certain provider groups to the extent that the selective contracting is consistent with beneficiary access to quality services. No waiver of freedom of choice is authorized for family planning providers.
>
> *Retroactive Eligibility Section 1902(a)(34)*: To enable the state to waive retroactive eligibility for Adult Group beneficiaries.

Requested Expenditure Authority

The State is seeking expenditure authority for the following items as they relate to the provision of services through the Patient Centered Medical Home to the new adult group as per 42 CFR 435.119 (population #17): care coordination payments, HAN, HMP, and SoonerExcel payments.

Reporting, Quality and Evaluation

The OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs and will collaborate with CMS to modify monitoring and evaluation activities for the proposed eligibility expansion.

Oversight and Monitoring

The OHCA will develop oversight and management reports to monitor access, quality and costs. Analysis of data will allow the OHCA to report key challenges, underlying causes of those challenges, and develop immediate strategies for addressing identified challenges.

Semi-Annual and Annual Progress Reports

The OHCA will continue to prepare and submit semi-annual and annual progress reports, modified to address implementation activities and incorporate summary data regarding the expansion.

Demonstration Evaluation

The Adult Group will be enrolled into the existing care coordination model for SoonerCare, which includes PCMH providers, Health Access Networks and the SoonerCare Health Management Program.

The approved evaluation design includes hypotheses related to improved access to care, health quality/outcomes, satisfaction, emergency room utilization and cost-effectiveness for beneficiaries receiving services through the HANs or HMP. The OHCA's independent evaluator will include the Adult Group as a distinct segment within this portion of the evaluation and will stratify all data to produce findings specific to this population.

The approved evaluation design also includes hypotheses related to waiving of retroactive eligibility for a portion of the existing SoonerCare population. The OHCA's independent evaluator again will include the Adult Group as a distinct segment within this portion of the evaluation and will stratify all data to produce findings specific to this population.

Section 3 Budget Neutrality

New Adult Group

The Adult Group represents an expansion of eligibility and the State therefore does not have historical expenditure and enrollment data.

Enrollment projections are based on the estimated number of uninsured Oklahomans ages 19 to 64 with household incomes under 133% of the FPL (+ 5% income disregard). The enrollment estimates also include individuals who elect to transition from Insure Oklahoma and the Marketplace to the Adult Group.

The tables below present the estimated enrollment and expenditures with and without the demonstration. The "with waiver" projections reflect a 5% reduction in the costs per member per month (PMPM) resulting from the demonstration's coordinated delivery model. The PMPM estimates includes costs associated with pent up demand that will be addressed over the course of the demonstration.

Projected Enrollment and Expenditures: Without Waiver

	Demonstration Year/Calendar Year			
	DY25/CY20 (Second Half)	**DY26/CY21**	**DY27/CY22**	**DY28/CY23**
Average Enrollment	121,203	140,291	159,492	159,604
Member Months	727,219	1,683,494	1,913,900	1,915,252
Per Member Per Month (PMPM)	$ 650.00	$ 613.98	$ 572.49	$ 565.00
Total Expenditures	$ 472,692,636	$ 1,033,631,730	$ 1,095,697,739	$ 1,082,117,290

Projected Enrollment and Expenditures: With Waiver

	Demonstration Year/Calendar Year			
	DY25/CY20 (Second Half)	**DY26/CY21**	**DY27/CY22**	**DY28/CY23**
Average Enrollment	121,203	140,291	159,492	159,604
Member Months	727,219	1,683,494	1,913,900	1,915,252
Per Member Per Month (PMPM)	$ 617.50	$ 583.28	$ 543.87	$ 536.75
Total Expenditures	$ 449,058,004	$ 981,950,144	$ 1,040,912,852	$ 1,028,011,425
Surplus (Deficit)	***$ 23,634,632***	***$ 51,681,587***	***$ 54,784,887***	***$ 54,105,864***

ITU PCMH Payments

The OHCA proposes to increase funding by $8.2 million in Calendar Year 2020 (July 1, 2020 – December 31, 2020) and $16.4 million in Calendar Year 2021. Thereafter, the OHCA projects an increase of 4.6% annually.

Section 4 Required Elements of Amendment Process

The OHCA began its public notice process April 1, 2020 and concluded online comments May 1, 2020. The public notice was posted on the OHCA's website on March 31, 2020. A copy of the public notice and instructions about the public comment process is available at www.okhca.org/PolicyBlog. The agency also provided notice of a tribal meeting on March 19, 2020, notifying the tribes of the consultation which took place on April 1, 2020.

Additionally, the agency conducted a public hearing to garner public and stakeholder input. Due to the recent public health emergency, COVID-19, the agency conducted the required public hearing virtually, as noted below.

> 1115 Waiver Amendment - Adding New Adults into PCMH and Increasing I/T/U Care Coordination Rates
> Virtual Public Hearing
> April 7, 2020 at 2:00pm
> Register for Zoom meeting:
> https://okhca.zoom.us/webinar/register/WN_eVbm3RGkSpePlAk4oK0BpA

Summary of Tribal Consultation

Due to continued social distancing as result of COVID-19, tribal consultation was held April 1, 2020 by the Oklahoma Health Care Authority (OHCA) via Zoom teleconference. Twelve tribal representatives and 18 OHCA staff were on the call. There was one comment received during the teleconferenced consultation in reference to the PCMH waiver amendment. OHCA alerted tribal partners that this change would have a direct impact on I/T/Us and AI/AN members.

Summary of Public Comment

The waiver amendment was posted for public comment on the State's public policy change blog website, www.okhca.org/PolicyBlog, from April 1, 2020 through May 1, 2020; four written comments were received during the 30-day public comment period. The commenters requested that the retroactive coverage wavier as well as cost-sharing provisions be removed from the proposed amendment.

Further, the amendment was presented at a virtual public hearing on April 7, 2020 where one commenter asked the effective date of the waiver and provided input regarding the waiver of retro-active eligibility.

Amendment Changes Made as a Result of Tribal and Public Comment

No changes were made to the amendment as a result of the public comments received.

Section 5 CHIP Allotment Neutrality Worksheet

Not Applicable: The proposed amendment does not impact Oklahoma's CHIP Allotment Neutrality.

Section 6 Non-Federal Share

The OHCA will utilize multiple sources of non-federal share to fund the Adult Group expansion. These include direct appropriations from the General Revenue Fund of the State Treasury, which totaled $818,977,368.00 in SFY 2020; the Special Cash Fund, which totaled $50,000,000.00 in SFY 2020; and the Health Care Enhancement Fund, which totaled $131,062,000.00 in SFY 2020.

The OHCA receives and may expend all or a portion of the 22.06% placed to the credit of the Health Employee and Economy Improvement Act Revolving Fund from the sale, use, gift, possession, or consumption of cigarettes, as defined in Sections 301 through 325 of Title 68 of the Oklahoma Statutes.

A health care-related tax, called the supplemental hospital offset payment program (SHOPP) fee, is assessed to Oklahoma hospitals and a portion of that assessment may be used to fund the non-federal share. The assessment rate is currently capped at 4% in state statute. Funds are received in the first month of each quarter to be expended on the OHCA Medicaid program.

State appropriated funds are provided from the legislature and transferred to the OHCA by inter-governmental transfer (IGT) from The University Hospital Authority /Trust (UHA /UHT), the State Regents for Higher Education, the OSU Medical Authority (OSUMA), the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS) and the Oklahoma Department of Corrections (ODOC). The transferred funds are deposited into the OHCA Medicaid Program Revolving Fund.

All funds described above will be used to fund the non-federal share of costs related to the Demonstration. The OHCA will be able to respond with certainty on the dedicated funding sources by the end of the current legislative session in May 2020.

ITU PCMH payments are fully funded by the federal government and therefore do not have a non-federal share.

Attachments

1. Conforming State Plan Amendment for Adult Group
2. Tribal Consultation Documentation
    - 2020-02 I/T/U Notice with the April 1, 2020 Tribal Consultation Agenda
    - List of April 1, 2020 Tribal Consultation Attendees
3. Public Notice & Meeting Documentation
    - Public notice
    - Native American and Policy Blog posting
    - Web alerts sent from Native American and Policy Blog
    - Virtual Public Hearing Agenda
    - List of Virtual Public Hearing Attendees
4. Standard Financial Management Questions
5. Summary of New Adult Enrollment Projections for the SoonerCare PCMH Amendment and Healthy Adult Opportunity (HAO) Proposal

1. Conforming State Plan Amendment for Adult Group

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0004D

Package Header

Package ID OK2020MS0004D
SPA ID N/A
Submission Type Draft
Initial Submission Date 2/14/2020
Approval Date N/A
Effective Date N/A
Superseded SPA ID OK-13-0017
System-Derived
Reviewable Unit Instructions

B. The state elects the Adult Group, described at 42 CFR 435.119.

(•) Yes ( ) No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		☑	☑	◯	NEW

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

1. Conforming State Plan Amendment for Adult Group *(continued)*

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0005O | OK-20-0024

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Package Header

Package ID OK2020MS0005O

SPA ID OK-20-0024

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date 7/1/2020

Superseded SPA ID OK-13-0017

User-Entered

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies,
completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits
under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

◉ 1. Under age 19, or

○ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

1. Conforming State Plan Amendment for Adult Group *(continued)*

MEDICAID | Medicaid State Plan | Eligibility | OK2020MS0005O | OK-20-0024

Package Header

Package ID OK2020MS0005O

SPA ID OK-20-0024

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

A. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2020-02

March 18, 2020

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

Dear Tribal representative:

The purpose of this letter is to notify you of proposed changes that will be reviewed at the tribal consultation meeting on April 1, 2020 at 11 a.m. in the Oklahoma Health Care Authority's Charles Ed McFall Boardroom located at 4345 N Lincoln, Oklahoma City, OK, 73105. 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 to keep you informed of all proposed changes.

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

Please note these are only proposed changes and have not yet taken effect. Before implementation, proposed changes must obtain budget authorization and approval by the OHCA board, and when applicable, federal and governor approval.

Additionally, OHCA posts all proposed changes on the agency's Policy Change Blog and the Native American Consultation Page. These public website pages are designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure 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.

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 or the Native American Consultation Page.

Sincerely,

Dana Miller
Director, Tribal Government Relations

OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

Tribal Consultation Meeting Agenda
11 AM, April 1st
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— Dana Miller, Director of Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

- Insure Oklahoma (IO) Termination
- SoonerPlan Termination
- Removal of Hospital Presumptive Eligibility (HPE) for the Adult Expansion Population
- Supplemental Hospital Offset Payment Program
- Adding the Newly Eligible Adult Group to the Existing 1115 Waiver
- Increase Care Coordination Rate for PCMH American Indian/Alaskan Native (AI/AN) Providers
- Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act
- Institutes for Mental Disease (IMD) Waiver
- Pharmacists Medication Therapy Services
- Executive Order 2020-03

3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
    - PMPM Case Management- Amy Bradt, Director of Provider Enrollment
4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, May 5th , 2020

Proposed Rule, State Plan, and Waiver Amendments

Insure Oklahoma (IO) Termination — Revisions to several authorities, including but not limited to, the 1115(A) waiver, Title XXI state plan, and OHCA policy are necessary for the phase-out of the Insure Oklahoma program. IO enrollees will transition to the adult Medicaid expansion population or be encouraged to purchase health insurance on the federal marketplace.

SoonerPlan Termination — SoonerPlan is being terminated as adults currently being served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services.

Removal of Hospital Presumptive Eligibility (HPE) for the Adult Expansion Population— HPE was erroneously chosen for adult expansion populations during changes in 2013 to comport with the Affordable Care Act (ACA), when the State did not seek authority to expand Medicaid. Changes to the State Plan are needed to correct the error. This item requests an expedited 30-day tribal consultation comment period.

Supplemental Hospital Offset Payment Program - OHCA is seeking to amend the Supplemental Hospital Offset Payment Program (SHOPP) assessment policy. According to current policy, the base year Medicare cost report, used to calculate the hospital assessment, is required to be updated every two years based on the hospital's fiscal year that ended two years prior. The proposed policy change will update the base year Medicare cost report, used to calculate the hospital assessment, to be every year based on the hospital's fiscal year that ended two yearsprior. This item requests an expedited 30-day tribal consultation comment period.

Adding the Newly Eligible Adult Group to the Existing 1115 Waiver – The OHCA is seeking to add newly eligible adults as a covered group under the existing 1115 waiver in order to allow services to be provided by the PCMH service delivery model. Additionally, adding the newly eligible adult population to the existing 1115 waiver will waive retroactive eligibility for this population. This item requests an expedited 30-day tribal consultation comment period.

Increase Care Coordination Rate for PCMH American Indian/Alaskan Native (AI/AN) Providers – The OHCA is seeking to increase the care coordination rate for AI/AN Patient Centered Medical Home (PCMH) providers. The care coordination rate will be increased to $27.25 per member per month with successive annual increases throughout the waiver approval period. This item requests an expedited 30-day tribal consultation comment period.

Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act— The proposed revisions will update policy to demonstrate compliance with the requirement of Section 5022 of the SUPPORT Act in areas related to coverage of developmental and behavioral health related screenings and applicable preventive services.

Institutes for Mental Disease (IMD) Waiver- The OHCA and Department of Mental Health and Substance Abuse Services (ODMHSAS) are proposing to submit a serious mental illness (SMI)/substance use disorder (SUD) section 1115 waiver to waive the exclusion of Medicaid reimbursement for services provided to individuals within IMD. This waiver will allow federal financial participation (FFP) for Medicaid-eligible adults, ages 21-64, to receive acute inpatient psychiatric care or residential substance abuse treatment in facilities with 16 beds or more (IMDs). These services are not intended to decrease or replace services in less restrictive settings but rather to support the continuum of care.

Pharmacists Medication Therapy Services – The OHCA is seeking federal and state authority to allow contracted, qualified, and trained pharmacists to provide medication therapy services. Medication therapy services optimize therapeutic outcomes for members and reduce incidence of morbidity associated with chronic conditions or inappropriate use of medications.

Executive Order 2020-03 - The OHCA will revoke sections that are duplicative, no longer applicable, or can be combined into other sections of Agency policy. Revocation of aforementioned policies are an effort to be in compliance with Executive Order 2020-03, also known as the “1-in-2-out" requirement. None of the sections being revoked will have any impact to members, providers, or the SoonerCare program.

3. Public Notice & Meeting Documentation

PUBLIC NOTICE

Pursuant to Section 431.408 and 447.205 of Title 42 of the Code of Federal Regulations, the Oklahoma Health Care Authority (OHCA) is required to provide public notice of its intent to submit an amendment to the 1115(a) demonstration waiver to the Centers for Medicare & Medicaid Services (CMS). The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

Adding the newly eligible adult group to PCMH and increasing care coordination rates for PCMH American Indian/Alaskan Native providers: July 1, 2020, contingent upon CMS approval

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

The STCs will be amended to align the 1115(a) demonstration populations with the State Plan to include the adult group to:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals who were previously under or uninsured.
- Encourage members to increase utilization of preventive, primary, urgent, and specialty care — accessing the appropriate type of care in the appropriate setting.
- Decrease reliance on emergency departments for services that would be better provided in lower levels of care settings.
- Through the use of HANs and HMP, the OHCA will help newly eligible members become more informed about their health condition and health care options, understand appropriate use of the ED, and learn best practices in self-management such that they are empowered to make better informed decisions about their care.
- Reduce the number of uninsured Oklahomans.

An additional amendment will be made to STC 40 to increase monthly patient-centered medical home (PCMH) care coordination payments to facilities operated by Indian Health Service, tribal facilities, and Urban Indian Clinics (ITUs) to $27.25 per member per month through December 2021, $28.50 per member per month for calendar year 2022, and $29.81 per member per month for calendar year 2023.

The OHCA anticipates the addition of a new Medicaid Eligibility Group (MEG) for the adult group expansion within the existing budget neutrality model. The proposed increase for I/T/U care coordination payments is estimated to equal $16.4 million annually, which is 100% federally funded.

OHCA will be holding a public hearing on this proposal as follows:

VIRTUAL MEETING
April 7, 2020 at 2 p.m.
Register for Zoom Meeting: https://okhca.zoom.us/webinar/register/WN_eVbm3RGkSpePlAk4oK0BpA

Interested persons may visit the OHCA website at www.okhca.org/PolicyBlog to view a copy of the proposed waiver, public notice, location and time of the public hearing, a link to provide public comments on the proposal, and supplemental information. Due to the current public health emergency and the associated social distancing guidelines, persons wishing to present their views in writing or obtain copies of the proposed waiver may do so via mail by writing to: Oklahoma Health Care Authority, Federal Authorities Unit, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105, or by email at federal.authorities@okhca.org. Written comments or requests for copies of the proposed waiver will be accepted by contacting OHCA as indicated. Comments submitted will be available for review online on the OHCA website at www.okhca.org/PolicyBlog. Comments will be accepted beginning April 1, 2020, through May 1, 2020.

Providers

- Types
- Claim Tools
- Forms
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Adding the newly eligible adult group to PCMH and increasing care coordination rates for PCMH American Indian/Alaskan Native providers: July 1, 2020, contingent upon CMS approval

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

The STCs will be amended to align the 1115(a) demonstration populations with the State Plan to include the adult group to:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals who were previously under or uninsured.
- Encourage members to increase utilization of preventive, primary, urgent, and specialty care — accessing the appropriate type of care in the appropriate setting.
- Decrease reliance on emergency departments for services that would be better provided in lower levels of care settings.
- Through the use of HANs and HMP, the OHCA will help newly eligible members become more informed about their health condition and health care options, understand appropriate use of the ED, and learn best practices in self-management such that they are empowered to make better informed decisions about their care.
- Reduce the number of uninsured Oklahomans.

An additional amendment will be made to STC 40 to increase monthly patient-centered medical home (PCMH) care coordination payments to facilities operated by Indian Health Service, tribal facilities, and Urban Indian Clinics (ITUs) to $27.25 per member per month through December 2021, $28.50 per member per month for calendar year 2022, and $29.81 per member per month for calendar year 2023.

The OHCA anticipates the addition of a new Medicaid Eligibility Group (MEG) for the adult group expansion within the existing budget neutrality model. The proposed increase for I/T/U care coordination payments is estimated to equal $16.4 million annually, which is 100% federally funded.

OHCA will be holding a public hearing on this proposal as follows:

VIRTUAL MEETING
April 7, 2020 at 2 p.m.
Register for Zoom Meeting: https://okhca.zoom.us/webinar/register/WN_eVbm3RGkSpePlAk4oK0BpA

The OHCA welcomes comments from the public regarding the amendment to the SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver program. Please view the waiver amendment in its entirety here: Patient-Centered Medical Home Amendment. The public notice for the waiver amendment can be viewed on the Agency's Policy Change and Native American Consultation webpages. The amendment will be available for a 30-day public comment period from April 1, 2020 through May 1, 2020. On or after May 16, 2020, comments may also be made at https://www.medicaid.gov after the amendment has been submitted to CMS.

Comments

Order: (•) Date submitted ( ) Newest first

Name (optional)

Email (optional)

Comment

Type the code from the image

Post Comment

Please note that all comments must be reviewed and approved prior to posting. Approved comments will be posted Monday through Friday between the hours of 7:30 a.m. – 4 p.m. Any comments received after 4 p.m. will be posted on the following business day.

From: OHCAWebAlerts@okhca.org

To: Kasie McCarty

Subject: This is a Web Alert From Proposed Rule Changes

Date: Wednesday, April 1, 2020 8:12:45 AM

The "Proposed Policy Changes" page has been changed.

We sent you this e-mail because you subscribed to be notified when a change has been made to this section.

Please visit the website to review and/or comment on the waiver amendment listed below:

> 1115 Waiver Amendment: Adding the Newly Eligible Adult Group to Patient Centered Medical Homes (PCMH) and Increasing Care Coordination Rate for PCMH American Indian/Alaskan Native Providers

Read More: https://www.okhca.org/PolicyBlog.aspx

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alerts e-mail system.

From: OHCAWebAlerts@okhca.org

To: Kasie McCarty

Subject: This is a Web Alert from the Native American Consultation Page

Date: Wednesday, April 1, 2020 8:13:54 AM

The "Native American Consultation Page" page has been changed.

We sent you this e-mail because you subscribed to be notified when a change has been made to this section.

Please visit the website to review and/or comment on the waiver amendment listed below:

1115 Waiver Amendment: Adding the Newly Eligible Adult Group to Patient Centered Medical Homes (PCMH) and Increasing Care Coordination Rate for PCMH American Indian/Alaskan Native Providers

Read More: https://www.okhca.org/ProposedChanges.aspx

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Virtual Public Hearing

Agenda

Tuesday April 7, 2020

2:00 p.m.

1. **Welcome**
2. **Presentation of Proposed Waiver Amendments Sandra Manzo de Puebla, Sr. Director**

   Adding the Newly Eligible Adult Group to PCMH
   OHCA is seeking to add newly eligible adults as a covered group under the existing 1115 waiver in order to allow services to be provided by the Patient Centered Medical Home service delivery model beginning July 1, 2020, contingent upon CMS approval. The modifications requested to the Special Terms and Conditions will be in effect through the end of the waiver demonstration on Dec. 31, 2023.

   Increasing Care Coordination Rates for PCMH American Indian/Alaskan Native Provider Also beginning July 1, 2020, contingent upon CMS approval, OHCA is seeking to increase care coordination payments to facilities operated by Indian Health Service, tribal programs and Urban Indian Clinics to $27.25 per member per month through December 2021; $28.50 per member per month for calendar year 2022 and $29.81 per member per month for calendar year 2023.
3. **Public Comment and Q&A**
4. **Adjourn**

4. Standard Financial Management Questions

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 vendor receives and retains 100 percent of the Person Centered Medical Home (PCMH) payments and the ITU care coordination 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 PCMH payments to the providers is funded through appropriations from the legislature to the Medicaid agency.

   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.

   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.
   Not applicable.

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

The OHCA anticipates the addition of a new Medicaid Eligibility Group (MEG) for the adult group expansion within the existing budget neutrality model. The proposed increase for I/T/U care coordination payments is estimated to equal $16.4 million annually, which is 100% federally funded.

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.
Not applicable

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:
Not applicable.

ii. The operational nature of the entity (state, county, city, other):
Not applicable.

iii. The total amounts transferred or certified by each entity:
Not applicable.

iv. Clarify whether the certifying or transferring entity has general taxing authority:
Not applicable.

v. Whether the certifying or transferring entity receives appropriations (identify level of appropriations):
Not applicable.

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.

viii. 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.

5. Summary of New Adult Enrollment Projections for the SoonerCare PCMH Amendment and Healthy Adult Opportunity (HAO) Proposal

Enrollment projections for both the PCMH Amendment and HAO Proposal were derived from the same "Average Quarterly Enrollment" projections. The "Without Waiver" and "With Waiver" enrollment projections for the PCMH Amendment are identical. The "Without Waiver" and "With Waiver" enrollment projections for the HAO Amendment are different due to the impact of the HAO's proposed policy initiatives that require Members to participate in Community Engagement and pay monthly premiums.

The table below presents the average quarterly enrollment estimates as well as the average annual enrollment for each of the two proposals, by Demonstration Year. As depicted in the table, the slight variances in projected enrollment are due to the differences in reporting periods (SoonerCare Demonstration Years align with Calendar Years and HAO Demonstration Years align with State Fiscal Years).

Quarter	Average Quarterly Enrollment	SoonerCare PCMH Amendment (Without and With waiver)			HAO Proposal (Without Waiver)		
		Calendar Year	Demonstration Year	Average Enrollment	State Fiscal Year	Demonstration Year	Average Enrollment
July-Sept '20	118,703	2020	DY25 (Second Half)	121,203			
Oct-Dec '20	123,703						
Jan-Mar '21	133,703	2021	DY26	140,291			
Apr-June '21	138,703						
July-Sept '21	141,879				2022	DY1	151,879
Oct-Dec '21	146,879						
Jan-Mar '22	156,879	2022	DY27	159,492			
Apr-June '22	161,879						
July-Sept '22	159,604				2023	DY2	159,604
Oct-Dec '22	159,604						
Jan-Mar '23	159,604	2023	DY28	159,604			
Apr-June '23	159,604						
July-Sept '23	159,604				2024	DY3	159,604
Oct-Dec '23	159,604						
Jan-Mar '24	159,604						
Apr-June '24	159,604						
July-Sept '24	159,604				2025	DY4	159,604
Oct-Dec '24	159,604						
Jan-Mar '25	159,604						
Apr-June '25	159,604						
July-Sept '25	159,604				2026	DY5	159,604
Oct-Dec '25	159,604						
Jan-Mar '26	159,604						
Apr-June '26	159,604						