OKLAHOMA
Health Care Authority

SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request

Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver of Retroactive Eligibility for the Expansion Adult Group and Implementation of SoonerSelect

Project Number: 11-W00048/6

Submission date: February 19, 2021

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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 SoonerCare Demonstration has operated under Section 1115 waiver authority since 1996.

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on June 3, 2019 to update the standard terms and conditions related to the Health Access Networks (HAN) to remove outdated practices.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 from November 1, 2019 through December 31, 2023.

Summary of Amendment Request

The OHCA seeks modifications to the SoonerCare 1115 Demonstration's Special Terms and Conditions to authorize the following program changes:

- Enroll the Expansion Adult Group under the Demonstration
- Enroll the Former Foster Care Group under the Demonstration
- Enroll qualified individuals on a mandatory basis in SoonerSelect (the State's comprehensive managed care model).

The OHCA seeks an amendment with effective dates of July 1, 2021 through the end of the Demonstration on December 31, 2023.

Inclusion of the Expansion Adult Group under the SoonerCare Demonstration

Oklahoma's uninsured rate remains among the highest in the country. In 2019, the uninsured rate for adult Oklahomans was 14.3%, versus the national rate of 9.2%. Only Texas had a higher rate of uninsured (source: US Census Bureau).

On June 30, 2020, the Oklahoma Medicaid Expansion Initiative, State Question 802, was passed by a majority of Oklahoma voters to expand Medicaid eligibility to adults ages 19-64 whose income is at or below 138% of the Federal Poverty Level (FPL). Medicaid expansion will go into effect on July 1, 2021.

On July 31, 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, plus any applicable income disregards, effective July 1, 2021.

The OHCA seeks to add the Expansion Adult Group under the Demonstration to authorize the following:

- *Waiver of Retroactive Eligibility* - The current SoonerCare Demonstration waives retroactive eligibility for most enrolled adults, with the exception of pregnant women and individuals enrolled in the Aged, Blind and Disabled (ABD) eligibility group. The OHCA seeks authority to waive retroactive eligibility for the Expansion Adult Group, effective July 1, 2021.
- *Enroll Expansion Adults in SoonerSelect* – Oklahoma intends to enroll the Adult Expansion Group in SoonerSelect on a mandatory basis, with a targeted effective enrollment date of October 1, 2021.

Inclusion of the Former Foster Care Eligibility Group under the Demonstration

The Former Foster Care Group includes individuals Ages 19 to 26 who were enrolled in Medicaid prior to aging out of foster care. There is no income or asset test for this group. Estimated average monthly enrollment for the Former Foster Care Group in Calendar Year 2021 is equal to 542.

The State seeks authority to include the Former Foster Care Group under the Demonstration and enroll the group in SoonerSelect, with a targeted effective enrollment date of October 1, 2021. Individuals in this group will have the option of enrolling with the SoonerSelect Specialty Children's Plan or a SoonerSelect Plan.

SoonerSelect Managed Care Model

The OHCA has made great strides in improving care coordination among SoonerCare Eligibles, especially those with chronic conditions through the work of its Chronic Care Unit and Health Management Program (HMP). However, Oklahoma continues to rank near the bottom on many indicators of health outcomes.

The OHCA seeks to further advance the goals of the Demonstration through implementation of SoonerSelect, a comprehensive Medicaid managed care model. The OHCA intends to contract with managed care organizations (MCOs) and prepaid ambulatory health plans (PAHPs), via a competitive procurement process, with demonstrated success in increasing access to quality care and improving health outcomes through care coordination, prioritization of preventive care and encouraging SoonerCare participants to seek care from the appropriate healthcare provider type.

The OHCA seeks approval to modify the 1115 Demonstration's Special Terms and Conditions (STCs) for the current extension period that will be in effect through the end of the Demonstration (December 31, 2023). The OHCA intends to enroll qualified members into the following statewide, coordinated care models, with an effective enrollment date of October 1, 2021:

- SoonerSelect Plan;
- SoonerSelect Dental Program;
- SoonerSelect Specialty Children's Plan.

All participating MCOs and PAHPs must demonstrate compliance with federal Medicaid managed care regulations found at 42 CFR § 438. The OHCA will assure compliance with federal and state statutes, regulations, and policies through plan readiness reviews, ongoing monitoring, and External Quality Review (EQR) activities.

The table on the following page summarizes the three coordinated care models.

Summary of SoonerSelect Coordinated Care Models

Model	SoonerCare Populations Served	Benefits	Contracted Entities
SoonerSelect Plan	Children, Deemed Newborns, Pregnant Women, Parent and Caretaker Relatives, and Expansion Adults	Physical health, behavioral health, and pharmacy benefits	MCOs
SoonerSelect Specialty Children's Plan	Former Foster Care Children, Juvenile Justice Involved Youth, Children in Foster Care and Children Receiving Adoption Assistance, and Children receiving prevention services from the Oklahoma Human Services Child Welfare Division	Physical health, behavioral health, and pharmacy benefits	Single MCO
SoonerSelect Dental Plan	Populations listed above	Dental benefits	PAHPs

Additional information regarding the SoonerSelect program is detailed in the two Requests for Proposals issued by the OHCA. The RFPs and related information about the procurement is available for review at: https://okhca.org/about.aspx?id=74.

Section 2 Demonstration Amendment Goals and Description

Demonstration Amendment Goals

The OHCA seeks federal authority to enroll Expansion Adults in the Demonstration and implement a comprehensive Medicaid managed care approach. The proposed amendment will support the following goals:

- Reduce the number of uninsured Oklahomans;
- Improve health outcomes for Oklahomans;
- Transform payment and delivery system reform statewide by moving toward value-based payment and away from payment based on volume;
- Improve SoonerCare Eligibles' access to and satisfaction with necessary services;
- Contain costs through improved service coordination; and
- Increase cost predictability to the State.

Amendment Description

The OHCA seeks Demonstration authority to implement the following program changes:

- Enroll the Expansion Adult population under the Demonstration to waive retroactive eligibility and permit enrollment of the Expansion Adult Group in SoonerSelect
- Enroll the Former Foster Care Eligibility Group under the Demonstration to permit enrollment of the Former Foster Care Eligibility Group in SoonerSelect
- Enroll qualified Demonstration participants in SoonerSelect

These initiatives are described below.

Summary of Eligibility Expansion

On June 30, 2020, the Oklahoma Medicaid Expansion Initiative, State Question 802, passed by a majority vote to expand Medicaid eligibility to adults ages 19-64 whose income is at or below 138% FPL. In accordance with the ballot initiative, the effective date for the expansion is July 1, 2021.

On July 31, 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, plus any applicable income disregards. The public 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.
- Establish an Alternative Benefit Plan (ABP) for individuals in the Expansion Adult Group.
- Establish Oklahoma's eligibility procedures for identification of the Expansion Adult Group for the purpose of securing Federal Medical Assistance Percentage (FMAP) rate for the Expansion Adult Group.

In alignment with the SPA, the Expansion Adult Group will include individuals who:

- Have attained age 19 but not age 65;
- Are not pregnant;
- Are not entitled to or enrolled for Part A or B Medicare benefits; and
- 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, plus any applicable income disregards. The OHCA estimates an average monthly enrollment of 175,623 for the Expansion Adult Group in State Fiscal Year 2022 (July 1, 2021 - June 30, 2022).

Transition: Insure Oklahoma to Expansion Adult Group

The current SoonerCare Demonstration provides authority for the State to operate Insure Oklahoma, which includes two distinct programs:

- Insure Oklahoma Individual Plan (IO IP) - Offers limited coverage for uninsured Oklahomans, Ages 19 to 64 with incomes up to 100% of the Federal Poverty Level (FPL). IO IP is administered by the OHCA and program participants access care through the IO-participating providers. Individuals pay a monthly premium based on income.
- Insure Oklahoma Employer-Sponsored Insurance (IO ESI) – Offers subsidies for coverage provided through qualifying employers on behalf of individuals and their families with incomes up to 200% of the FPL.

On July 31, 2020, the OHCA issued public notice regarding the State's Insure Oklahoma Phase-Out Plan and demonstration amendment request. The Phase-Out Plan describes the process by which individuals currently enrolled in Insure Oklahoma will be transitioned to the Expansion Adult Group. The amendment seeks approval of the following modifications to the SoonerCare Demonstration's STCs, effective July 1, 2021:

- Phase out the IO IP program; and
- Establish a new income band for the IO ESI program at 134% - 200% of the FPL, plus any applicable income disregards.

Changes to the Insure Oklahoma program coincide with the State's requested effective date for the Adult Expansion.

Proposed changes to Insure Oklahoma are further detailed in the Insure Oklahoma Phase-Out Plan as required by the SoonerCare Demonstration's STCs. The proposed modifications will ensure continuity of care by making the transition of eligible Insure Oklahoma members to the Expansion Adult Group as seamless and effortless as possible. The reforms also will improve access to high-quality, person-centered services that produce positive health outcomes for individuals who were previously under or uninsured.

Transition: SoonerPlan Members to Adult Expansion Group

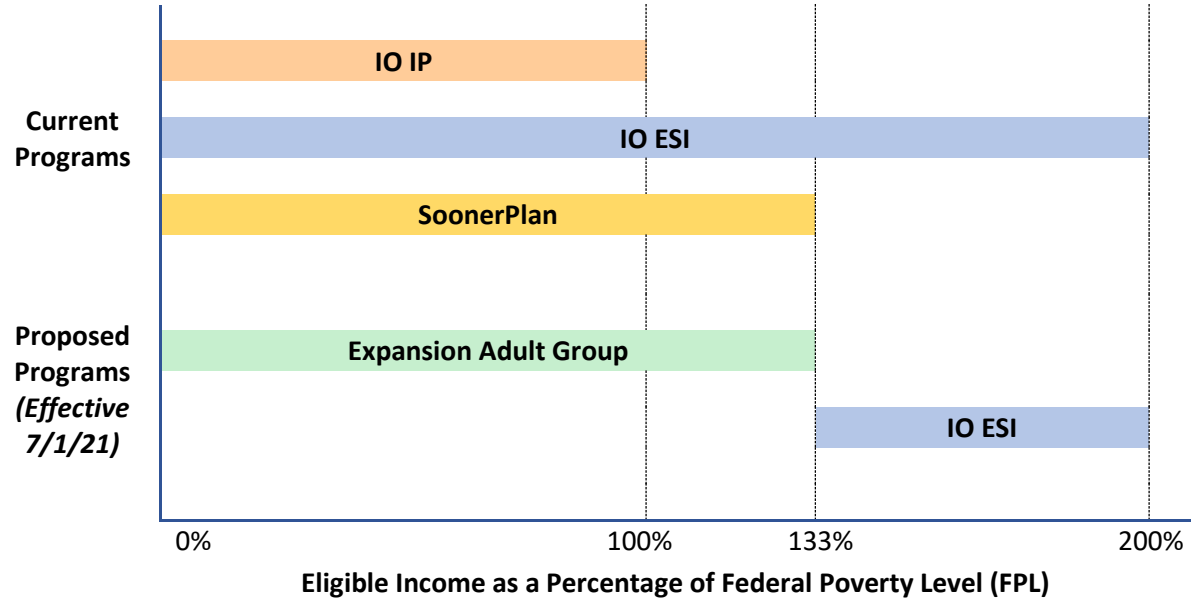
Oklahoma currently operates SoonerPlan, the State's Medicaid family planning program. SoonerPlan provides family planning benefits for non-pregnant women and men ages 19 and above with incomes at or below 133% of the FPL, plus any applicable income disregards. As of October of 2020, 41,037 individuals were enrolled in SoonerPlan.

Effective July 1, 2021, individuals with incomes at or below 133% of the FPL, plus any applicable income disregards, will be eligible for coverage under the Expansion Adult Group and will have access to a comprehensive array of health services, including family planning services.

The OHCA will transition current SoonerPlan members to the Adult Expansion Group. The OHCA will reprocess eligibility automatically for individuals enrolled in SoonerPlan as of June 2021 to enroll members in the Adult Expansion Group. Members will receive notification of the upcoming change to their eligibility and benefits in the spring of 2021. Members will receive follow-up case status notifications in June, 2021. The OHCA was informed by CMS that the State cannot terminate the family planning program during the current public health emergency (PHE) as individuals enrolled in the family planning program who are 65 years of age and older cannot transition into the Adult Expansion Group and the State cannot terminate eligibility of those individuals during the PHE if the State wishes to retain the increased FMAP. Therefore, the State will transition eligible individuals currently enrolled in the family planning program into the Expansion Adult Group and maintain the family planning program available for eligible individuals over 65 years of age. The number of individuals maintaining family planning eligibility will be low, approximately 500 individuals.

A summary of the proposed changes to eligibility is presented in the diagram below.

Summary of Program Eligibility as a Percentage of Federal Poverty Level, Current and Proposed



Waiver of Retroactive Eligibility for Expansion Adult Group

The SoonerCare Demonstration permits the State to waive retroactive eligibility for adults under the Demonstration, with the exception of pregnant women and individuals whose eligibility is based on Aged, Blind and Disabled criteria. Consistent with current program policy, the OHCA seeks to waive retroactive eligibility for the Expansion Adult Group.

Inclusion of the Former Foster Care Eligibility Group under the Demonstration

The Former Foster Care Group includes individuals ages 19 to 26 who were enrolled in Medicaid prior to aging out of foster care. There is no income or asset test for this group. Estimated average monthly enrollment for the Former Foster Care Group in Calendar Year 2021 is equal to 542.

The State seeks authority to include the Former Foster Care Group under the Demonstration and enroll the group in SoonerSelect. Individuals in the group will have the opportunity to enroll with the SoonerSelect Specialty Children's Plan or a SoonerSelect Plan.

Summary of SoonerSelect Managed Care Model

The following coordinated care models currently operate under authority of the SoonerCare Demonstration:

- *Patient Centered Medical Home (PCMH):* A statewide enhanced Primary Care Case Management (PCCM) model in which the OHCA contracts directly with primary care providers to serve as PCMHs. PCMH providers are arrayed into three levels, or tiers, depending on the number of standards they agree to meet. The OHCA pays monthly care management fees (in addition to regular fee-for- service payments) that increase at the higher tiers. Providers can also earn "SoonerExcel" quality incentives for meeting or exceeding various quality-of-care targets within an area of clinical focus selected by the OHCA.
- *Health Access Network (HAN):* Non-profit, administrative entities that work with affiliated providers to coordinate and improve the quality of care provided to Eligibles. The HANs employ care managers to provide telephonic and in-person care management and care coordination to 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.
- *Health Management Program (HMP):* The SoonerCare HMP is an initiative developed to offer care management to members most at-risk for chronic disease and other adverse health events. The program is administered by OHCA and is managed by a vendor selected through a competitive procurement. The SoonerCare HMP serves members ages 4 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 Eligibles in the program include asthma, cardiovascular disease, chronic obstructive pulmonary disorder, diabetes, heart failure and hypertension.

The OHCA seeks to further advance the goals of the Demonstration through implementation of SoonerSelect, a comprehensive Medicaid managed care model. The OHCA intends to contract, via a competitive procurement process, with managed care organizations (MCOs) and Prepaid Ambulatory Health Plans (PAHPs) able to demonstrate capacity to increase access to quality care and improve health outcomes through care coordination, prioritization of preventive care, and encouraging SoonerCare participants to seek care from the appropriate healthcare provider type.

The OHCA seeks approval to modify the 1115 Demonstration's STCs for the current extension period that will be in effect through the end of the Demonstration (December 31, 2023). The OHCA intends to enroll qualified members in the following statewide, coordinated care models, with an effective enrollment date of October 1, 2021:

- SoonerSelect Plan;
- SoonerSelect Dental Program;
- SoonerSelect Specialty Children's Plan.

All participating MCOs and PAHPs must demonstrate compliance with federal Medicaid managed care regulations found at 42 CFR § 438. The OHCA will assure compliance with federal and state statutes, regulations and policies through plan readiness reviews, ongoing monitoring, and External Quality Review (EQR) activities. The OHCA's monitoring and reporting systems will comply with 42 CFR § 438.66.

A summary of SoonerSelect implementation milestones is provided in the table below.

Summary of SoonerSelect Implementation Milestones

Milestone	Date
Issue Requests for Proposals (RFPs) for SoonerSelect Managed Care Contractors	October 15, 2020
Issue RFP: External Quality Review Organization (EQRO)	December 1, 2020
Managed Care Contractor Proposals Due	December 15, 2020
Managed Care Contract Awards	February 1, 2021
EQRO Proposals Due	February 9, 2021
EQRO Contract Award (estimated)	February 26, 2021
Submit SoonerSelect Readiness Plan to CMS (including activities, timelines, and deliverables)	February, 2021
MCO/PAHP Readiness Review Activities	March, 2021 to June, 2021
EQRO Start Date	April 1, 2021
Submit Final State and Managed Care Contractor Readiness Documentation	July 1, 2021
SoonerSelect Enrollment Effective Date	October 1, 2021

Beneficiary Impact

SoonerSelect Enrollment

The table below provides a summary of State Plan eligibility groups currently enrolled under the SoonerCare Demonstration that will be enrolled in SoonerSelect.

SoonerSelect Enrollment: State Plan Groups

State Plan Group	FPL and/or Other Qualifying Criteria	Demonstration Populations
Pregnant women and infants under age 1 1902(a)(10)(A)(i)(IV)	Up to and including 133 % FPL	1: TANF-Urban 2: TANF-Rural
Children 1-5 1902(a)(10)(A)(i)(VI)	Up to and including 133 % FPL	1: TANF-Urban 2: TANF-Rural
Children 6-18 1902(a)(10)(A)(i)(VII)	Up to and including 133% FPL	1: TANF-Urban 2: TANF-Rural
IV-E Foster Care or Adoption Assistance Children	Automatic Medicaid eligibility	1: TANF-Urban 2: TANF-Rural
Parents and Caretaker Relatives (1931 low income families)	Fixed monthly income limit, per approved State Plan	1: TANF-Urban 2: TANF-Rural
Pickle Amendment	Up to SSI limit	1: TANF-Urban 2: TANF-Rural
Early Widows/Widowers	Up to SSI limit	1: TANF-Urban 2: TANF-Rural
Targeted Low-Income Child	Up to and including 185% FPL	9: CHIP Medicaid Expansion Children
Infants under age 1 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Children 1-5 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Children 6-18 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Non-IV-E foster care children under age 21 in State or Tribal custody	AFDC limits as of 7/16/1996	1: TANF-Urban 2: TANF-Rural

SoonerSelect Enrollment Estimates

The tables below provide a summary of estimated enrollment in SoonerSelect. The figures reflect average monthly enrollment between September 2019 and August 2020, with the exception of Expansion Adults which reflects projected monthly enrollment. This data includes enrollment increases that were attributed to COVID-19, including requirements to maintain eligibility for otherwise ineligible individuals in accordance with Section 6008 of the Families First Coronavirus Response Act (FFCRA).

Estimated Enrollment: SoonerSelect Plan and SoonerSelect Dental Plan

Eligibility Group	Enrollment
Children (Medicaid and Children's Health Insurance Program [CHIP])	481,584
Deemed Newborns	1,959
Pregnant Women	21,015
Parent and Caretaker Relatives	62,199
Expansion Adults (projected – enrollment to begin 7/1/21)	175,623
TOTAL	**742,380**

Estimated Enrollment: SoonerSelect Specialty Children's Plan and SoonerSelect Dental Plan

Eligibility Group	Enrollment
Former Foster Children	706
Juvenile Justice Involved	558
Foster Care	9,407
Children Receiving Adoption Assistance	20,743
TOTAL	**31,414**

Enrollment: SoonerSelect Specialty Children's Plan

The following eligibility groups will be mandatorily enrolled in the SoonerSelect Specialty Children's Plan upon entering custody of the state:

- Foster Care Children (FC); and
- Certain children in the custody of OJA (JJ).

Former Foster Children, Children Receiving Adoption Assistance, and children with an open prevention service case will have the option to enroll in the SoonerSelect Specialty Children's Plan. During the open enrollment period, these Eligibles (parents/guardians) may choose to enroll in the SoonerSelect Specialty Children's Plan or a SoonerSelect MCO. Eligibles who do not make a selection will be enrolled automatically with the Specialty Children's Plan.

Enrollment: American Indians and Alaska Native (AI/AN) Members

AI/AN Members who are determined eligible for a SoonerCare population will have the option to voluntarily enroll in the SoonerSelect program through an opt-in process.

Enrollment Assistance and Outreach

Qualified SoonerCare members will receive written notification regarding SoonerSelect and will be asked to choose a SoonerSelect Plan (or the Specialty Children's Plan for qualified individuals) and SoonerSelect Dental Plan.

The OHCA (or its designee) will be responsible for educating Eligibles about the SoonerSelect program and providing unbiased choice counseling regarding enrollment options. The OHCA will provide notice to prospective Eligibles regarding the MCO/PAHP selection process and the importance of making a selection in accordance with informational and timing requirements as specified in 42 C.F.R.§ 438.54.

The OHCA, at its discretion, may allow up to 60 days for Eligibles to select an MCO prior to the start of the SoonerSelect program. Subsequent to program start, SoonerCare applicants eligible for the SoonerSelect program will have an opportunity to select an MCO on their applications. Eligibles who do not make an election within the allowed timeframe will be assigned to an MCO using an auto assignment algorithm that takes into account quality-weighted assignment factors.

Health Plan Disenrollment/Plan Changes

Health Plan Enrollees will be permitted to change MCOs, without showing cause, during their first 90 days of enrollment with an MCO, or during the 90 days following the date the OHCA sends the Health Plan Enrollee notice of that enrollment, whichever is later. After the Health Plan Enrollee's period for Disenrollment from the MCO has lapsed, Health Plan Enrollees will remain enrolled with the MCO until the next annual open enrollment period, unless:

- The Health Plan Enrollee is disenrolled due to loss of SoonerCare eligibility;
- The Health Plan Enrollee becomes a foster child under custody of the State;
- The Health Plan Enrollee becomes juvenile justice involved under the custody of the State;
- The Health Plan Enrollee is a Former Foster Child or Child Receiving Adoption Assistance and opts to enroll in the SoonerSelect Specialty Children's Plan;
- The Health Plan Enrollee demonstrates cause;
- A temporary loss of eligibility or enrollment has caused the Health Plan Enrollee to miss the annual Disenrollment period, then the Health Plan Enrollee may disenroll without cause upon reenrollment; or
- OHCA imposes Intermediate Sanctions on the Contractor and allows Health Plan Enrollees to disenroll without cause.

Program Benefits

The proposed amendment will preserve and enhance covered services for eligible individuals. All Medicaid-covered benefits as described in the State Plan will be provided by SoonerSelect MCOs and PAHPs. Benefits for Expansion Adults are based on the Alternative Benefit Plan (ABP). Covered benefits for the three SoonerSelect programs are described in detail in the SoonerSelect Plan and SoonerSelect Dental Program RFPs.

MCOs/PAHPs will also coordinate with providers of benefits outside of the SoonerSelect capitation to promote service integration and the delivery of holistic, person- and family-centered care.

MCOs/PAHPs may offer value-added benefits and services in addition to the capitated benefit package to support the health, wellness, and independence of health plan enrollees and to advance the State's objectives for the SoonerSelect program. This may include, but is not limited to vision, DME, transportation, pharmacy, and physician services for health plan enrollees in excess of the fee-for-service program limits. Value-added benefits and services, if offered, will not be included in determining the MCOs/PAHPs capitation rates.

In accordance with 42 C.F.R. § 438.3(e), MCOs/PAHPs may provide services or settings that are in lieu of services or settings covered under the State Plan if:

- The Contractor has proposed any in lieu of services or settings in its response to the Solicitation and OHCA determines that the proposal is a medically appropriate and cost-effective substitute for the covered service or setting under the State Plan; and
- The Health Plan Enrollee is not required by the Contractor to use the alternative service or setting.

Examples of in lieu of services include, but are not limited to:

- Applied Behavior Analysis
- Multi- Systemic Therapy

Payments for Indian Health Care Providers

All MCO/PAHP payments to Indian Health Care Providers (IHCPs) will be made in accordance with 42 C.F.R. § 438.14. The OHCA will reimburse for services that are eligible for 100% federal reimbursement and are provided by an IHS or 638 tribal facility to AI/AN health plan enrollees who are eligible to receive services through an IHS or 638 tribal facility. Encounters for SoonerCare services billed by IHS or 638 tribal facilities and eligible for 100% federal reimbursement will not be accepted by the OHCA or considered in capitation rate development.

The MCO/PAHP will make payment to the IHCPs for covered services not eligible for 100% federal reimbursement and provided to health plan enrollees who are eligible to receive services through the IHCP, regardless of whether the IHCP is a participating provider within the health plan's network, at the applicable encounter rate published annually in the Federal Register by the Indian Health Service (IHS). In the absence of a published encounter rate, the MCO/PAHP will pay, at minimum, the amount the IHCP would receive if the services were provided under the State Plan fee-for-service methodology.

In accordance with CMS State Health Official Letter #16-002, IHS/Tribal facilities may enter into care coordination agreements with non-IHS/Tribal providers to furnish certain services for AI/AN eligibles and health plan enrollees and such services are eligible for 100% federal funding. MCOs/PAHPs will provide reporting in the timeframe and format required by the OHCA to facilitate the State's collection of 100% federal funding for these services. MCOs/PAHPs will also facilitate the development of care coordination agreements between IHCP and other non-IHS/Tribal providers as necessary to support the provision of services for AI/AN health plan enrollees.

The SoonerSelect Plan and SoonerSelect Dental Plan RFPs include additional detail regarding payment to IHCPs.

Cost Sharing

Health plans and their network providers (participating providers) may charge health plan enrollees only the amounts allowed by the OHCA. The participating provider will accept payment made by the MCO/PAHP as payment in full for covered services, and the participating provider will not solicit or accept any surety or guarantee of payment from the health plan enrollee, OHCA or the State.

Any cost sharing imposed by the MCOs/PAHPs will be in accordance with Medicaid FFS requirements as outlined in the OHCA's State Plan and 42 C.F.R. §§ 447.50 through 447.56.

MCOs/PAHPs will not impose premiums on any health plan enrollees. In accordance with 42 C.F.R. § 447.56, the MCO/PAHP will not impose cost sharing upon any of the following:

- Health plan enrollees under age 21;
- Children for whom child welfare services are made available under Part B of title IV of the Act on

the basis of being a child in Foster Care and individuals receiving benefits under Part E of that title, without regard to age;

- Pregnant women for pregnancy-related services during the pregnancy and through the 60-day postpartum period;
- Any health plan enrollee whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs;
- Health plan enrollees receiving hospice care, as defined in section 1905(o) of the Act;
- An AI/AN health plan enrollee who is eligible to receive or has received an item or service furnished by an IHCP or through referral under purchase and referred care is exempt from premiums. AI/AN health plan enrollees who are currently receiving or have ever received an item or service furnished by an IHCP or through referral under purchase and referred care are exempt from all cost sharing; and
- Health plan enrollees receiving Medicaid due to a diagnosis of breast or cervical cancer in accordance with 42 C.F.R. § 435.213.

In accordance with 42 C.F.R. § 447.56, MCOs/PAHPs will implement processes to ensure cost sharing is not imposed on any of the following services:

- Emergency services;
- Family planning services and supplies;
- Preventive services, which includes, at minimum the services specified at 42 C.F.R. § 457.520 provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics;
- Pregnancy-related services; and
- Provider-preventable services.

In accordance with 42 C.F.R. § 447.56(f), a health plan enrollee's total cost sharing will not exceed five percent of the health plan enrollee's household income applied on a monthly basis. The MCO/PAHP will report health plan enrollee cost sharing to the MMIS according to a process defined by the OHCA. The MMIS will aggregate the MCO's/PAHP's cost sharing data with household cost sharing and health plan enrollee cost sharing incurred for any excluded benefits and will notify MCOs/PAHPs when a health plan enrollee has met the five percent aggregate limit. MCOs/PAHPs will ensure that copayments are not deducted from provider claims reimbursement through the end of the month. MCOs/PAHPs will notify the health plan enrollee and providers when the aggregate limit has been met and that cost sharing will not apply for the remainder of the month.

Requested Waivers

The OHCA seeks to extend currently approved waivers and requests any additional waivers necessary to waive retroactive eligibility for the Expansion Adult Group and operate SoonerSelect, including:

Comparability Section 1902(a)(10)(B) and 1902(a)(17). To permit the State to offer a different benefit package to individuals enrolled in SoonerSelect.

Freedom of Choice Section 1902(a)(23)(A): To permit the State to restrict Medicaid enrollees to receiving services through participating SoonerSelect MCOs/PAHPs and to permit the State to contract with a single MCO for the SoonerSelect Specialty Children's Plan.

Retroactive Eligibility Section 1902(a)(34): To permit the State to waive retroactive eligibility for Demonstration participants, with the exception of pregnant women (and during the 60-day period beginning on the last day of pregnancy), children described in section 1902(l)(4) of the Act, the Tax Equity and Fiscal Responsibility Act (TEFRA), and Aged, Blind, and Disabled populations.

Conforming State Plan Amendment

On July 31, 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, plus any applicable income disregards. effective July 1, 2020. The public 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.
- Establish an Alternative Benefit Plan (ABP) for individuals in the Expansion Adult Group.
- Establish Oklahoma's eligibility procedures for identification of the Expansion Adult Group for the purpose of securing Federal Medical Assistance Percentage (FMAP) rate for the Expansion Adult Group.

The OHCA seeks authority to operate SoonerSelect under its Demonstration and will submit any necessary State Plan Amendment(s) related to the implementation of SoonerSelect.

Requested Expenditure Authority

The OHCA does not believe any additional expenditure authorities are needed to enroll the Expansion Adult Group and Foster Care Children (FC) under the Demonstration or implement SoonerSelect.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 as appropriate to address the program modifications described in this amendment request.

Oversight and Monitoring: SoonerSelect

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. In accordance with 42 C.F.R. § 438.66(c), participating MCOs and PAHPs are required to submit the following:

- Enrollment and disenrollment data;
- Health plan enrollee grievance and appeal logs;
- Provider complaint and appeal logs;
- Results of health plan enrollee satisfaction surveys conducted by the contractor;
- Results of provider satisfaction surveys conducted by the contractor;
- Performance on required quality measures;
- Medical management committee reports and minutes;
- Annual quality improvement plan;
- Audited financial and encounter data;
- MLR summary reports;
- Customer service performance data; and

- Any other data related to the provision of long-term services and support (LTSS) not otherwise reported.

The OHCA will utilize findings from this data collection to improve the performance of the SoonerSelect program.

Quarterly and Annual Progress Reports

The OHCA will continue to prepare and submit quarterly and annual progress reports, modified to address the status of SoonerSelect implementation and ongoing performance.

Demonstration Evaluation

The approved evaluation design includes hypotheses related to evaluation of access, quality, and cost effectiveness under the Demonstration. The evaluation design will be modified to specifically evaluate SoonerSelect. The evaluator also will include the Adult Group as a distinct segment within the evaluation and will stratify data, as appropriate, to produce findings specific to this population.

The approved evaluation design identifies evaluation activities specific to the Demonstration's current care coordination models, HANs and HMP. Hypotheses specific to the current care coordination models relate to improved access to care, health quality/outcomes, satisfaction, emergency room utilization, and cost-effectiveness. The evaluation design will be modified to also test these hypotheses for individuals enrolled in SoonerSelect.

The approved evaluation design 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 Expansion Adult Group as a distinct segment within this portion of the evaluation and will stratify all data to produce findings specific to this population.

Following approval of the amendment request, the OHCA will prepare and submit a revised evaluation design for CMS review and approval, in accordance with requirements and timelines specified by CMS.

Section 3 Budget Neutrality

The requested amendment does not change the budget neutrality model for current Demonstration populations. (The impact of changes to the Insure Oklahoma program on the Demonstration's Budget Neutrality model are addressed in the separately-submitted Insure Oklahoma amendment request.)

The most recently submitted budget neutrality report includes enrollment and expenditures through June, 2020. The summary tables from the most recent submission are included as Attachment 1. As indicated in the summary tables, the SoonerCare Demonstration currently has a budget neutrality surplus, net of savings phase-downs, equal to $1,041,923,931.

Subject to CMS guidance and approval, the OHCA proposes to add two Medicaid Eligibility Groups (MEGs): the Expansion Adult Group and the Former Foster Care Group.

Expansion Adult Group

The Expansion Adult Group represents an expansion of eligibility and the State proposes to add a new Medicaid Eligibility Group (MEG) to support reporting and budget neutrality monitoring. As a newly eligible population, historical Medicaid expenditure and enrollment data was not used to project program costs and caseload.

The OHCA developed enrollment projections for the Expansion Adult Group based on the estimated number of uninsured Oklahomans ages 19 to 64 with household incomes under 133 percent of the FPL (+ 5 percent income disregard) and current unemployment trends in Oklahoma. The OHCA estimates annual enrollment in State Fiscal Year 2022 (July 1, 2021 – June 30, 2022) to equal 175,623. The projected average monthly enrollment during the last two quarters of Calendar Year 2021 (Demonstration Year 26) is 173,884. An annual caseload trend factor of 2 percent was applied to estimate enrollment in Calendar Years 2022 and 2023 (Demonstration Years 27 and 28).

As part of the SoonerSelect rate development process, the OHCA's actuaries calculated per member per month (PMPM) expenditure estimates for the Expansion Adult Group prior to implementation of SoonerSelect as well as draft SoonerSelect capitation rates.

The Expansion Adult Group PMPM estimate, absent implementation of SoonerSelect, equal to $606.12, was used as the basis for projecting expenditures without the Demonstration. An annual inflation factor of 4.4 percent was applied to the Year 1 "Without Waiver" PMPM value to estimate the PMPM values in subsequent Demonstration years.

The average capitation rate for the Expansion Adult Group, blended across rate cells, is equal to $581.02 (not including supplemental payments). Because Expansion Adult Group enrollment begins on July 1, 2021 and the SoonerSelect enrollment effective date is October 1, 2021, members will be enrolled in the current fee-for-service program for the third quarter and SoonerSelect for the fourth quarter of Calendar Year 2021 (Demonstration Year 26). The "with waiver" PMPM estimate for Demonstration Year 26, equal to $593.57, represents an average of the pre-SoonerSelect PMPM estimate and the draft blended capitation rate.

The capitation rate period is based on State Fiscal Year and will be adjusted on July 1, 2022, or halfway through Calendar Year 2022 (Demonstration Year 27). For purposes of estimating "with waiver" expenditures, the capitation rate is projected to increase by 3 percent in State Fiscal Year 2023, from $581.02 to $598.45. The estimated "with waiver" PMPM for Calendar Year 2022 (Demonstration Year 27) of $589.73 is equal to the average of the State Fiscal Year 2022 draft average capitation rate and the

projected State Fiscal Year 2023 capitation rate ([581.02+598.45]/2=$589.73). A three percent trend rate was applied to the Calendar Year 2022 "with waiver" PMPM estimate to calculate the PMPM estimate for Calendar Year 2023 (Demonstration Year 28).

The tables below present the estimated enrollment and expenditures for the Expansion Adult Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$ 606.12	$ 632.79	$ 660.63
Total Expenditures	$ 632,365,282	$ 1,346,779,893	$ 1,434,157,228

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$ 593.57	$ 589.73	$ 607.42
Total Expenditures	$ 619,271,313	$ 1,255,144,851	$ 1,318,653,576
Annual Surplus (Deficit)	***$ 13,093,970***	***$ 91,635,042***	***$ 115,503,652***
Cumulative Surplus (Deficit)	***$ -***	***$ 104,729,012***	***$ 220,232,664***

Budget Neutrality Summary: Former Foster Care Group

The Former Foster Care Group represents a new population under the Demonstration and the State proposes to add a new Medicaid Eligibility Group (MEG) to support reporting and budget neutrality monitoring.

The estimated average monthly enrollment during the last two quarters of Calendar Year 2021 (Demonstration Year 26) is 699. An annual caseload trend factor of 2 percent was applied to estimate enrollment in Calendar Years 2022 and 2023 (Demonstration Years 27 and 28).

As part of the SoonerSelect rate development process, the OHCA's actuaries calculated per member per month (PMPM) expenditure estimates for the Former Foster Care Group prior to implementation of SoonerSelect as well as draft SoonerSelect capitation rates.

The Former Foster Care Group PMPM estimate absent implementation of SoonerSelect, equal to $251.27, was used as the basis for projecting expenditures without the Demonstration. An annual inflation factor of 4.4 percent was applied to the Year 1 "Without Waiver" PMPM value to estimate the PMPM values in subsequent Demonstration Years.

The average capitation rate for the Former Foster Care Group, blended across rate cells, is equal to $239.96 (not including supplemental payments). Because the SoonerSelect enrollment effective date is October 1, 2021, members will be enrolled in the current fee-for-service program for the third quarter and SoonerSelect for the fourth quarter of Calendar Year 2021 (Demonstration Year 26). The "with waiver" PMPM estimate for Demonstration Year 26, equal to $245.62, represents an average of the pre-SoonerSelect PMPM estimate and the draft average capitation rate.

The capitation rate period is based on State Fiscal Year and will adjusted on July 1, 2022, or halfway through Calendar Year 2022 (Demonstration Year 27). For purposes of estimating "with waiver" expenditures, the capitation rate is projected to increase by 3 percent in State Fiscal Year 2023, from $239.96 to $247.16. The estimated "with waiver" PMPM for Calendar Year 2022 (Demonstration Year 27) of $243.56 is equal to the average of the State Fiscal Year 2022 draft capitation rate and the projected State Fiscal Year 2023 capitation rate ([239.96+247.16]/2=$243.56). A three percent trend rate was applied to the Calendar Year 2022 "with waiver" PMPM estimate to calculate the PMPM estimate for Calendar Year 2023 (Demonstration Year 28).

The tables on the following page present the estimated enrollment and expenditures for the Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 251.27	$ 262.33	$ 273.87
Total Expenditures	$ 1,053,826	$ 2,241,312	$ 2,385,940

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 245.62	$ 243.56	$ 250.87
Total Expenditures	$ 1,030,109	$ 2,080,972	$ 2,185,546

Annual Surplus (Deficit)	***$ 23,717***	***$ 160,341***	***$ 200,394***
Cumulative Surplus (Deficit)	***$ -***	***$ 184,058***	***$ 384,452***

Section 4 Required Elements of Amendment Process

Public Process: Medicaid Expansion

As described previously, the proposed Oklahoma Medicaid eligibility expansion was supported by Oklahoma voters as a ballot initiative. Additionally, the OHCA adhered to public notice requirements for its submission of State Plan Amendments to authorize the eligibility expansion.

Public Process: SoonerSelect

The OHCA engaged stakeholders as part of its planning process for SoonerSelect. On July 16, 2020, OHCA issued a Request for Information (RFI) to solicit input and recommendations on the design of this RFP and the SoonerSelect program. Extensive feedback was received from a broad array of stakeholders including provider associations, community organizations, advocacy groups, and MCOs.

The OHCA received and reviewed written responses from 86 individuals or entities. The RFI invited respondents to offer recommendations in the following key areas:

- Managed care enrollees: how and when to transition SoonerCare eligibles by population, health plan enrollee engagement and education activities.
- Benefits provided through MCOs: strategies for improving access to services, integration of services, and facilitating referrals and tracking for social services. Also, best practices in benefit design related to evidence-based care for behavioral health services and value-added benefits.
- Quality and accountability: how best to incentivize MCOS to improve outcomes, and recommendations on which outcome measures to track.
- Care management and coordination: recommendations on the best utilization management practices and tools, network development strategies to meet health plan enrollee's behavioral health needs, strategies for meeting needs of health plan enrollees with chronic or complex health conditions and populations such as American Indian/Alaska Native (AI/AN) health plan enrollees and justice-involved individuals.
- Member services: how to measure MCO performance on health plan enrollee services, best practices in serving health plan enrollees who primarily speak a non-English language, technology-driven strategies, and strategies for health plan enrollees living in rural areas.
- Provider payments and services: recommendations on provider performance measures, minimum levels of reimbursement, and claim payment timeframes.
- Network adequacy: how best to ensure network adequacy and recommendations on supporting workforce development.
- Grievance and appeals and administrative requirements: strategies for incorporating grievance and appeal data into program improvement and streamlining administrative processes.

The OHCA worked to incorporate numerous recommendations into the SoonerSelect RFPs that came from the RFI responses including, but not limited to:

- Encouraging MCOs to engage with community-based organizations and hire or partner with community-based extenders such as community health workers or other non-traditional health workers to assist with health plan enrollee engagement and address Social Determinants of Health (SDoH).
- Requiring MCOs to track and report on outcomes of SDoH referrals.
- Requiring MCOs to develop and maintain a comprehensive behavioral health crisis response network and promoting integration of behavioral health and primary care services.

- Encouraging MCOs to offer in lieu of services and flexibility in value added benefits to meet health plan enrollee needs.
- Requiring Tribal government liaison positions in MCO staffing plans to support and collaborate with Indian Tribes and Indian Health Service, Tribal Health providers and Urban Indian Health centers (I/T/Us), as well as assist in informing managed care policy decisions as they relate to the AI/AN population.
- Requiring MCOs to demonstrate sufficient access to I/T/Us by considering I/T/Us essential providers, thereby requiring MCOs to offer contracts to all I/T/Us.
- Conducting annual provider satisfaction surveys.
- Implementing standardized administrative processes to reduce provider administrative burden.

Demonstration Amendment Public Process

The OHCA began a 30-day public notice process on January 4, 2021 and concluded the process on February 5, 2021. The official public notice was posted on the OHCA's website on January 4, 2021. A copy of the public notice and instructions about the public comment process is available at www.okhca.org/PolicyBlog.

The Agency conducted formal tribal consultation during the bi-monthly meetings on July 7, 2020, September 1, 2020, November 3, 2020, and January 5, 2021. The transition to MCO was further discussed at the annual tribal consultation meeting on November 12, 2020 and during tribal MCO workgroup meetings on July 21, 2020, July 30, 2020, and October 8, 2020.

Summary of Tribal Consultation

The OHCA regularly hosts tribal policy consultations to present and receive comment on proposed changes to the Medicaid program and other relevant topics that could impact Oklahoma tribes which do business with the state Medicaid Agency, OHCA. When further consultation is warranted, tribal workgroups are convened. From July 2020 through January 2021, the OHCA met with tribal partners a total of eight times to discuss the transition to a third-party managed care (MCO/PAHP) service delivery system. The consultations and workgroups consisted of representatives from the Chickasaw Nation, Choctaw Nation, Cherokee Nation, Citizen Potawatomi Nation, Iowa Tribe, Oklahoma City Indian Clinic, Indian Health Services, and Wichita and Affiliated Tribes. Below is a list of the dates/time that the OHCA discussed its MCO/PAHP proposal with tribal partners:

- Meeting #1 – regularly scheduled tribal consultation: July 7, 2020
- Meeting #2 – tribal policy workgroup: July 21, 2020
- Meeting #3– tribal policy workgroup: July 30, 2020
- Meeting #4 – regularly scheduled tribal consultation: September 1, 2020
- Meeting #5– tribal policy workgroup: October 8, 2020
- Meeting #6– regularly scheduled tribal consultation: November 3, 2020
- Meeting #7– regularly scheduled annual tribal meeting: November 14, 2020
- Meeting #8– regularly scheduled tribal consultation: January 5, 2021

The meeting agendas, as well as list of attendees, can be found within Attachment 1.

At the regularly scheduled tribal consultation on July 7, 2020, the initial topic of discussion was focused on the MCO/PAHP service delivery system. During the meeting, a partner asked questions about the intent of the contracting process, what populations would be included, and requested that the OHCA looked at retaining American Indian/Alaskan Native (AI/AN) populations under the Patient Centered Medical Home (PCMH) service delivery model, and if unable, the individual indicated a wish to create a separate MCO

for eligible AI/AN individuals. The OHCA responded that the process was in its infancy stages, that the conversation is open around the AI/AN population, and Agency staff provided the populations that would be included within the MCO/PAHP proposal. The member noted that they looked forward to discussing more during the next tribal workgroup. A tribal partner noted concern regarding the transition process and sovereignty of tribal individuals/tribes. Another partner echoed similar concerns about the model for the future and ongoing work. The OHCA proposed further discussion at subsequent workgroup meetings.

The OHCA convened the tribal workgroup to develop recommendations for the upcoming MCO/PAHP Request For Proposal (RFP); the first workgroup meeting took place on July 21, 2020 and the workgroup met a total of three times. In the initial workgroup meeting, the top recommendation was for the OHCA to create and administer a care coordination model specific to ITUs, in lieu of contracting directly with MCOs/PAHPs. The model proposed during the meeting was similar to the ITU Patient Centered Medical Home (PCMH) proposal that was designed after the Arizona plan. Tribal partners also provided alternative recommendations about the following topics: opt-ins, provider networks, care coordination, sovereignty, OMB rates, and switching to an MCO model.

In the following workgroup meeting on July 30, 2020, discussion centered around the opt-in/opt-out process for eligible AI/AN members and the mechanics behind it. Tribal representatives expressed the following concerns: federal funding systems, risk to providers, verifying the Texas ITU model, implications for patient care, referrals, and timelines. The OHCA facilitated the discussion, worked recommendations into processes, and agreed to meet again with tribal partners.

At the regularly scheduled bi-monthly tribal consultation on September 1, 2020, the OHCA provided an update about the ITU MCO workgroup including that Agency staff had been working with tribal partners and will be reviewing the RFP draft in the following week.

At the third and final ITU MCO workgroup meeting on October 9, 2020, the OHCA followed up on previous concerns about OMB rate payments, the opt-out/opt-in approach, and the status of the RFP. Tribal representatives asked for more details for the three proposed MCO contracts, SoonerSelect, SoonerSelect Children's Specialty Plan, and SoonerSelect Dental. A partner asked questions about OMB rates; the OHCA verified that they would remain the same under the new MCO/PAHP as prior to COVID-19. Another partner asked if ITUs would be required to contract with the MCOs/PAHPs; the OHCA verified that they would not be required to contract with MCOs./PAHPs A partner asked if MCOs would be required to offer contracts to all ITUs using the Medicaid managed care addendum; this question was noted for further development. A partner asked if enrolled patients would be paid on a fee-for-service basis between 7/1/21 (effective date of expansion) and 10/1/21 (effective date for the MCO/PAHP waiver amendment); the OHCA confirmed that yes, enrollees would be FFS until they were enrolled with an MCO/PAHP. A tribal partner asked if the State would add to the RFP that ITUs do not have to contract or credential with individual MCOs/PAHPs; the OHCA responded that the mandate that was in the RFP indicated that ITUs are essential providers with no requirement to contract. A partner asked about the opt-in process and if the dental benefit manager/services will apply to adults in the expansion population; the OHCA responded that the opt-in process was still in development and that dental benefit manager/services would apply to expansion adults.

Other topics of discussion during the October 9, 2020 tribal workgroup meeting included services offered by the MCO and the FMAP. Agency staff responded that if the AI/AN member does not opt-in to managed care, the member will remain in the PCMH model and the Agency will receive 100% FMAP; however, 100% FMAP is also available if the member elects to receive services through an MCO plan. Further comments surrounded provider credentialing, Agency eligibility portals, pharmacy formularies, member referrals, pre-authorizations, and lab processes to which the Agency responded that a one-pager would be developed to address concerns included in attachment 3.

At the November 3, 2020 regularly scheduled bi-monthly tribal consultation, the OHCA provided updates on the developments in the ITU MCO workgroup and announced that the two full RFPs were available for review on the OHCA's website and that the OHCA was collecting questions from bidders. The Agency also announced that AI/AN members would be considered as a voluntary enrollment population into managed care and AI/AN members will be provided with an option to opt-in to managed care. Billing from tribes will go directly to the OHCA. A partner noted that they still had some continued concerns and outstanding questions; the OHCA stated they would continue with discussions and logistics with the tribal partner(s).

The OHCA hosts an annual meeting with its tribal partners in which developments are discussed from the preceding year. At the November 14, 2020 annual meeting, the OHCA discussed the MCO progress to date; a tribal representative discussed advocacy and education for potential MCO providers regarding tribal health and issues, as well as noted interest in information regarding the dental MCO and how to support the ITU system.

The regularly scheduled bi-monthly tribal consultation on January 5, 2021, was the final meeting in which the OHCA discussed the MCO proposal at length with tribal partners. The OHCA provided updates on the developments in the RFP process for the MCOs/PAHPs. Namely, the OHCA provided a brief overview of what has occurred so far and the next milestones in the process.

Summary of Public Comment

The Agency began its public notice process January 4, 2021 and concluded on February 5, 2021. The public notice was posted on the OHCA's website and within six Oklahoma-based newspapers. A copy of the full public notice, the draft waiver amendment, and instructions about the public comment process is available at oklahoma.gov/ohca/policies-and-rules/public-notices; Attachment 3 contains the proof of public notice.

The waiver amendment was posted for public comment on the State's public policy change blog website, oklahoma.gov/ohca/policies-and-rules/proposed-changes, from January 4, 2021 through February 5, 2021; 46 written comments were received during the 30-day public comment period. Of the 46 comments received, there were 14 questions, 32 comments against, and no comments in favor of the MCO/PAHP amendment. Approval of Medicaid expansion in general was universal across most letters received.

Seven questions received were related to the State's mental health contract with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Commenters asked if the contract will continue, if requirements related to ODMHSAS provider accreditation, the 35-hour per week for mental health clinicians, as well as ODMHSAS' Customer Data Core (CDCs) and ongoing treatment plans will remain. Another commenter asked how providers can view eligibility for ODMHSAS programs under multiple managed care providers. OHCA staff provided targeted responses to comments received.

Four commenters asked how and which remittance files are returned, how provider contracts with MCOs, and if each MCO will have different procedures for remittance time frames and usage, eligibility checks, billing codes, and prior authorizations. OHCA staff provided technical responses to these questions/comments.

Two commenters questioned if consumers and providers will get to choose which MCO to enroll with and how it is determined which MCO a member can enroll. Another commenter asked if agencies would be notified of the bid winners, how to start the provider enrollment process with the bid winners. An overarching response by the OHCA was provided in response to these questions/comments.

One commenter against the proposal stated concerns about preserving supplemental dollars, disagreed with reduction in utilization, and the speed of rollout. The next commenter against the transition to MCOs listed concerns in regarding failure to show how the State will protect access to care for rural residents with complex conditions, elimination of retroactive coverage for all non-pregnant adults, increased administrative barriers, history of managed care models failing to provide care for persons with bleeding disorders and other high-cost conditions, and the amendment not providing details on how to cover this population. The next commenter against the amendment stated concerns surrounding the rate methodology not accounting for true cost of the transition, questionable service utilization assumptions, speed of rollout, evaluation methodology, network adequacy, and elimination of retroactive coverage. Another commenter expressed concerns regarding disruption of relationships, network inadequacy, case management of consumers in other states, in addition to service cuts and denials. A joint statement from a number of private and public health organizations voiced numerous disagreements with insurance company requirements as well concerns surrounding guidelines, contracting, payment, reimbursement, hospitals, pharmacies, and the history of MCO failures in the State. An overarching response by the OHCA was provided in response to these questions/comments.

Five comments were against elimination of retroactive coverage and three commenters were against current cost sharing plans. An overarching response by the OHCA was provided in response to these questions/comments.

There were general concerns about MCOs versus current service delivery system practices and the timing of the proposed service delivery system change during a pandemic. Two commenters were against out-of-state private company management of healthcare and directly asked the OHCA to cease the signing of RFP contracts until more input has been gathered from the legislature and the public. An overarching response by the OHCA was provided in response to these questions/comments.

Amendment Changes Made as a Result of Tribal and Public Comment

Based on the comments received, the OHCA made changes to the waiver in relation to eligibility and program requirements for AI/AN members and providers. No additional changes were made to the waiver amendment as a result of public comments received.

Section 5 CHIP Allotment Neutrality Worksheet

An excerpt from the State's most recently submitted CHIP report related to program financing is presented below.

States with a combination program combine costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

Part 1: Benefit Costs

1. How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
$237,837,784	$243,545,891	$249,878,084

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
$23,381,767	$23,942,930	$24,565,446

3. How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022? This includes wages, salaries, and other employee costs.

FFY 2020	FFY 2021	FFY 2022
$2,439,743	$2,498,297	$2,563,253

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
$3,503,644	$3,587,731	$3,681,012

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022

5. How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
$1,494,623	$2,556,857	$2,556,857

7. How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
$ 3,587,557	$3,673,658	$3,769,173

Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's enhanced Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

CMS will enter the eFMAP rates for each year and auto-calculate the total program costs, as well as the federal and state shares.

FMAP Table	FFY 2020	FFY 2021	FFY 2022
Total program costs	$ 272,245,118	$279,805,364	$287,013,825
eFMAP	92.05%	81.93%	77.82%
Federal share	$ 250,601,631	$229,244,535	$223,354,159
State share	$ 21,643,487	$50,560,829	$63,659,666

1. What were your state funding sources in FFY 2020?
   Select all that apply.
   X State appropriations
   ☐ County/local funds
   ☐ Employer contributions
   ☐ Foundation grants
   X Private donations
   X Tobacco settlement
   ☐ Other

   a. If you answered "other," what other type of funding did you receive?

2. Did you experience a short fall in federal CHIP funds this year?
   ☐ Yes
   X No

   a. If you answered "yes," briefly explain why your state didn't have enough federal funding to cover your CHIP program costs.

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1. How many children were eligible for Managed Care in FFY 2020? How many do you anticipate

will be eligible in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
144,355	146,753	149,191

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022? Round to the nearest whole number.

FFY 2020	FFY 2021	FFY 2022
$172	$174	$175

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1. How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

FFY 2020	FFY 2021	FFY 2022
12,591	12,800	13,013

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022? Round to the nearest whole number.

FFY 2020	FFY 2021	FFY 2022
$206	$208	$210

Part 5

1. Is there anything else you'd like to add about your program finances that wasn't already covered?
2. Optional:

Section 6 Non-Federal Share

This amendment request will enroll the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration and transition all qualified individuals to SoonerSelect.

The OHCA will utilize multiple sources of non-federal share to fund the SoonerSelect and the Adult Group expansion. These include but are not limited to direct appropriations from the: General Revenue Fund of the State Treasury, which totaled $698,679,598 in SFY 2021; the Special Cash Fund, which totaled $112,000,000 in SFY 2021; the Health Care Enhancement Fund, which totaled $144,863,600 in SFY 2021; the Tobacco Settlement fund, which totaled $11,718,750; the Opioid Lawsuit Settlement Fund, which totaled $7,977,420; and the Health Employee and Economy Improvement Act (HEEIA) Fund, which totaled $24,800,000.

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. Subject to CMS guidance and approval, the OHCA intends to transition the current supplemental payments for physicians and hospitals, such as the Supplemental Hospital Offset Payment Program (SHOPP), to directed payments to be made through MCOs to Participating Providers. Supplemental payments for other providers, including emergency ground medical transport and community-based mental health centers, likewise may be converted into directed payments.

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 may be used to fund the non-federal share of costs related to the Demonstration.

Attachments

1. Current Budget Neutrality Summary Tables
2. Tribal Consultation Documentation
3. Tribal Workgroup Informational Document
4. Public Notice Documentation
5. Standard CMS Financial Management Questions

Attachment 1 - Current Budget Neutrality Summary Tables

(As submitted to CMS, through June 30, 2020)

Without-Waiver Total Expenditures

			23	24	25	26	27	28	Total
Medicaid Per Capita									
TANF-Urban	1	**Total**	$ 1,637,520,722	$ 1,699,328,429	$ 2,742,277,340	$ 1,946,519,109	$ 2,076,234,837	$ 2,214,595,770	
		PMPM	$ 396.34	$ 411.40	$ 427.03	$ 443.26	$ 460.10	$ 477.58	
		Mem-Mon	4,131,606	4,130,599	6,421,744	4,391,371	4,512,573	4,637,120	
TANF-Rural	2	**Total**	$ 1,092,371,484	$ 1,113,767,487	$ 1,780,068,578	$ 1,245,383,632	$ 1,315,059,727	$ 1,388,637,230	
		PMPM	$ 402.00	$ 417.27	$ 433.13	$ 449.59	$ 466.67	$ 484.40	
		Mem-Mon	2,717,342	2,669,177	4,109,779	2,770,043	2,817,965	2,866,716	
ABD-Urban	3	**Total**	$ 518,962,278	$ 531,427,442	$ 817,702,934	$ 557,808,349	$ 574,076,617	$ 590,817,839	
		PMPM	$ 1,369.89	$ 1,419.21	$ 1,470.30	$ 1,523.23	$ 1,578.07	$ 1,634.88	
		Mem-Mon	378,835	374,453	556,147	366,201	363,784	361,383	
ABD-Rural	4	**Total**	$ 316,981,436	$ 315,574,862	$ 488,171,846	$ 335,881,932	$ 345,675,737	$ 355,756,173	
		PMPM	$ 1,093.79	$ 1,133.16	$ 1,173.95	$ 1,216.21	$ 1,259.99	$ 1,305.35	
		Mem-Mon	289,801	278,491	415,837	276,171	274,348	272,537	
CHIP Medicaid Expansion Children Urban	5	**Total**	$ -	$ -	$ -	$ -	$ -	$ -	
		PMPM	$ 396.34	$ 411.40	$ 427.03	$ 443.26	$ 460.10	$ 477.58	
		Mem-Mon							
CHIP Medicaid Expansion Children Rural	6	**Total**	$ -	$ -	$ -	$ -	$ -	$ -	
		PMPM	$ 402.00	$ 417.27	$ 433.13	$ 449.59	$ 466.67	$ 484.40	
		Mem-Mon							
TOTAL			**$ 3,565,835,920**	**$ 3,660,098,219**	**$ 5,828,220,699**	**$ 4,085,593,023**	**$ 4,311,046,917**	**$ 4,549,807,012**	**$ 26,000,601,790**

With-Waiver Total Expenditures

			23	24	25	26	27	28	TOTAL
Medicaid Per Capita									
TANF-Urban	1		$ 807,177,426	$ 892,743,565	$ 1,427,059,145	$ 1,051,171,233	$ 1,121,351,475	$ 1,196,217,455	$ 13,841,203,210
TANF-Rural	2		$ 620,389,523	$ 642,381,366	$ 1,025,383,620	$ 742,270,691	$ 783,881,785	$ 827,825,745	$ 9,296,013,872
ABD-Urban	3		$ 439,698,547	$ 473,031,006	$ 727,222,811	$ 493,744,634	$ 508,154,556	$ 522,985,051	$ 5,861,786,644
ABD-Rural	4		$ 337,361,416	$ 362,590,612	$ 546,558,203	$ 384,680,066	$ 396,065,691	$ 407,788,306	$ 4,653,827,621
CHIP Medicaid Expansion Children Urban	5		$ -	$ -	$ -	$ -	$ -	$ -	
CHIP Medicaid Expansion Children Rural	6		$ -	$ -	$ -	$ -	$ -	$ -	
Medicaid Aggregate - WW only									
Non-Disabled Working Adults ESI	1		$ 58,392,924	$ 55,060,585	$ 89,792,140	$ 65,789,186	$ 69,980,698	$ 74,439,257	$ 375,995,578
Working Disabled Adults ESI	2		$ -	$ -	$ -	$ -	$ -	$ -	
TEFRA Children	3		$ 7,123,897	$ 9,059,365	$ 15,034,003	$ 11,414,642	$ 12,728,688	$ 14,194,006	$ 84,599,994
Full-Time College Students ESI	4		$ 450,306	$ 460,889	$ 733,733	$ 516,218	$ 547,488	$ 580,653	$ 2,951,834
Foster Parents ESI	5		$ -	$ -	$ -	$ -	$ -	$ -	
Not-for-Profit Employees ESI	6		$ -	$ -	$ -	$ -	$ -	$ -	
Non-Disabled Working Adults IP	7		$ 37,146,874	$ 41,345,641	$ 68,830,677	$ 51,959,648	$ 56,876,221	$ 62,258,014	$ 250,882,772
Working Disabled Adults IP	8		$ -	$ -	$ -	$ -	$ -	$ -	$ 64,686
Full-Time College Students IP	9		$ 643,932	$ 444,908	$ 671,226	$ 428,088	$ 442,676	$ 457,760	$ 3,248,121
Foster Parents IP	10		$ -	$ -	$ -	$ -	$ -	$ -	
Not-for-Profit Employees IP	11		$ -	$ -	$ -	$ -	$ -	$ -	
HAN Expenditures	12		$ 9,868,155	$ 10,671,780	$ 16,813,154	$ 11,405,439	$ 11,720,229	$ 12,043,707	$ 76,258,189
HMP Expenditures	13		$ 10,651,907	$ 10,176,586	$ 16,830,295	$ 12,679,813	$ 13,440,501	$ 14,248,007	$ 81,818,299
Medical Education Programs	14		$ -	$ 107,687,388	$ -	$ -	$ -	$ -	$ 107,687,388
TOTAL			**$ 2,328,904,907**	**$ 2,605,653,691**	**$ 3,934,929,006**	**$ 2,826,059,658**	**$ 2,975,190,008**	**$ 3,133,037,961**	**$ 17,803,775,231**

Savings Phase-Down

Medicaid Per Capita			23	24	25	26	27	28	TOTAL
		Savings Phase-Down							
TANF-Urban	1	**Without Waiver**	$ 1,637,520,722	$ 1,699,328,429	$ 2,742,277,340	$ 1,946,519,109	$ 2,076,234,837	$ 2,214,595,770	
		With Waiver	$ 807,177,426	$ 892,743,565	$ 1,427,059,145	$ 1,051,171,233	$ 1,121,351,475	$ 1,196,217,455	
Difference			$ 830,343,296	$ 806,584,864	$ 1,315,218,196	$ 895,347,876	$ 954,883,362	$ 1,018,378,314	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ 622,757,472	$ 604,938,648	$ 986,413,647	$ 671,510,907	$ 716,162,522	$ 763,783,736	
		Savings Phase-Down							
TANF-Rural	2	**Without Waiver**	$ 1,092,371,484	$ 1,113,767,487	$ 1,780,068,578	$ 1,245,383,632	$ 1,315,059,727	$ 1,388,637,230	
		With Waiver	$ 620,389,523	$ 642,381,366	$ 1,025,383,620	$ 742,270,691	$ 783,881,785	$ 827,825,745	
Difference			$ 471,981,961	$ 471,386,121	$ 754,684,959	$ 503,112,941	$ 531,177,942	$ 560,811,485	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ 353,986,471	$ 353,539,591	$ 566,013,719	$ 377,334,706	$ 398,383,456	$ 420,608,614	
		Savings Phase-Down							
ABD-Urban	3	**Without Waiver**	$ 518,962,278	$ 531,427,442	$ 817,702,934	$ 557,808,349	$ 574,076,617	$ 590,817,839	
		With Waiver	$ 439,698,547	$ 473,031,006	$ 727,222,811	$ 493,744,634	$ 508,154,556	$ 522,985,051	
Difference			$ 79,263,731	$ 58,396,436	$ 90,480,123	$ 64,063,715	$ 65,922,061	$ 67,832,788	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ 59,447,798	$ 43,797,327	$ 67,860,092	$ 48,047,786	$ 49,441,546	$ 50,874,591	
		Savings Phase-Down							
ABD-Rural	4	**Without Waiver**	$ 16,981,436	$ 315,574,862	$ 488,171,846	$ 335,881,932	$ 345,675,737	$ 355,756,173	
		With Waiver	$ 337,361,416	$ 362,590,612	$ 546,558,203	$ 384,680,066	$ 396,065,691	$ 407,788,306	
Difference			$ (20,379,980)	$ (47,015,750)	$ (58,386,356)	$ (48,798,134)	$ (50,389,954)	$ (52,032,133)	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ -	$ -	$ -	$ -	$ -	$ -	
		Savings Phase-Down							
CHIP Medicaid Expansion Children Urban	5	**Without Waiver**	$ -	$ -	$ -	$ -	$ -	$ -	
		With Waiver	$ -	$ -	$ -	$ -	$ -	$ -	
Difference			$ -	$ -	$ -	$ -	$ -	$ -	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ -	$ -	$ -	$ -	$ -	$ -	
		Savings Phase-Down							
CHIP Medicaid Expansion Children Rural	6	**Without Waiver**	$ -	$ -	$ -	$ -	$ -	$ -	
		With Waiver	$ -	$ -	$ -	$ -	$ -	$ -	
Difference			$ -	$ -	$ -	$ -	$ -	$ -	
Phase-Down Percentage			25%	25%	25%	25%	25%	25%	
Savings Reduction			$ -	$ -	$ -	$ -	$ -	$ -	
Total Reduction			**$ 1,036,191,741**	**$ 1,002,275,565**	**$ 1,620,287,458**	**$ 1,096,893,400**	**$ 1,163,987,524**	**$ 1,235,266,941**	**$ 7,154,902,629**

BASE VARIANCE			**$ 200,739,272**	**$ 52,168,963**	**$ 273,004,235**	**$ 162,639,965**	**$ 171,869,386**	**$ 181,502,110**	**$ 1,041,923,931**
Excess Spending from Hypotheticals									$ -
1115A Dual Demonstration Savings (state preliminary estimate)									$ -
1115A Dual Demonstration Savings (OACT certified)									$ -
Carry-Forward Savings From Prior Period									
NET VARIANCE									**$ 1,041,923,931**

Cumulative Target Limit

	23	24	25	26	27	28
Cumulative Target Percentage (CTP)						
Cumulative Budget Neutrality Limit (CBNL)	$ 2,529,644,179	$ 5,187,466,833	$ 9,395,400,073	$ 12,384,099,696	$ 15,531,159,090	$ 18,845,699,161
Allowed Cumulative Variance (= CTP X CBNL)	$ -	$ -	$ -	$ -	$ -	$ -
Actual Cumulative Variance (Positive = Overspending)	$ (200,739,272)	$ (252,908,235)	$ (525,912,470)	$ (688,552,435)	$ (860,421,820)	$ (1,041,923,931)
Is a Corrective Action Plan needed?						

OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

Kevin Corbett | Chief Executive Officer **J. Kevin Stitt** | Governor

I/T/U Public Notice 2020-05

June 23, 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 July 7th, 2020 at 11 a.m. OHCA invites you to attend this meeting via webinar, 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 apprised 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 that 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 must be obtained.

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 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.

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,

Dana Miller
Director, Tribal Government Relations

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
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mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767

Proposed Rule, State Plan, and Waiver Amendments

Reimbursement of Long-Acting Reversible Contraceptives (LARC) in a Federally Qualified Health Center (FQHC) — The proposed revisions removes the reimbursement of a covered LARC device from the FQHC encounter reimbursement rate to be paid separately. Currently, the cost of the LARC device is included in the FQHC encounter rate.

Medicare Advantage Plans (Medicare Part C) — The proposed revisions, regarding the payment of Medicare deductibles, coinsurance, and copays, will standardize Medicare Part A, Part B, and Part C language in policy.

SUPPORT Act Medication–Assisted Treatment (MAT) — The proposed revisions formalize the State's coverage of MAT to treat substance use disorders in accordance with Section 1006(b) of the SUPPORT Act, HR 6 by allowing coverage for all FDA-approved drugs to treat Opioid Use Disorders (OUD) and establishing reimbursement rates for MAT providers.

Opioid Treatment Programs (OTPs) — The proposed revisions establish provider qualifications, coverage of services, and reimbursement methodology for registered OTP providers, including reimbursement for drugs used to treat opioid use disorders.

ADvantage Waiver — The proposed revisions to the ADvantage waiver will add new language allowing an Oklahoma Department of Human Services (OKDHS) nurse to assess the applicant remotely via electronic communication, in the applicant's home, or other appropriate setting using the Uniform Comprehensive Assessment Tool (UCAT) for the initial level of care (LOC) assessment. Additionally, policy revisions will describe the procedures and requirements involved in administering the UCAT and determining the medical level of care of a member based upon the assessment.

Third Party Managed Care Organization — In order to improve Oklahoma's health outcomes, increase access to health care, and foster a more accountable system, the Oklahoma Health Care Authority (OHCA) will seek proposals from qualified managed care organizations to facilitate health care services to eligible and enrolled members of Oklahoma's Medicaid program, commonly known as SoonerCare. Following the request for proposals and in order to obtain authority to establish the managed care organization, the agency will seek to revise/add federal and state policy including: 1115 and 1915 waiver requests, Title XIX and XXI state plan amendments, and state rules.

Coverage for Adults in SoonerCare - Due to the passage of State Question 802 (SQ 802), the OHCA will add adults 19-64 years of age as a new eligibility group in the SoonerCare program as described in Section 435.119 of Title 24 of the Code of Federal Regulations. This request will utilize a 14-day expedited tribal consultation time period.

Total Attendees: 51

OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2020-07

August 19, 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 September 1st, 2020 at 11 a.m. OHCA invites you to attend this meeting via webinar, 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 apprised 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 that 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 must be obtained.

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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,

Dana Miller
Director, Tribal Government Relations

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Proposed Rule, State Plan, and Waiver Amendments

Therapy Assistants and Clinical Fellows — The OHCA originally presented policy changes to add provider qualifications, coverage, and reimbursement for services provided by therapy assistants and speech language pathology clinical fellows during the March 3, 2020 Tribal consultation. Due to public comment received, the OHCA has made revisions to its policy request. OHCA will continue to seek adding provider qualifications, coverage, and reimbursement for services performed by physical therapy assistants, occupational therapy assistants, speech language pathology assistants (SLPAs), and speech language pathology clinical fellows. However, as compared to the original request to reimburse all assistants and clinical fellows at 85% of the rate of the fully licensed practitioner, the OHCA will seek to reimburse provisionally licensed speech language pathology clinical fellows at 100% of the fully licensed therapist rate and reimburse assistants (OT, PT, ST) at 85% of the fully licensed therapist rate. Additionally, the requested effective date of this proposal changed from 1/1/2021 to 2/1/2021.

SoonerPlan Termination — Effective July 1, 2021, the SoonerPlan program will terminate as adults served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive comprehensive SoonerCare services.

SUPPORT Act Drug Utilization Review (DUR) Standard — The proposed revisions update the standard for retrospective drug utilization reviews in accordance with Section 1004(b) of the SUPPORT Act, HR 6 including the standards of "excessive utilization" and "inappropriate or medically unnecessary care or prescribing or billing practices that indicate abuse or excessive utilization."

Insure Oklahoma Changes — The OHCA will revise policies, including but not limited to, the 1115(a) demonstration waiver and agency rules, to reflect changes to the Insure Oklahoma (IO) program. Effective July 1, 2021, all IO Individual Plan (IP) members, and IO Employer-Sponsored Insurance (ESI) members with incomes at or below 133% of the federal poverty level (FPL), will transition to and be provided services by the SoonerCare program under the expansion adult option. Additionally, revisions will clarify that IO ESI members' FPL threshold is 134%-200%.

Bariatric Surgery Revisions — The proposed revisions will update bariatric surgery requirements and guidelines to reflect current business practice.
Additional revisions will involve fixing grammatical and/or formatting errors, as well as, revoking obsolete sections.

Dental Managed Care Organization — To improve Oklahoma's health outcomes and increase access to care, the OHCA will seek proposals from qualified dental managed care organizations (DMO) to facilitate the delivery of dental services to eligible and enrolled members of Oklahoma's Medicaid program, commonly known as SoonerCare. The agency will also obtain authority to operate DMOs and will revise and add federal and state policy including: 1915 waiver requests, Title XIX and XXI state plan amendments, and state rules.

Disaster Relief COVID-19 Mobile Testing Authority — In response to the COVID-19 public health emergency, the OHCA provided notice of the second submitted disaster relief Title XIX state plan amendment to the Centers for Medicare and Medicaid Services (CMS). Effective March 1st, 2020, the agency will allow for testing to diagnose or detect COVID-19 and COVID-19 antibodies within non-office settings, such as mobile test sites. The agency also provided notice of the request to allow for self-collected test systems that the FDA has authorized for home use; however, since submission to CMS, the agency has decided only to move forward with the request to allow for mobile testing sites only. The proposed request will be in effect until the termination of the public health emergency.

Child Support Cooperation Exemption for Recipients of Indian Health Services — Policy revisions are needed to note a difference in the Medicaid agency's process for medical child support referrals due to changes in federal regulations at 42 CFR 433.152 and 45 CFR 303.11. Policy revisions are needed to reflect the provisions within the federal regulation which notes that the Medicaid agency may not refer a case to the state child support agency for medical support enforcement when the Medicaid referral is based solely upon health care services provided through an Indian Health Program. System changes will be implemented to ensure compliance with agency and federal regulations.

Residential SUD Services — The proposed amendment will add coverage and reimbursement of residential substance use disorder (SUD) services for individuals (under age 64) residing in a facility with 16 beds or less to the Oklahoma state plan and rules. This item requests an expedited 30-day tribal consultation comment period.

The Oklahoma Department of Human Services (DHS) Development Disabilities — To comply with federal regulations, DDS will implement a provider rate increase for current job coaching services for individuals. Additionally, DDS will make changes to their group job coaching services and group enhanced job coaching services based on new group sizes for participants. The services are available to waiver recipients on the Medicaid In-Home Supports Waiver for Adults, Homeward Bound Waiver and Community Based Waiver. These changes will be are necessary to support individuals who work in competitive integrated settings; and allow DHS to better empower and support Oklahomans with developmental disabilities.

Certified Community Behavioral Health (CCBH) Services – The OHCA originally presented policy changes to replace the current process by which new rates for CCBHs are established during the July 1 tribal consultation. OHCA continues to seek the previously presented changes in addition to an adjustment to the provider-specific standard rate to facilitate the expanded use of new mobile technology and crisis stabilization services to transform the CCBH delivery system. A payment adjustment of $50 per member per month (PMPM) added to the trended provider-specific standard rate will be paid to providers whose standard CCBH rate is less than 95% of the average of all urban and rural CCBH provider-specific standard rates and is effective 12 months following the determination of the final rate. These revisions and subsequent changes are requested on behalf of the Oklahoma Department of Mental Health and Substance Abuse Services. **This item requests an expedited 14-day tribal consultation comment period.**

Tribal Consultation Meeting Agenda
11 AM, September 1st
Web X Meeting
Online Web X Webinar

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

- Therapy Assistants and Clinical Fellows
- SoonerPlan Termination
- SUPPORT Act Drug Utilization Review (DUR) Standard
- Insure Oklahoma Changes
- Bariatric Surgery Revisions
- Dental Managed Care Organizations
- Disaster Relief COVID-19 Mobile Testing Authority
- Child Support Cooperation Exemption for Recipients of Indian Health Services
- Residential SUD Services
- PRTF Base Rate Increase for Specialty Populations
- The Oklahoma Department of Human Services (DHS) Development Disabilities
- Certified Community Behavioral Health (CCBH) Services

3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
    - ITU MCO Workgroup and Waiver update – Traylor Rains, Deputy State Medicaid Director
    - HIV Task Force- Michelle Dennison-Farris, Healthy Policy Liaison Oklahoma City Indian Clinic
    - Tribal Health Outreach- Vivian Morris, OHCA Health Promotion Coordinator

4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, November 3rd, 2020

Proposed Rule, State Plan, and Waiver Amendments

Therapy Assistants and Clinical Fellows — The OHCA originally presented policy changes to add provider qualifications, coverage, and reimbursement for services provided by therapy assistants and speech language pathology clinical fellows during the March 3, 2020 Tribal consultation. Due to public comment received, the OHCA has made revisions to its policy request. OHCA will continue to seek adding provider qualifications, coverage, and reimbursement for services performed by physical therapy assistants, occupational therapy assistants, speech language pathology assistants (SLPAs), and speech language pathology clinical fellows. However, as compared to the original request to reimburse all assistants and clinical fellows at 85% of the rate of the fully licensed practitioner, the OHCA will seek to reimburse provisionally licensed speech language pathology clinical fellows at 100% of the fully licensed therapist rate and reimburse assistants (OT, PT, ST) at 85% of the fully licensed therapist rate. Additionally, the requested effective date of this proposal changed from 1/1/2021 to 2/1/2021. **This item requests an expedited 30-day tribal consultation comment period.**

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Bariatric Surgery Revisions — The proposed revisions will update bariatric surgery requirements and guidelines to reflect current business practice. Additional revisions will involve fixing grammatical and/or formatting errors, as well as, revoking obsolete sections.

Dental Managed Care Organization — To improve Oklahoma's health outcomes and increase access to care, the OHCA will seek proposals from qualified dental managed care organizations (DMO) to facilitate the delivery of dental services to eligible and enrolled members of Oklahoma's Medicaid program, commonly known as SoonerCare. The agency will also obtain authority to operate DMOs and will revise and add federal and state policy including: 1915 waiver requests, Title XIX and XXI state plan amendments, and state rules.

Disaster Relief COVID-19 Mobile Testing Authority — In response to the COVID-19 public health emergency, the OHCA provided notice of the second submitted disaster relief Title XIX state plan amendment to the Centers for Medicare and Medicaid Services (CMS). Effective March 1st, 2020, the agency will allow for testing to diagnose or detect COVID-19 and COVID-19 antibodies within non-office settings, such as mobile test sites. The agency also provided notice of the request to allow for self-collected test systems that the FDA has authorized for home use; however, since submission to CMS, the agency has decided only to move forward with the request to allow for mobile testing sites only. **The proposed request will be in effect until the termination of the public health emergency.**

Child Support Cooperation Exemption for Recipients of Indian Health Services — Policy revisions are needed to note a difference in the Medicaid agency's process for medical child support referrals due to changes in federal regulations at 42 CFR 433.152 and 45 CFR 303.11. Policy revisions are needed to reflect the provisions within the federal regulation which notes that the Medicaid agency may not refer a case to the state child support agency for medical support enforcement when the Medicaid referral is based solely upon health care services provided through an Indian Health Program. System changes will be implemented to ensure compliance with agency and federal regulations.

Residential SUD Services — The proposed amendment will add coverage and reimbursement of residential substance use disorder (SUD) services for individuals (under age 64) residing in a facility with 16 beds or less to the Oklahoma state plan and rules. T**his item requests an expedited 30-day tribal consultation comment period.**

PRTF Base Rate Increase for Specialty Populations — The proposed revisions will increase the per diem base rate paid to Psychiatric Residential Treatment Facilities (PRTFs) serving individuals under 21 considered specialty populations i.e., individuals with developmental delays, eating disorders). Revisions will help support infrastructure for specialty providers serving children with specialized treatment needs, with a goal of increasing access to services. **This item requests an expedited 30-day tribal consultation comment period.**

The Oklahoma Department of Human Services (DHS) Development Disabilities — To comply with federal regulations, DDS will implement a provider rate increase for current job coaching services for individuals. Additionally, DDS will make changes to their group job coaching services and group enhanced job coaching services based on new group sizes for participants. The services are available to waiver recipients on the Medicaid In-Home Supports Waiver for Adults, Homeward Bound Waiver and Community Based Waiver. These changes will be are necessary to support individuals who work in competitive integrated settings; and allow DHS to better empower and support Oklahomans with developmental disabilities.

Certified Community Behavioral Health (CCBH) Services — The OHCA originally presented policy changes to replace the current process by which new rates for CCBHs are established during the July 1 tribal consultation. OHCA continues to seek the previously presented changes in addition to an adjustment to the provider-specific standard rate to facilitate the expanded use of new mobile technology and crisis stabilization services to transform the CCBH delivery system. A payment adjustment of $50 per member per month (PMPM) added to the trended provider-specific standard rate will be paid to providers whose standard CCBH rate is less than 95% of the average of all urban and rural CCBH provider-specific standard rates and is effective 12 months following the determination of the final rate. These revisions and subsequent changes are requested on behalf of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). **This item requests an expedited 14-day tribal consultation comment period.**

Total Attendees: 63

OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2020-09

October 21st, 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 November 3rd, 2020 at 11 a.m. OHCA invites you to attend this meeting via webinar, 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 apprised 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 that 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 must be obtained.

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 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.

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,

Dana Miller
Director, Tribal Government Relations

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Proposed Rule, State Plan, and Waiver Amendments

Diabetes Self-Management Education and Support (DSMES) Services — the proposed revisions will clarify DSMES provider requirements for registered dieticians, registered nurses, and pharmacists. Revisions will also add other health care providers with Certified Diabetes Care and Education Specialist (CDCES) or Board-Certified Advanced Diabetes Management (BC-ADM) certifications as eligible DSMES providers.

"Certification for SoonerCare" Section Rewrite — the proposed revisions are necessary to clarify who the rules apply to; there are no substantive changes to the policy.

Provider Refund to Member when Copayment is Over-Collected — The proposed revisions will state that a provider will be required to refund any copayment collected from the member in error and/or over the member's aggregate cost sharing maximum.

Pay-for-Performance (PFP) Program (14-day EXPEDITED) — The proposed revisions will enable the agency to update the PFP program quality measures when the metrics are modified by the Centers for Medicare and Medicaid Services (CMS). Additional revisions will specify the timeline in which a nursing facility can submit their quality of care documentation in order to receive reimbursement. ***This item requests an expedited 14-day tribal consultation comment period.***

Employment Services Offered through Developmental Disabilities Services (14-day EXPEDITED) — the proposed additions will describe group job placements. Additional changes will authorize remote supports for individual placements, and remove the specific limit that the cost of member's employment services, excluding transportation and state-funded services, cannot exceed limits specified in OKDHS Appendix D-26. Furthermore, changes will clarify that adult members receiving In-Home Supports Waiver (IHSW) services can access individual placement in job coaching, job stabilization, and employment training services; however, not to exceed limits specified in OKDHS Appendix D-26 per Plan of Care year. Additional revisions will include updates to standard policy language including cleanup of formatting and grammatical errors plus clarify and update terminology used to reflect current business practices. ***This item requests an expedited 14-day tribal consultation comment period.***

Programs of All Inclusive-Care for the Elderly (PACE) — the proposed revisions will update policy regarding enrollment denials for PACE to reflect current business practices. Additional policy changes will add language to clarify and establish OHCA's role in reviewing justifications for expedited appeals from PACE organizations. These proposed rule changes will align policy with Section 460.122 of Title 42 of the Code of Federal Regulations.

Developmental Disabilities Services (DDS) — the proposed revisions will change the timeframe for the physical health examinations and medical evaluations that are required when applying for the DDS Home and Community-Based Services waiver from 90 days to one (1) calendar year. Additionally, changes will add language for remote services that are provided in the member's home, family home, or employment site. Revisions will also address the new agency companion household criteria and new agency champion provider requirements, as well as modify the procedures for the DDS home profile process. Finally, changes will establish new criteria on how the member is to obtain assistive technology devices and will clarify instructions to staff whom are providing Stabilization Services authorized though remote supports.

ADvantage Waiver — the proposed revisions to the ADvantage waiver will align language regarding Electronic Visit Verification (EVV) with OHCA's overarching rules. Additional revisions will include updates to standard policy language including cleanup of formatting and grammatical errors plus clarify and update terminology used to reflect current business practices.

Appeals Language Cleanup (14-day EXPEDITED) — the proposed revisions will replace incorrect references, found in the OHCA's appeals policy, with the appropriate references. Additionally, revisions will remove appeals language for programs that no longer exist and will identify the appropriate appeal form to fill out when filing an appeal. Finally, revisions will include minor cleanup to fix grammatical and formatting errors. ***This item requests an expedited 14-day tribal consultation comment period.***

Dental Revisions — the proposed revisions will add "scaling in the presence of a generalized moderate or severe gingival inflammation" as a new procedure to dental policy. Additional revisions will specify that a caries risk assessment form must be documented when submitting a prior authorization for crowns. Further revisions will clarify billing language for administering nitrous oxide and involve cleanup of formatting and grammatical errors.

Electronic Visit Verification (EVV) Update — this is a follow-up to the EVV items presented at the July 11th, 2018 tribal consultation and the November 5, 2019 consultation. The 21st Century CURES Act requires providers of personal care and home health care services to utilize a system under which visits conducted are electronically verified. The Act mandates that by January 1, 2020 for Personal Care Services and January 1, 2023 for Home Health Services, an EVV system is implemented to capture the type of service performed; the individual receiving the service; the date of the service; the location of service delivery; the individual providing the service; and the time the service begins and ends to be included in the verification process. Due to the State's demonstration of the extensive system changes and coordination required to implement this mandate, on November 6, 2019, the State received a "Good Faith Effort" (GFE) extension that affords the State for a period of up to one (1) calendar year to fully implement and comply with the CURES Act EVV mandate for personal care services. The State will be compliant with the mandate for personal care services by January 1, 2021.

Disaster Relief Supplemental Payments to Nursing Facilities for Ventilator-dependent Individuals— In response to the COVID-19 public health emergency, the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to CMS on September 21, 2020 to allow for a supplemental payment for the provision of Durable Medical Equipment Supplies and Appliances (DMEPOS) to nursing facilities serving ventilator-dependent individuals, with a retroactive effective date of July 1, 2020. The proposed request received CMS approval on October 15, 2020 and it will be in effect until the termination of the public health emergency.

PRTF Rate Reinstatement (14-day EXPEDITED) —The proposed revisions will increase the per diem rate paid to Psychiatric Residential Treatment Facilities (PRTFs) for individuals under 21 receiving inpatient psychiatric services in a PRTF. The rate will be increased to equal the rate paid prior to May 2016 when a 15% rate reduction was implemented for these providers. The rate change will help maintain infrastructure for residential care, with a goal of maintaining access to these services. The proposed rate increase is contingent upon, and must be preceded by, federal approval of the State's pending 1115(a) Institutions for Mental Disease (IMD) waiver. ***This item requests an expedited 14-day tribal consultation comment period.***

Specialty PRTF Rate Increase (14-day EXPEDITED) —The proposed revisions will increase the per diem rate paid to specialty Psychiatric Residential Treatment Facilities (PRTFs) for individuals under 21 with intellectual and/or developmental disabilities receiving inpatient psychiatric services in a specialty PRTF. The proposed revisions also make changes to the specialty PRTF staffing ratios and criteria for admission. Revisions will help support infrastructure for specialty providers serving children with specialized treatment needs, with a goal of increasing access to these specialized services and reducing out of state placements. The rate increase is contingent upon, and must be preceded by, federal approval of the State's pending 1115(a) Institutions for Mental Disease (IMD) waiver. ***This item requests an expedited 14-day tribal consultation comment period.***

Tribal Consultation Meeting Agenda
11 AM, November 3rd
Online Web X Meeting

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

- Diabetes Self-Management Education and Support (DSMES) Services
- "Certification for SoonerCare" Section Rewrite
- Provider Refund to Member when Copayment is Over-Collected
- Pay-for-Performance (PFP) Program
- Employment Services Offered through Developmental Disabilities Services
- Programs of All Inclusive-Care for the Elderly (PACE)
- Developmental Disabilities Services (DDS)
- ADvantage Waiver
- Appeals Language Cleanup
- Dental Revisions
- Electronic Visit Verification (EVV) Update
- Disaster Relief Supplemental Payments to Nursing Facilities for Ventilator-Dependent Individuals
- PRTF Rate Reinstatement
- Specialty PRTF Rate Increase

3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
   - MCO RFP update – Traylor Rains, Deputy State Medicaid Director
4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, January 5th, 2021

Proposed Rule, State Plan, and Waiver Amendments

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change will help maintain infrastructure for residential care, with a goal of maintaining access to these services. The proposed rate increase is contingent upon, and must be preceded by, federal approval of the State's pending 1115(a) Institutions for Mental Disease (IMD) waiver. ***This item requests an expedited 14-day tribal consultation comment period.***

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OHCA SOONERCARE TRIBAL CONSULTATION 14TH ANNUAL MEETING

Nov. 12, 2020 | Meeting Agenda

9 – 9:10 A.M.	**Introductions** • Individual introductions of tribal leaders, OHCA staff and guests
9:10 – 9:15 A.M.	**Welcome** • Kevin Corbett, OHCA CEO • Marty Wofford, Southern Plains Tribal Health Board, Chairperson
9:15 – 9:30 A.M.	**OHCA Tribal Government Relations Annual Report** • Dana Miller, OHCA Tribal Government Relations Director
9:30 A.M. – 12 P.M.	**Tribal Leaders Roundtable Discussion**
12 P.M.	**Summary and Conclusion of Meeting**

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OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2020-11

December 22nd, 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 January 5th, 2021 at 11 a.m. OHCA invites you to attend this meeting via webinar, 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 apprised 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.

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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,

Dana Miller
Director, Tribal Government Relations

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Proposed Rule, State Plan, and Waiver Amendments

State Treasurer's Achieving a Better Life Experience (STABLE) Accounts — Achieving a Better Life Experience (ABLE) accounts are tax-favored savings accounts administered by the Oklahoma State Treasurer's office for individuals with disabilities. Policy changes will further define eligibility rules for individuals making contributions to a STABLE account and then subsequently applying for SoonerCare long-term care services.

OMB Rate for Tribal Providers of Residential Substance Use Disorder Services (SUD) in a Non-IMD — The OHCA originally presented policy changes and a state plan amendment request to establish coverage and reimbursement of residential substance use disorder (SUD) treatment services for individuals under the age of 21 and individuals age 21-64 residing in facilities with 16 beds or less in September 2020. At the time of the submission, the State requested reimbursement for all providers at a State-defined per diem rate. However, since submission of OK SPA 20-0035, Residential SUD Services, the State has received further guidance from CMS of options for reimbursement methodologies of residential services to tribal providers. Therefore, the State will seek to reimburse tribal providers an outpatient OMB rate for residential substance use disorder services. ***This item requests an expedited 30-day tribal consultation comment period.***

Applied Behavior Analysis (ABA) Services Revisions — The proposed revisions will clarify individualized treatment plan requirements, common ABA-based techniques, medical necessity criteria, and required documentation for ABA treatment extension requests. The proposed revisions will also allow licensed psychologists to render ABA services without additional ABA-related certification requirements. Other revisions will involve limited rewriting aimed at clarifying policy language.

Medicaid-Funded Abortion Certification Requirements — The proposed revisions will align with Title 63 of the Oklahoma Statutes §1-741.1 to require that the Certification for Medicaid-Funded Abortion form be completed by the physician and the patient before any medical procedure is rendered.

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Policy Revisions — The proposed revisions will align RHC/FQHC policy language with the Oklahoma Medicaid State Plan, federal regulations, and the OHCA's current business practices.

Peer Recovery Support Specialist (PRSS) Services in Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/Us) — The proposed revisions will add coverage and OMB reimbursement of PRSS services in I/T/Us. Additionally, the proposed revisions will add coverage and reimbursement of residential substance use disorder (SUD) treatment services in I/T/Us. Other revisions will reorganize policy for clarity and correct grammatical errors.

Lodging, Meals, and SoonerRide — The proposed revisions will update the lodging and meals policy by changing the allowed mileage radius from one hundred miles or more to fifty miles or more. This change improves access to the lodging and meals benefit and to medically necessary care. Additional changes will reformat and organize the existing policy in order to provide better clarity on how the approval process works for the lodging and meals benefit.
Furthermore, the proposed revisions will update and reformat the SoonerRide Non-Emergency Transportation (NEMT) policy to provide more clarity to providers and members. The proposed revisions will outline the specific services that SoonerRide NEMT offers and how members and long-term care facilities can request transportation assistance through SoonerRide NEMT. The proposed revisions to lodging and meals, as well as SoonerRide, will align policy with current business practices.

Sunsetting of Behavioral Health Homes — The Health Homes benefit will be phased out effective September 30, 2021; thereby, rendering the associated rule language obsolete. However, other care coordination models will still be in place to still serve this population. The policy will be removed from OHCA's Agency rules and the State Plan.

Audiologist Revisions — The proposed revisions will update the educational requirements for audiologists in order to align OHCA policy with the requirements that are found in the Board of Examiners policy for Speech-Language Pathology and Audiology.

Adult Inpatient Physician & Surgical Physician Visit Limitation — The proposed revisions will remove the 24-day per state fiscal year limit for covered inpatient physician and surgical services provided to adult SoonerCare members. The limitation is removed to align with current practice. Additionally, the removal of the limitation will require a state plan amendment to the alternative benefit plan for adults in the expansion group.

ADvantage Waiver — The proposed revisions will align waiver policy with the OHCA's overarching Electronic Visit Verification (EVV) rules. Additional revisions will eliminate or update outdated policy and fix grammatical errors.

Obstetrical (OB) Ultrasound — The proposed revisions will update the OB ultrasound policy to allow for both an abdominal and vaginal ultrasound to be performed in the first trimester when clinically appropriate and medically necessary; policy currently only allows for either an abdominal or vaginal ultra sound.

Clinical Trials — The proposed revisions will add guidelines for coverage of clinical trials medical necessity criteria for coverage of routine care services during a clinical trial, and clarifying that experimental and investigational treatment is not covered.

Oklahoma Human Services (OHS) COVID-19 Add-On Payment for Waiver Providers— Pursuant to the 1915(c) Home And Community-Based Services (HCBS) Waiver Instructions and Technical Guidance Appendix K: Emergency Preparedness and Response, the OHS is seeking to implement a provider rate increase to effectively respond to the COVID-19 pandemic. The state requires the flexibility to adjust provider rates to account for the increased risk factors associated with COVID-19, overtime, and to ensure that essential services remain available for waiver service recipients. Oklahoma has deemed it necessary to reimburse providers with an additional retroactive add-on COVID-19 rate. This add-on payment will apply to all services in which face-to-face contact is essential for beneficiary health and safety. The amount of the retroactive add-on payment rate will be for the time period of April 1, 2020 through September 30, 2020 and will not exceed 20% of the provider's current rate. The service providers impacted by the rate increase include those who provide services to members on the Medicaid In-Home Supports Waiver for Children, In-Home Supports Waiver for Adults, Homeward Bound Waiver, Community Waiver, and AD*vantage* Waiver.

Kevin Corbett | Chief Executive Officer **J. Kevin Stitt** | Governor

Rate Revisions for the Specialty, Standard, and Extended Psychiatric Residential Treatment Facilities (PRTFs) — The Oklahoma Mental Health & Substance Abuse (OMHSA) will seek approval of a State Plan Amendment (SPA) to revise rates for PRTFs. The established per diem base rate for standard populations will be restored from $286.08 to $336.57 (the rate prior to the 2016 budget reduction). The established per diem base rate for standard populations will be restored from $271.61 to $319.54 (the rate prior to the 2016 budget reduction). The established per diem base rate for specialty populations will increase from $340.04 to $550.00. ***This item requests an expedited 30-day tribal consultation comment period.***

Disaster Relief Funding for COVID-19 Vaccine Administration and ACIP Vaccine Administration – In response to the COVID-19 public health emergency, the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to the Centers for Medicare & Medicaid Services (CMS) on December 10, 2020. The request will allow physicians as well as pharmacists, pharmacy interns, and other qualified professionals, as per the Public Readiness and Emergency Preparedness (PREP) Act, to be reimbursed for the administration of the COVID-19 vaccine.

Additionally, the OHCA will extend the current vaccine administration reimbursement methodologies, as per the Medicaid State Plan, to pharmacists and other qualified professionals described in the PREP Act for all Advisory Committee on Immunization Practices (ACIP) recommended vaccines.

The DRSPA request has a retroactive proposed effective date of August 24, 2020 and will be in effect from the date of CMS approval until the termination of the public health emergency.

The OHCA will be submitting a subsequent SPA request to CMS to make the requests above permanent.

Disaster Relief Non-MAGI Hospital Presumptive Eligibility – In response to the COVID-19 public health emergency, the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to CMS on December 14, 2020 to allow hospitals to make hospital presumptive eligibility (HPE) determinations for non-MAGI individuals discharging from the inpatient hospital setting and transferring into a long-term care (LTC) facility. The proposed request will be effective from the date of CMS approval until the termination of the public health emergency.

Tribal Consultation Meeting Agenda
11 AM, January 5th
Online Microsoft Teams Meeting

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

- State Treasurer's Achieving a Better Life Experience (STABLE) Accounts
- OMB Rate for Tribal Providers of Residential Substance Use Disorder Services (SUD) in a Non-IMD
- Applied Behavior Analysis (ABA) Services Revisions
- Medicaid-Funded Abortion Certification Requirements
- Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Policy Revisions
- Peer Recovery Support Specialist (PRSS) Services in Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/Us)
- Lodging, Meals, and SooneRide
- Sunsetting of Behavioral Health Homes
- Audiologists Revisions
- Adult Inpatient Physician & Surgical Physician Visit Limitation
- ADvantage Waiver
- Obstetrical (OB) Ultrasound
- Clinical Trials
- Oklahoma Human Services (OHS) COVID-19 Add-On Payment for Waiver Providers
- Rate Revisions for the Specialty, Standard, and Extended Psychiatric Residential Treatment Facilities (PRTFs)
- Disaster Relief Funding for COVID-19 Vaccine Administration and ACIP Vaccine Administration
- Disaster Relief Non-MAGI Hospital Presumptive Eligibility

3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
   - MCO RFP update – Traylor Rains, Deputy State Medicaid Director
   - SoonerCare ITU PCMH redesign – Andrew Cohen, PHPG Director and Scott Wittman, PHPG Director

4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, March 2nd, 2021

Proposed Rule, State Plan, and Waiver Amendments

State Treasurer's Achieving a Better Life Experience (STABLE) Accounts — Achieving a Better Life Experience (ABLE) accounts are tax-favored savings accounts administered by the Oklahoma State Treasurer's office for individuals with disabilities. Policy changes will further define eligibility rules for individuals making contributions to a STABLE account and then subsequently applying for SoonerCare long-term care services.

OMB Rate for Tribal Providers of Residential Substance Use Disorder Services (SUD) in a Non-IMD — The OHCA originally presented policy changes and a state plan amendment request to establish coverage and reimbursement of residential substance use disorder (SUD) treatment services for individuals under the age of 21 and individuals age 21-64 residing in facilities with 16 beds or less in September 2020. At the time of the submission, the State requested reimbursement for all providers at a State-defined per diem rate. However, since submission of OK SPA 20-0035, Residential SUD Services, the State has received further guidance from CMS of options for reimbursement methodologies of residential services to tribal providers. Therefore, the State will seek to reimburse tribal providers an outpatient OMB rate for residential substance use disorder services. ***This item requests an expedited 30-day tribal consultation comment period.***

Applied Behavior Analysis (ABA) Services Revisions — The proposed revisions will clarify individualized treatment plan requirements, common ABA-based techniques, medical necessity criteria, and required documentation for ABA treatment extension requests. The proposed revisions will also allow licensed psychologists to render ABA services without additional ABA-related certification requirements. Other revisions will involve limited rewriting aimed at clarifying policy language.

Medicaid-Funded Abortion Certification Requirements — The proposed revisions will align with Title 63 of the Oklahoma Statutes §1-741.1 to require that the Certification for Medicaid-Funded Abortion form be completed by the physician and the patient before any medical procedure is rendered.

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Policy Revisions — The proposed revisions will align RHC/FQHC policy language with the Oklahoma Medicaid State Plan, federal regulations, and the OHCA's current business practices.

Peer Recovery Support Specialist (PRSS) Services in Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/Us) — The proposed revisions will add coverage and OMB reimbursement of PRSS services in I/T/Us. Additionally, the proposed revisions will add coverage and reimbursement of residential substance use disorder (SUD) treatment services in I/T/Us. Other revisions will reorganize policy for clarity and correct grammatical errors.

Lodging, Meals, and SoonerRide — The proposed revisions will update the lodging and meals policy by changing the allowed mileage radius from one hundred miles or more to fifty miles or more. This change improves access to the lodging and meals benefit and to medically necessary care. Additional changes will reformat and organize the existing policy in order to provide better clarity on how the approval process works for the lodging and meals benefit.
Furthermore, the proposed revisions will update and reformat the SoonerRide Non-Emergency Transportation (NEMT) policy to provide more clarity to providers and members. The proposed revisions will outline the specific services that SoonerRide NEMT offers and how members and long-term care facilities can request transportation assistance through SoonerRide NEMT. The proposed revisions to lodging and meals, as well as SoonerRide, will align policy with current business practices.

Sunsetting of Behavioral Health Homes — The Health Homes benefit will be phased out effective September 30, 2021; thereby, rendering the associated rule language obsolete. However, other care coordination models will still be in place to still serve this population. The policy will be removed from OHCA's Agency rules and the State Plan.

Audiologist Revisions — The proposed revisions will update the educational requirements for audiologists in order to align OHCA policy with the requirements that are found in the Board of Examiners policy for Speech-Language Pathology and Audiology.

Adult Inpatient Physician & Surgical Physician Visit Limitation — The proposed revisions will remove the 24-day per state fiscal year limit for covered inpatient physician and surgical services provided to adult SoonerCare members. The limitation is removed to align with current practice. Additionally, the removal of the limitation will require a state plan amendment to the alternative benefit plan for adults in the expansion group.

ADvantage Waiver — The proposed revisions will align waiver policy with the OHCA's overarching Electronic Visit Verification (EVV) rules. Additional revisions will eliminate or update outdated policy and fix grammatical errors.

Obstetrical (OB) Ultrasound — The proposed revisions will update the OB ultrasound policy to allow for both an abdominal and vaginal ultrasound to be performed in the first trimester when clinically appropriate and medically necessary; policy currently only allows for either an abdominal or vaginal ultra sound.

Clinical Trials — The proposed revisions will add guidelines for coverage of clinical trials medical necessity criteria for coverage of routine care services during a clinical trial, and clarifying that experimental and investigational treatment is not covered.

Oklahoma Human Services (OHS) COVID-19 Add-On Payment for Waiver Providers— Pursuant to the 1915(c) Home And Community-Based Services (HCBS) Waiver Instructions and Technical Guidance Appendix K: Emergency Preparedness and Response, the OHS is seeking to implement a provider rate increase to effectively respond to the COVID-19 pandemic. The state requires the flexibility to adjust provider rates to account for the increased risk factors associated with COVID-19, overtime, and to ensure that essential services remain available for waiver service recipients. Oklahoma has deemed it necessary to reimburse providers with an additional retroactive add-on COVID-19 rate. This add-on payment will apply to all services in which face-to-face contact is essential for beneficiary health and safety. The amount of the retroactive add-on payment rate will be for the time period of April 1, 2020 through September 30, 2020 and will not exceed 20% of the provider's current rate. The service providers impacted by the rate increase include those who provide services to members on the Medicaid In-Home Supports

Waiver for Children, In-Home Supports Waiver for Adults, Homeward Bound Waiver, Community Waiver, and AD*vantage* Waiver.

Rate Revisions for the Specialty, Standard, and Extended Psychiatric Residential Treatment Facilities (PRTFs) — The Oklahoma Mental Health & Substance Abuse (OMHSA) will seek approval of a State Plan Amendment (SPA) to revise rates for PRTFs. The established per diem base rate for standard populations will be restored from $286.08 to $336.57 (the rate prior to the 2016 budget reduction). The established per diem base rate for standard populations will be restored from $271.61 to $319.54 (the rate prior to the 2016 budget reduction). The established per diem base rate for specialty populations will increase from $340.04 to $550.00. ***This item requests an expedited 30-day tribal consultation comment period.***

Disaster Relief Funding for COVID-19 Vaccine Administration and ACIP Vaccine Administration – In response to the COVID-19 public health emergency, the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to the Centers for Medicare & Medicaid Services (CMS) on December 10, 2020. The request will allow physicians as well as pharmacists, pharmacy interns, and other qualified professionals, as per the Public Readiness and Emergency Preparedness (PREP) Act, to be reimbursed for the administration of the COVID-19 vaccine. Additionally, the OHCA will extend the current vaccine administration reimbursement methodologies, as per the Medicaid State Plan, to pharmacists and other qualified professionals described in the PREP Act for all Advisory Committee on Immunization Practices (ACIP) recommended vaccines. The DRSPA request has a retroactive proposed effective date of August 24, 2020 and will be in effect from the date of CMS approval until the termination of the public health emergency. The OHCA will be submitting a subsequent SPA request to CMS to make the requests above permanent.

Disaster Relief Non-MAGI Hospital Presumptive Eligibility – In response to the COVID-19 public health emergency, the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to CMS on December 14, 2020 to allow hospitals to make hospital presumptive eligibility (HPE) determinations for non-MAGI individuals discharging from the inpatient hospital setting and transferring into a long-term care (LTC) facility. The proposed request will be effective from the date of CMS approval until the termination of the public health emergency.

OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

TRIBAL HEALTH CARE UPDATES

Preserving 100% federal match

American Indian/Alaskan Native members will be classified as "Opt-In" to managed care, which means they will have the choice to remain in the OHCA patient-centered medical home model or choose to become a SoonerSelect member enrolled in a managed care plan. If they do *not* choose to opt-in to managed care, the billing and claims process will remain as it is today with all IHCP claims being sent to and paid by OHCA.

If a member chooses to enroll in a managed care plan:

- OHCA will reimburse Indian Health Care Providers (IHCP) for services eligible for 100% federal reimbursement and are provided by an IHCP to AI/AN Health Plan enrollees.
- If the service is not eligible for 100% federal reimbursement, IHCPs will bill the managed care organization (MCO) regardless of whether or not the IHCP is contracted with the MCO in- or out-of-network.
- If an IHCP renders services to a non-AI/AN individual who is in a managed care plan, the IHCP will bill the MCO regardless of whether or not the IHCP is contracted with the MCO.

In accordance with CMS State Health Official Letter #16-002, IHS/Tribal facilities may enter into care coordination agreements with non-IHS/Tribal providers to furnish certain services for AI/AN eligibles and Health Plan enrollees. Such services are eligible for 100% federal funding.

- Providers will bill the MCO regardless of whether or not the provider is contracted with the MCO.
- Managed care organizations shall provide reporting in the timeframe and format required by OHCA to facilitate the state's collection of 100% federal funding for these services.
- Managed care organizations shall also facilitate the development of care coordination agreements between Indian Health Care Providers and other non-IHS/Tribal providers as necessary to support the provision of services for AI/AN Health Plan enrollees.

Managed care organizations will be required to have a tribal liaison to ensure Indian Health Care Providers have a single point of contact and to advise the MCOs on tribal policies.

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OKLAHOMA
Health Care Authority

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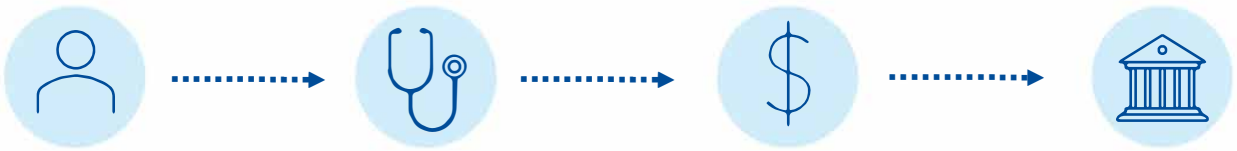


SoonerSelect AI/AN member

Receives care with IHCP

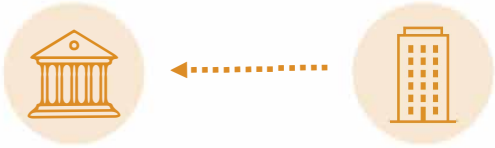
IHCP bills OHCA

OHCA claims 100% FMAP

SoonerSelect AI/AN member

Receives care with IHCP

IHCP refers to a non-IHCP



OHCA claims 100% FMAP

Non-IHCP bills SoonerSelect MCO

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NOTICE OF PUBLIC COMMENT PERIOD FOR ENROLLMENT OF CERTAIN MEDICAID MEMBERS UNDER THE DEMONSTRATION AND IMPLEMENTATION OF SOONERSELECT MANAGED CARE MODEL

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 its 1115(a) demonstration waiver as required by the demonstration's special terms and conditions to the Centers for Medicare & Medicaid Services (CMS). The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

This notice provides details about the waiver amendment submission and serves to open the 30-day public comment period, which closes on February 3, 2021.

Prior to finalizing the proposed waiver amendment, the OHCA will consider all written public comments received. The comments will be summarized and addressed in the final version submitted to CMS.

1

WAIVER AMENDMENT SUMMARY AND OBJECTIVES

The OHCA seeks modifications to the SoonerCare 1115 Demonstration's Special Terms and Conditions to authorize the following program changes:

- Enroll the Expansion Adult Group under the Demonstration;
- Enroll the Former Foster Care Group under the Demonstration; and
- Enroll qualified individuals on a mandatory basis in SoonerSelect (the State's comprehensive managed care model)

The OHCA seeks an amendment with effective dates of July 1, 2021 through the end of the Demonstration on December 31, 2023.

The proposed amendment will support the following goals:

- Reduce the number of uninsured Oklahomans;
- Improve health outcomes for Oklahomans;
- Transform payment and delivery system reform statewide by moving toward value-based payment and away from payment based on volume;
- Improve SoonerCare Eligibles' access to and satisfaction with necessary services;
- Contain costs through improved service coordination; and
- Increase cost predictability to the State.

Inclusion of the Expansion Adult Group under the SoonerCare Demonstration

The OHCA seeks to add the Expansion Adult Group under the Demonstration to authorize the following:

- *Waive Retroactive Eligibility* - The current SoonerCare Demonstration waives retroactive eligibility for most enrolled adults, with the exception of pregnant women and individuals enrolled in the Aged, Blind and Disabled (ABD) eligibility group. The OHCA seeks authority to waive of retroactive eligibility for the Expansion Adult Group, effective July 1, 2021.
- *Enroll Expansion Adults in SoonerSelect* – Oklahoma intends to enroll the Adult Expansion Group in SoonerSelect on a mandatory basis, with a targeted effective enrollment date of October 1, 2021.

Inclusion of the Former Foster Care Eligibility Group under the Demonstration

The State seeks authority to include the Former Foster Care Group under the Demonstration effective July 1, 2021 and enroll the Group in SoonerSelect with a targeted effective enrollment date of October 1, 2021. Individuals in this group will have the option of enrolling with the SoonerSelect Specialty Children's Plan or a SoonerSelect Plan.

SoonerSelect Managed Care Model

The OHCA seeks to further advance the goals of the Demonstration through implementation of SoonerSelect, a comprehensive Medicaid managed care model. The OHCA intends to contract with managed care organizations (MCOs) and prepaid ambulatory health plans (PAHPs), via a competitive procurement process, with demonstrated success in increasing access to quality care and improving health outcomes through care coordination, prioritization of preventive care and encouraging SoonerCare participants to seek care from the appropriate healthcare provider type.

All participating MCOs and PAHPs must demonstrate compliance with federal Medicaid managed care regulations found at 42 CFR § 438. The OHCA will assure compliance with federal and state statutes, regulations and policies through plan readiness reviews, ongoing monitoring and External Quality Review (EQR) activities.

BENEFICIARY IMPACT: ELIGIBILITY AND ENROLLMENT

Eligibility

On June 30, 2020, the Oklahoma Medicaid Expansion Initiative, State Question 802, passed by a majority vote to expand Medicaid eligibility to adults ages 19-64 whose income is at or below 138% FPL. In accordance with the ballot initiative, the effective date for the expansion is July 1, 2021.

On July 31, 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.

In alignment with the SPA, the Expansion Adult Group will include individuals who:

- Have attained age 19 but not age 65;
- Are not pregnant;
- Are not entitled to or enrolled for Part A or B Medicare benefits; and
- 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. The OHCA estimates average monthly enrollment of 175,623 for the Expansion Adult Group in State Fiscal Year 2022 (July 1, 2021 - June 30, 2022).

Transition: Insure Oklahoma to Expansion Adult Group

The current SoonerCare Demonstration provides authority for the State to operate Insure Oklahoma, which includes two distinct programs:

- Insure Oklahoma Individual Plan (IO IP) - Offers limited coverage for uninsured Oklahomans, Ages 19 to 64 with incomes up to 100% of the Federal Poverty Level (FPL). IO IP is administered by the OHCA and program participants access care through the IO-participating providers. Individuals pay a monthly premium based on income.

- Insure Oklahoma Employer-Sponsored Insurance (IO ESI) – Offers subsidies for coverage provided through qualifying employers on behalf of individuals and their families with incomes up to 200% of the FPL.

On July 31, 2020, the OHCA issued Public Notice regarding the State's Insure Oklahoma Phase-Out Plan and demonstration amendment request. The Phase-Out Plan describes the process by which individuals currently enrolled in Insure Oklahoma will be transitioned to the Expansion Adult Group. Proposed changes to Insure Oklahoma are further detailed in the Insure Oklahoma Phase-Out Plan as required by the SoonerCare Demonstration's STCs. The proposed modifications will ensure continuity of care by making the transition of eligible Insure Oklahoma members to the Expansion Adult Group as seamless and effortless as possible. The reforms also will improve access to high-quality, person-centered services that produce positive health outcomes for individuals who were previously under or uninsured.

Transition: SoonerPlan Members to Adult Expansion Group

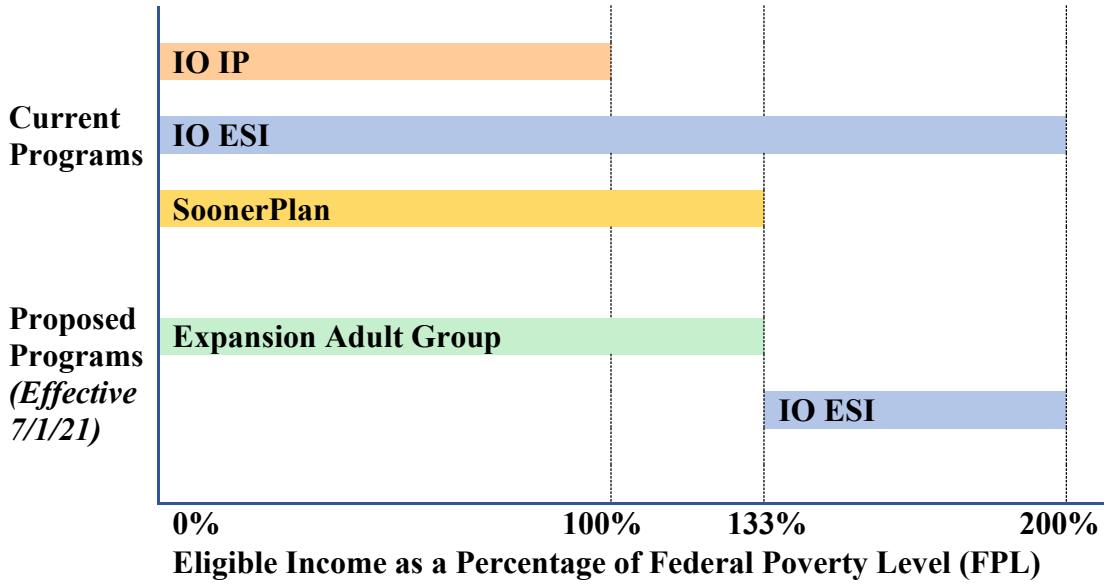
Oklahoma currently operates SoonerPlan, the State's Medicaid family planning program. SoonerPlan provides family planning benefits for non-pregnant women and men Ages 19 and above with incomes at or below 133% of the FPL. As of October of 2020, 41,037 individuals were enrolled in SoonerPlan.

Effective July 1, 2021, individuals with incomes at or below 133% of the FPL will be eligible for coverage under the Expansion Adult Group and will have access to a comprehensive array of health services, including family planning services.

The OHCA will transition current SoonerPlan members to the Adult Expansion Group. The OHCA will reprocess eligibility automatically for individuals enrolled in SoonerPlan as of June 2021 to enroll members in the Adult Expansion Group. Members will receive notification of the upcoming change to their eligibility and benefits in the spring of 2021. Members will receive follow-up case status notifications in June, 2021.

A summary of the proposed changes to eligibility is presented in the diagram below.

Summary of Program Eligibility as a Percentage of Federal Poverty Level, Current and Proposed



SoonerSelect Enrollment

The table below provides a summary of State Plan eligibility groups currently enrolled under the SoonerCare Demonstration that will be enrolled in SoonerSelect, effective October 1, 2021.

SoonerSelect Enrollment: State Plan Groups

State Plan Group	FPL and/or Other Qualifying Criteria	Demonstration Populations
Pregnant women and infants under age 1 1902(a)(10)(A)(i)(IV)	Up to and including 133 % FPL	1: TANF-Urban 2: TANF-Rural
Children 1-5 1902(a)(10)(A)(i)(VI)	Up to and including 133 % FPL	1: TANF-Urban 2: TANF-Rural
Children 6-18 1902(a)(10)(A)(i)(VII)	Up to and including 133% FPL	1: TANF-Urban 2: TANF-Rural
IV-E Foster Care or Adoption Assistance Children	Automatic Medicaid eligibility	1: TANF-Urban 2: TANF-Rural
Parents and Caretaker Relatives (1931 low income families)	Fixed monthly income limit, per approved State Plan	1: TANF-Urban 2: TANF-Rural
Pickle Amendment	Up to SSI limit	1: TANF-Urban 2: TANF-Rural
Early Widows/Widowers	Up to SSI limit	1: TANF-Urban 2: TANF-Rural
Targeted Low-Income Child	Up to and including 185% FPL	9: CHIP Medicaid Expansion Children
Infants under age 1 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Children 1-5 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Children 6-18 through CHIP Medicaid expansion	Above 133% - 185% FPL and for whom the state is claiming title XXI funding.	9: CHIP Medicaid Expansion Children
Non-IV-E foster care children under age 21 in State or Tribal custody	AFDC limits as of 7/16/1996	1: TANF-Urban 2: TANF-Rural

The tables below provide a summary of estimated enrollment in SoonerSelect. The figures reflect average monthly enrollment between September 2019 and August 2020, with the exception of Expansion Adults which reflects projected monthly enrollment. This data includes enrollment increases that were attributed to COVID-19, including requirements to maintain eligibility for otherwise ineligible individuals in accordance with Section 6008 of the Families First Coronavirus Response Act (FFCRA).

Estimated Enrollment: SoonerSelect Plan and SoonerSelect Dental Plan

Eligibility Group	Enrollment
Children (Medicaid and Children's Health Insurance Program [CHIP])	481,584
Deemed Newborns	1,959
Pregnant Women	21,015
Parent and Caretaker Relatives	62,199
Expansion Adults (projected – enrollment to begin 7/1/21)	175,623
TOTAL	**742,380**

Estimated Enrollment: SoonerSelect Specialty Children's Plan and SoonerSelect Dental Plan

Eligibility Group	Enrollment
Former Foster Children	706
Juvenile Justice Involved	558
Foster Care	9,407
Children Receiving Adoption Assistance	20,743
TOTAL	**31,414**

Enrollment: SoonerSelect Specialty Children's Plan

The following eligibility groups will be mandatorily enrolled in the SoonerSelect Specialty Children's Plan upon entering custody of the state:

- Foster Care Children (FC); and
- Certain children in the custody of OJA (JJ).

Former Foster Children, Children Receiving Adoption Assistance and children with an open prevention service case will have the option to enroll in the SoonerSelect Specialty Children's Plan. During the open enrollment period, these Eligibles (parents/guardians) may choose to enroll in the SoonerSelect Specialty Children's Plan or a SoonerSelect MCO. Eligibles who do not make a selection will be enrolled automatically with the Specialty Children's Plan.

Enrollment: American Indians and Alaska Native (AI/AN) Members

AI/AN Members who are determined eligible for a SoonerCare population will have the option to voluntarily enroll in the SoonerSelect program through an opt-in process.

FISCAL PROJECTIONS

The requested amendment does not change the budget neutrality model for current Demonstration populations. (The impact of changes to the Insure Oklahoma program on the Demonstration's Budget Neutrality model are addressed in the separately-submitted Insure Oklahoma amendment request.)

Expenditures and Enrollment: Expansion Adult Group

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$ 606.12	$ 632.79	$ 660.63
Total Expenditures	$ 632,365,282	$ 1,346,779,893	$ 1,434,157,228

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$ 593.57	$ 589.73	$ 607.42
Total Expenditures	$ 619,271,313	$ 1,255,144,851	$ 1,318,653,576
Annual Surplus (Deficit)	***$ 13,093,970***	***$ 91,635,042***	***$ 115,503,652***
Cumulative Surplus (Deficit)	***$ -***	***$ 104,729,012***	***$ 220,232,664***

Expenditures and Enrollment: Former Foster Care Group

The tables on the following page present the estimated enrollment and expenditures for the Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 51.27	$ 62.33	$ 73.87
Total Expenditures	$ 1,053,826	$ 2,241,312	$ 2,385,940

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 245.62	$ 243.56	$ 250.87
Total Expenditures	$ 1,030,109	$ 2,080,972	$ 2,185,546
Annual Surplus (Deficit)	***$ 23,717***	***$ 160,341***	***$ 200,394***
Cumulative Surplus (Deficit)	***$ -***	***$ 184,058***	***$ 384,452***

BENEFITS, COST SHARING AND HEALTH CARE DELIVERY SYSTEM

Covered Benefits

The proposed amendment will preserve and enhance covered services for eligible individuals. All Medicaid-covered benefits as described in the State Plan will be provided by SoonerSelect MCOs and PAHPs. Benefits for Expansion Adults are based on the Alternative Benefit Plan. Covered benefits for the three SoonerSelect programs are described in detail in the SoonerSelect Plan and SoonerSelect Dental Program RFPs.

Contractors will also coordinate with providers of benefits outside of the SoonerSelect capitation to promote service integration and the delivery of holistic, person- and family-centered care.

Contractors may offer Value-Added Benefits and services in addition to the capitated benefit package to support the health, wellness and independence of Health Plan Enrollees and to advance the State's objectives for the SoonerSelect program. This may include, but is not

limited to vision, DME, transportation, pharmacy and physician services for Health Plan Enrollees in excess of fee-for-service program limits. Value-Added Benefits and Services, if offered, shall not be included in determining the Contractor's Capitation Rates.

In accordance with 42 C.F.R. § 438.3(e), Contractors may provide services or settings that are in lieu of services or settings covered under the State Plan if:

- The Contractor has proposed any in lieu of services or settings in its response to the Solicitation and OHCA determines that the proposal is a medically appropriate and cost-effective substitute for the covered service or setting under the State Plan; and
- The Health Plan Enrollee is not required by the Contractor to use the alternative service or setting.

Examples of in lieu of services include, but are not limited to:

- Applied Behavior Analysis
- Multi Systemic Therapy

Cost Sharing

Health Plans and their network providers (Participating Providers) may charge Health Plan Enrollees only the amounts allowed by the OHCA. The Participating Provider shall accept payment made by the Contractor as payment in full for covered services, and the Participating Provider shall not solicit or accept any surety or guarantee of payment from the Health Plan Enrollee, OHCA or the State.

Any Cost Sharing imposed by the Contractors shall be in accordance with Medicaid FFS requirements as outlined in OHCA State Plan and 42 C.F.R. §§ 447.50 through 447.56.

Contractors shall not impose premiums on any Health Plan Enrollees. In accordance with 42 C.F.R. § 447.56, the Contractor shall not impose Cost Sharing upon any of the following:

- Health Plan Enrollees under age 21;
- Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in Foster Care and individuals receiving benefits under Part E of that title, without regard to age;
- Pregnant Women for Pregnancy-Related Services during the pregnancy and through the 60-day postpartum period;
- Any Health Plan Enrollee whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs;
- Health Plan Enrollees receiving hospice care, as defined in section 1905(o) of the Act;
- An AI/AN Health Plan Enrollee who is eligible to receive or has received an item or service furnished by an IHCP or through referral under purchase and referred care is exempt from premiums. AI/AN Health Plan Enrollees who are currently receiving or have ever received an item or service furnished by an IHCP or through referral under purchase and referred care are exempt from all Cost Sharing; and

- Health Plan Enrollees receiving Medicaid due to a diagnosis of breast or cervical cancer in accordance with 42 C.F.R. § 435.213.

In accordance with 42 C.F.R. § 447.56, Contractors shall implement processes to ensure Cost Sharing is not imposed on any of the following services:

- Emergency Services;
- Family Planning Services and Supplies;
- Preventive Services, which includes, at minimum the services specified at 42 C.F.R. § 457.520 provided to children under 18 years of age regardless of family income, which reflect the well- baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics;
- Pregnancy-Related Services; and
- Provider-Preventable Services.

In accordance with 42 C.F.R. § 447.56(f), a Health Plan Enrollee's total Cost Sharing shall not exceed five percent of the Health Plan Enrollee's household income applied on a monthly basis. The Contractor shall report Health Plan Enrollee Cost Sharing to the MMIS according to a process defined by OHCA. The MMIS will aggregate the Contractor's Cost Sharing data with household Cost Sharing and Health Plan Enrollee Cost Sharing incurred for any Excluded Benefits and will notify Contractors when a Health Plan Enrollee has met the five percent aggregate limit. Contractors shall ensure that Copayments are not deducted from Provider claims reimbursement through the end of the month. Contractors shall notify the Health Plan Enrollee and Providers when the aggregate limit has been met and that Cost Sharing will not apply for the remainder of the month.

Health Care Delivery System

The OHCA seeks approval to modify the 1115 Demonstration's Special Terms and Conditions for the current extension period that will be in effect through the end of the Demonstration (December 31, 2023). The OHCA intends to enroll qualified members into the following statewide, coordinated care models, with an effective enrollment date of October 1, 2021:

- SoonerSelect Plan
- SoonerSelect Dental Program
- SoonerSelect Specialty Children's Plan

All participating MCOs and PAHPs must demonstrate compliance with federal Medicaid managed care regulations found at 42 CFR § 438. The OHCA will assure compliance with federal and state statutes, regulations and policies through plan readiness reviews, ongoing monitoring and External Quality Review (EQR) activities.

The table on the following page summarizes the three coordinated care models.

Summary of SoonerSelect Coordinated Care Models

Model	SoonerCare Populations Served	Benefits	Contracted Entities
SoonerSelect Plan	Children, Deemed Newborns, Pregnant Women, Parent and Caretaker Relatives, and Expansion Adults	Physical health, behavioral health and pharmacy benefits	MCOs
SoonerSelect Specialty Children's Plan	Former Foster Care Children, Juvenile Justice Involved Youth, Children in Foster Care and Children Receiving Adoption Assistance and Children receiving prevention services from the Oklahoma Human Services Child Welfare Division	Physical health, behavioral health and pharmacy benefits	Single MCO
SoonerSelect Dental Plan	Populations listed above	Dental benefits	PAHPs

Additional information regarding the SoonerSelect program is detailed in the two Requests for Proposals issued by the OHCA. The RFPs and related information about the procurement is available for review at: https://okhca.org/about.aspx?id=74.

DEMONSTRATION EVALUATION

The approved evaluation design includes hypotheses related to evaluation of access, quality and cost effectiveness under the Demonstration. The evaluation design will be modified to specifically evaluate SoonerSelect. The evaluator also will include the Adult Group as a distinct segment within the evaluation and will stratify data, as appropriate, to produce findings specific to this population.

The approved evaluation design identifies evaluation activities specific to the Demonstration's current care coordination models, HANs and HMP. Hypotheses specific to the current care coordination models relate to improved access to care, health quality/outcomes, satisfaction, emergency room utilization and cost-effectiveness. The evaluation design will be modified to also test these hypotheses for individuals enrolled in SoonerSelect.

The approved evaluation design 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 Expansion Adult Group as a distinct segment within this portion of the evaluation and will stratify all data to produce findings specific to this population.

Following approval of the amendment request, the OHCA will prepare and submit a revised Evaluation Design for CMS review and approval, in accordance with requirements and timelines specified by CMS.

WAIVER AND EXPENDITURE AUTHORITY

The OHCA seeks to extend currently approved waivers and requests any additional waivers necessary to waive retroactive eligibility for the Expansion Adult Group and operate SoonerSelect, including:

Comparability Section 1902(a)(10)(B) and 1902(a)(17). To permit the State to offer a different benefit package to individuals enrolled in SoonerSelect.

Freedom of Choice Section 1902(a)(23)(A): To permit the State to restrict Medicaid enrollees to receiving services through participating SoonerSelect Contractors and to permit the State to contract with a single MCO for the SoonerSelect Specialty Children's Plan.

Retroactive Eligibility Section 1902(a)(34): To permit the State to waive retroactive eligibility for Demonstration participants, with the exception of pregnant women (and during the 60-day period beginning on the last day of pregnancy), children described in section 1902(l)(4) of the Act, the Tax Equity and Fiscal Responsibility Act (TEFRA) and Aged, Blind, and Disabled populations.

ADDITIONAL INFORMATION AND COMMENTS

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice(s), a link to provide public comments on the proposal, supplemental information, and updates.

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 through the OHCA policy blog will be available for review online at www.okhca.org/PolicyBlog. Other written comments are available upon request at federal.authorities@okhca.org. Comments will be accepted until February 3, 2021.

ABBREVIATED PUBLIC NOTICE

Pursuant to Sections 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 its 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

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With this amendment, the OHCA seeks approval of the following modifications to the 1115(a) demonstration Special Terms and Conditions (STCs), effective July 1, 2021 through the end of the waiver demonstration on December 31, 2023:

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- Add the Former Foster Care Group under the Demonstration for the purpose of enrolling this Group in SoonerSelect; and
- Enroll qualified individuals in SoonerSelect, with a targeted effective enrollment date of October 1, 2021.

Budget Neutrality Impact: Current Demonstration

The requested amendment does not change the budget neutrality model for current Demonstration populations.

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group and Former Foster Care Group with and without the Demonstration.

1

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$ 606.12	$ 632.79	$ 660.63
Total Expenditures	$ 632,365,282	$ 1,346,779,893	$ 1,434,157,228

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
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Per Member Per Month (PMPM)	$ 593.57	$ 589.73	$ 607.42
Total Expenditures	$ 619,271,313	$ 1,255,144,851	$ 1,318,653,576
Annual Surplus (Deficit)	***$ 13,093,970***	***$ 91,635,042***	***$ 115,503,652***
Cumulative Surplus (Deficit)	***$ -***	***$ 104,729,012***	***$ 220,232,664***

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 51.27	$ 62.33	$ 73.87
Total Expenditures	$ 1,053,826	$ 2,241,312	$ 2,385,940

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 245.62	$ 243.56	$ 250.87
Total Expenditures	$ 1,030,109	$ 2,080,972	$ 2,185,546
Annual Surplus (Deficit)	***$ 23,717***	***$ 160,341***	***$ 200,394***
Cumulative Surplus (Deficit)	***$ -***	***$ 184,058***	***$ 384,452***

Additional Information and Comments

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice, and a link to provide public comments on the proposal. 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 amendment and phase-out plan 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 at www.okhca.org/PolicyBlog. Comments will be accepted on the waiver proposal January 4, 2021 through February 3, 2021.

Norman Transcript
1/3/21

PROOF OF PUBLICATION

In the District Court of Cleveland County,
State of Oklahoma

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 January 3, 2020

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.

[redacted]

Signature

Subscribed and sworn before me on the 3rd day of January, 2020

[redacted]

My commission expires
07-10-24

Notary Public
Commission #
20008340

A copy of this affidavit of publication was delivered to the Office of the Cleveland County Court Clerk on January 3, 2021

TINA ANDERSON NOTARY # 20008340 EXP 07/10/24 PUBLIC STATE OF OKLAHOMA

Please include the case number on your check.

(Published in The Norman Transcript January 3, 2021, 1t)

ABBREVIATED PUBLIC NOTICE

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Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver of Retroactive Eligibility for the Expansion Adult Group and Implementation of SoonerSelect

With this amendment, the OHCA seeks approval of the following modifications to the 1115(a) demonstration Special Terms and Conditions (STCs), effective July 1, 2021 through the end of the waiver demonstration on December 31, 2023:

Add the Expansion Adult Group under the Demonstration for the purposes of waiving retroactive eligibility and enrolling the Expansion Adult Group in SoonerSelect, the State's comprehensive Medicaid managed care model;

Add the Former Foster Care Group under the Demonstration for the purpose of enrolling this Group in SoonerSelect; and

Enroll qualified individuals in SoonerSelect, with a targeted effective enrollment date of October 1, 2021

Budget Neutrality Impact: Current Demonstration

The requested amendment does not change the budget neutrality model for current Demonstration populations.

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group and Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver			
	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
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Annual Surplus (Deficit)	*$ 13,093,970*	*$ 91,635,042*	*$ 115,503,652*
Cumulative Surplus (Deficit)	*$ -*	*$ 104,729,012*	*$ 220,232,664*

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver			
	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 51.27	$ 62.33	$ 73.87
Total Expenditures	$ 1,053,826	$ 2,241,312	$ 2,385,940
Projected Enrollment and Expenditures: With Waiver			
	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 245.62	$ 243.56	$ 250.87
Total Expenditures	$ 1,030,109	$ 2,080,972	$ 2,185,546
Annual Surplus (Deficit)	*$ 23,717*	*$ 160,341*	*$ 200,394*
Cumulative Surplus (Deficit)	*$ -*	*$ 184,058*	*$ 384,452*

Additional Information and Comments

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice, and a link to provide public comments on the proposal. 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 amendment and phase-out plan 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 at www.okhca.org/PolicyBlog. Comments will be accepted on the waiver proposal January 4, 2021 through February 3, 2021.

TULSA WORLD

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Date
January 04, 2021

Date	Category	Description	Ad Size
01/04/2021	Legal Notices	ABBREVIATED PUBLIC NOTICE	4 x 82.00 CL

Affidavit of Publication

I, [redacted], 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

01/04/2021

[redacted]
Legal Representative

Newspaper reference: 0000682546

Sworn to and subscribed before me this date: 1-4-21

[redacted]
Notary Public

My Commission expires 10-14-24

Ad copy attached

M. MARSHALL
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES OCT. 14, 2024
COMMISSION # 20012760

La semana
12/30/20

ABBREVIATED PUBLIC NOTICE

Pursuant to Sections 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 its 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver of Retroactive Eligibility for the Expansion Adult Group and Implementation of SoonerSelect

With this amendment, the OHCA seeks approval of the following modifications to the 1115(a) demonstration Special Terms and Conditions (STCs), effective July 1, 2021 through the end of the waiver demonstration on December 31, 2023.

- Add the Expansion Adult Group under the Demonstration for the purposes of waiving retroactive eligibility and enrolling the Expansion Adult Group in SoonerSelect, the State's comprehensive Medicaid managed care model;
- Add the Former Foster Care Group under the Demonstration for the purpose of enrolling this Group in SoonerSelect; and
- Enroll qualified individuals in SoonerSelect, with a targeted effective enrollment date of October 1, 2021.

Budget Neutrality Impact: Current Demonstration

The requested amendment does not change the budget neutrality model for current Demonstration populations.

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group and Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,895
Per Member Per Month (PMPM)	$ 606.12	$ 632.79	$ 660.63
Total Expenditures	$ 632,365,282	$ 1,346,779,893	$ 1,434,157,228

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
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Member Months	1,043,305	2,128,332	2,170,895
Per Member Per Month (PMPM)	$ 593.57	$ 589.73	$ 607.42
Total Expenditures	$ 619,271,313	$ 1,255,144,851	$ 1,319,653,576
Annual Surplus (Deficit)	$ *13,093,970*	$ *91,635,042*	$ *115,503,652*
Cumulative Surplus (Deficit)	$ -	$ *104,729,012*	$ *220,232,664*

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 51.27	$ 62.33	$ 73.87
Total Expenditures	$ 1,033,826	$ 2,241,312	$ 2,385,940

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$ 245.62	$ 243.56	$ 250.87
Total Expenditures	$ 1,030,109	$ 2,080,972	$ 2,185,546
Annual Surplus (Deficit)	$ *3,717*	$ *160,341*	$ *200,394*
Cumulative Surplus (Deficit)	$ -	$ *164,058*	$ *364,452*

Additional Information and Comments

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice, and a link to provide public comments on the proposal. 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 amendment and phase-out plan 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 at www.okhca.org/PolicyBlog. Comments will be accepted on the waiver proposal January 4, 2021 through February 3, 2021.

Cristiano Ronaldo, Guardiola y Real Madrid, los mejores del siglo XXI

El portugués Cristiano Ronaldo, el técnico español Pep Guardiola y el Real Madrid, fueron elegidos como mejor jugador, entrenador y club del Siglo XXI, en la gala de los Globe Soccer Awards celebrada en Dubai, en la que Iker Casillas y Gerard Piqué recibieron un reconocimiento especial a sus exitosas carreras.

Cristiano Ronaldo superó en la votación a argentinos Lionel Messi, el bailarín Maradona y a Mohamed Salah. Presente en el lujoso Hotel Armani, el astro portugués recibió con emoción el premio. «Es precioso recibir este premio. Agradezco a todos los que me han votado a mí, familia, amigos y mis hermanos».

«Estar nominado junto a grandes futbolistas es un honor para mí. Esto me motiva aún más. Es increíble que los niños quieran ser como yo. Llevar el mismo corte de pelo. Los quiero ver por el mundo haciendo el sonido cuando marco», dijo.

La gala contó un deseo compartido por todos: el regreso de los aficionados a los estadios una vez se supere la pandemia del coronavirus. «Es aburrido jugar sin público», confesó Cristiano, «no me gusta nada jugar en estadios vacíos. Sin aficionados el fútbol no es nada».

Fue el mensaje con el que comenzó la gala el presidente de FIFA, Gianni Infantino, que contó un merecido especial a dos leyendas del fútbol recientemente fallecidas como el argentino Diego Armando Maradona y el italiano Paolo Rossi. «El fútbol es la cosa más importante de las cosas menos importantes. Recordamos lo que ha sufrido por la pandemia y lo importante que es el fútbol para la gente», recordó.

El jugador del año se alzó por delante del Bayern Munich Robert Lewandowski, que se impuso al propio Cristiano Ronaldo y Leo Messi. «Solo hemos perdido un partido en 2020 y ha marcado muchos goles. No sé qué me vaya a sentar en la mesa de Cristiano y Messi, sino que les invito a que se sienten en mi mesa», bromeó.

En el apartado de técnicos el gran ganador fue Pep Guardiola, elegido el mejor en la quinta lista del siglo. El actual técnico del Manchester City se impuso a Alex Ferguson, Zinedine Zidane y José Mourinho.

Guardiola and Real Madrid named best coach and club of the 21st century

Cristiano Ronaldo wasn't the only big winner at Sunday's Globe Soccer Awards, where he was named as the 21 century's best player, as Real Madrid and Pep Guardiola achievements were also honoured.

Robert Lewandowski also picked up the award for being 2020's best player at the ceremony, for which MARCA is the official newspaper, in Dubai.While Bayern Munich boss Hansi Flick beat Liverpool's Jurgen Klopp and Atalanta's Gian Piero Gasperini to be named 2020's best coach, it was Guardiola who picked up the biggest coaching honour, winning the Coach of the Century award, beating Jose Mourinho, Zinedine Zidane, and Sir Alex Ferguson.There was no doubting Bayern's win as the best club of 2020 ahead of Real Madrid and Liverpool, but it was the current Spanish champions who won the prize for the Club of the Century."Real Madrid are such a successful club thanks to the support of our many fans who drive us to constantly grow," said Emilio Butragueno, who received the award on Real Madrid's behalf.Jorge Mendes won the award for being the century's best agent. Iker Casillas and Gerard Pique also received recognition for their respective careers. MARCA

OKLAHOMAN 1/4/21

STATE OF OKLAHOMA,
COUNTY OF OKLAHOMA } SS.

Affidavit of Publication

Jerry Wagner, of lawful age, being first duly sworn, upon oath deposes and says that she/he is the Classified Legal Notice Admin, of GateHouse Media Oklahoma Holdings, Inc, a corporation, which is the publisher of *The Oklahoman* which is a daily newspaper of general circulation in the State of Oklahoma, and which is a daily newspaper published in Oklahoma County and having paid general circulation therein; that said newspaper has been continuously and uninterruptedly published in said county and state for a period of more than one hundred and four consecutive weeks next prior to the first publication of the notice attached hereto, and that said notice was published in the following issues of said newspaper, namely:

AEI ADVERTISING
80952

AdNumber	Publication	Page	Date
0000616623-01	OC- The Oklahoman	B7	01/04/2021

[redacted]
Agent: Jerry Wagner Date: 01/05/2021

Subscribed and sworn to be me before this date : 01/05/2021

[redacted]
Notary: Terri Roberts Date: 01/05/2021

TERRI ROBERTS NOTARY # 20014726 EXP. 12/04/24 PUBLIC STATE OF OKLAHOMA

772 E MOUNTAIN SAGE DRIVE, PHOENIX, AZ 85048, USA

0000616623 - Page 1 of 2

OKLAHOMAN 1/4/21

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OC-0000616623-01

The Black Chronicle CLASSIFIED

The Black Chronicle
P.O. Box 17-98 1528 N.E. 23rd Street
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OLD GUITARS WANTED! Larry bring$ ca$h for vintage USA guitars, tube amps, banjos, mandolins, etc. Fender, Gibson, Martin, Gretsch, others. Call or text 918-288-2222. www.stringswest.com

Real Estate-77

HOUSE FOR RENT – Northeast Remodeled & Painted Inside & Out. New Windows, Heat & A/C 1 BR, 1 Bath. $650.00 mo. First & Last mo. Rent Plus $200.00 Deposit. Call (405) 514-7067

Classified Deadline Is Tuesdays At 1 p.m.!

NOTICE TO BIDDER

Notice is hereby given that the Town of Forest Park, Oklahoma will receive bids in the office of the Town Clerk, 4201 N. Coltrane Road, Forest Park, OK 73121 until 4:00 p.m. CST on Monday, January 18, 2021.

THE TOWN OF FOREST PARK
ICE-STORM 2020 DEBRIS REMOVAL

Bids shall be sealed and marked "**SEALED ICE-STORM 2020 DEBRIS REMOVAL BID**." Bids will be opened and read aloud on Monday, January 18, 2021 at 4:00 p.m. at the Town of Forest Park Administration Building.

Bids shall be made in accordance with the Notice to Bidders and Bidding Documents which are on file and available for review at the Office of the Town Clerk and are made a part of this notice as fully set forth herein, and a copy of which may be obtained at the Forest Park Administration Building, located at 4201 N. Coltrane Road, Town of Forest Park, OK 73121.

The Bidder shall only use the Town of Forest Park Form and affidavits or photocopies thereof. All forms shall be typewritten or legibly written in ink, signed, and notarized.

The Town of Forest Park may issue addenda as may be necessary in the best interest of the public and the Town of Forest Park.

Bids shall be deposited at the Office of the Town Clerk, 4201 N. Coltrane Road., Town of Forest Park, OK 73121, not more than 96 hours, excluding Saturdays, Sundays and holidays prior to the Bid Date and Bid Time. Bids received more than ninety-six (96) hours, excluding Saturdays, Sundays, and holidays, before the time set for opening of bids, as well as bids received after the time set for the opening of bids, will not be considered and will be returned unopened.

The Town of Forest Park reserves the right to reject any or all bids and reserves the right to waive immaterial defects and irregularities.
For additional bidding information, contact the Office of the Town Clerk at 405-424-1212 or the Forest Park Emergency Manager at 405-823-2728.

PRE-BID CONFERENCE
MONDAY, DECEMBER 28, 2020
10:00 AM
4201 NORTH COLTRANE ROAD
FOREST PARK, OKLAHOMA 73121
COURT ROOM

PUBLIC NOTICE

Newspapers are more than just the traditional medium for notices. Newspapers watch government closely and report on government activities.

Newspapers are credible, independent, and can guarantee readership. Newspapers are passed along to other readers, and can provide affidavits of publication.

www.oklahomanotices.com
for free access to public notices in Oklahoma newspapers

FREEDOM CENTER OF OKLAHOMA CITY LLC
Mailing Address: P. O. Box 36421
Oklahoma City, Oklahoma 73136
2609 N. Martin L. King Avenue
Oklahoma City, Oklahoma 73111
Phone: (405) 510-7814 - email: lendeyben@att.net

PROJECT COORDINATOR POSITION ANNOUNCEMENT

Freedom Center of Oklahoma City, a 501 c 3 nonprofit organization, is accepting applications for a new fulltime Project Coordinator position. Freedom Center of Oklahoma City owns the historic Freedom Center building and is responsible for planning for and later managing the new Clara Luper Civil Rights Center in Oklahoma City, which is a MAPS 4 project partner.

The position requires a seasoned, self-starter type professional with three to five years of experience in nonprofit organization management as a fulltime employee, preferably in education or the arts and humanities.

The position requires a four-year degree in either education, human relations, social work, or arts and humanities.

The position requires quality, hands-on experience with at least three (3) of the following skill areas: volunteer engagement/management; nonprofit program development; nonprofit organization management; fundraising/grant-writing; volunteer engagement/management; and board relations.

The compensation is negotiable and comparable to wages and benefits within the metropolitan area.

Applications will be accepted through January 16, 2021. Please submit a one-page letter of interest, references, and a resume to: lendeyben@att.net. Place "Freedom Center Project Coordinator" in the subject line.

ABBREVIATED PUBLIC NOTICE

Pursuant to Sections 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 its 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver of Retroactive Eligibility for the Expansion Adult Group and Implementation of SoonerSelect

With this amendment, the OHCA seeks approval of the following modifications to the 1115(a) demonstration Special Terms and Conditions (STCs), effective July 1, 2021 through the end of the waiver demonstration on December 31, 2023:

- Add the Expansion Adult Group under the Demonstration for the purposes of waiving retroactive eligibility and enrolling the Expansion Adult Group in SoonerSelect, the State's comprehensive Medicaid managed care model;
- Add the Former Foster Care Group under the Demonstration for the purpose of enrolling this Group in SoonerSelect; and
- Enroll qualified individuals in SoonerSelect, with a targeted effective enrollment date of October 1, 2021.

Budget Neutrality Impact: Current Demonstration

The requested amendment does not change the budget neutrality model for current Demonstration populations.

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group and Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Budget Neutrality Summary: Former Foster Care Group

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice, and a link to provide public comments on the proposal. 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 amendment and phase-out plan 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 at www.okhca.org/PolicyBlog. Comments will be accepted on the waiver proposal January 4, 2021 through February 3, 2021.

Tulsa World 1/4/21

OF HEARING PETITION FOR LETTERS OF ITRATION, APPOINTMENT OF PERSONAL NTATIVE AND DETERMINATION OF HEIRS

is hereby given to all persons interested in the rothy Jean Bittle, Deceased, that:

day of December, 2020, Johnnie Lee Bittle, filed of Tulsa County a Petition alleging that Dorothy died intestate on June 16, 2020, leaving property urisdiction of this Court, praying that he/she be ersonal Representative of said Estate, that the of the decedent be determined by the Court at hearing said Petition, and that Letters of Admin- issued to her.

to an Order entered by said Court, the 4th day of 021, at 10:20 o'clock A.M. has been appointed as hearing said Petition in the Court, Room # 701 of ounty Courthouse in Tulsa, Oklahoma, when and ersons interested may appear and contest the

TIMONY WHEREOF, I have hereunto set my fficial seal of said Court on this 29th day of De- 0.

KURT GLASSCO
JUDGE OF THE DISTRICT COURT

By Bailee Hillhouse
Deputy Court Clerk

erris, OBA #2883
rtin, LLP
oston, Suite 1100
4103
(918) 582-5281
(918) 585-8318
ersmartin.com

682734

in the Tulsa World, Tulsa County, Oklahoma, Janu- , 18 & 25, 2021

NOTICE OF SALE
OSURE OF MORTGAGE BY POWER OF SALE

Field, LLC
er A. Perry, Manager and Registered Agent
hland Dr.
ke City, UT 84124

y of Tulsa
inance Department
nd Street
OK 74103

wn Electric Inc.
Admiral Blvd
OK 74115

Field, LLC has breached the certain Mortgage and nt of Rents dated October 1, 2019 (the "Mortgage") , refusing, and neglecting to make the payments under. The Mortgage was executed by Lester A. Manager, on behalf of Clover Field, LLC ("Mortga- favor of Tycor Management, LLC ("Mortgagee"), ded in the office of the Tulsa County Clerk on Octo- 019 at Document #2019097293. The Mortgage was s security for a Promissory Note in the original amount of $447,075.00.

agee has elected to exercise its rights under the Power of Sale, which it was granted in the Mort- erefore, the Mortgagee will offer for sale and sell to st bidder, the following described real property lo- Tulsa County, Oklahoma:

(6), Block Two (2), AVIATION VIEW SUBDIVI- Tulsa County, State of Oklahoma, according to the d Plat thereof. Street Address: 6618 E. Latimer Tulsa, Oklahoma 74115.

ale of the Property shall be held on the 26th day of , 2021, at 10:00 a.m. at the office of Eller & Detrich, East 21st Street, Suite 200, Tulsa, Oklahoma 74114.

agors have the right to redeem the property at any

---

to Aavantage Finance, LLC and you must answer plaintiff's petition on or before the 3rd day of March, 2021 or a money judgment in the amount of $6,424.28 plus interest will be rendered accordingly.

Dated this day December 29, 2020.

(SEAL)
DON NEWBERRY
Court Clerk

By: /s/ J. Olmstead
DEPUTY COURT CLERK
FOR TULSA COUNTY
DISTRICT COURT
CLERK

APPROVED BY:

/s/ Hugh H. Fudge
Hugh H. Fudge,
OBA# 20487
Robinson, Hoover & Fudge, PLLC
119 N. Robinson Ave.,
Suite 1000
Oklahoma City, OK 73102
(405) 232-6464
(405) 232-6363 fax
lawmail@rhfok.com

682836

Published in the Tulsa World, Tulsa County, Oklahoma, January 4, 11 & 18, 2020

IN THE DISTRICT COURT
OF TULSA COUNTY
STATE OF OKLAHOMA

PROGRESSIVE DIRECT INSURANCE COMPANY, as subrogee of Charick Ward,
Plaintiff,

vs.

JAMES RUSSELL PERRY,
Defendant.

Case No. CJ-2020-2120
JUDGE DRUMMOND

PUBLICATION NOTICE

STATE OF OKLAHOMA

TO: JAMES RUSSELL PERRY

You are hereby notified that an action has been filed in the District Court of Tulsa County, State of Oklahoma, styled Progressive Direct Insurance Company vs James Russell Perry, alleging that Plaintiff is entitled to judgment against the Defendant.

You are hereby notified that you have been sued and must answer the Petition filed by the Plaintiff on or before the **23rd day of February, 2021**, or the allegations contained in said Petition will be taken as true and judgment entered thereon against you as prayed for in Plaintiff's Petition in the amount of $21,268.64.

Given under my hand and seal this 29th day of December, 2020.

Defendant.

No. CS-2020-5144

NOTICE
BY PUBLICATION

Christopher Alan Brice you are hereby noticed that you have been sued by Auto Advantage Finance, LLC and you must answer plaintiff's petition on or before the 3rd day of March, 2021 or a money judgment in the amount of $3,463.81 plus interest will be rendered accordingly.

Dated this day December 29, 2020.

(SEAL)
DON NEWBERRY
Court Clerk

By: /s/ J. Olmstead
DEPUTY COURT CLERK
FOR TULSA COUNTY
DISTRICT COURT
CLERK

APPROVED BY:

/s/ Hugh H. Fudge
Hugh H. Fudge,
OBA# 20487
Robinson, Hoover & Fudge, PLLC
119 N. Robinson Ave.,
Suite 1000
Oklahoma City, OK 73102
(405) 232-6464
(405) 232-6363 fax
lawmail@rhfok.com

682811

Published in the Tulsa World, Tulsa County, Oklahoma, January 4, 11 & 18, 2021

IN THE DISTRICT
COURT OF
TULSA COUNTY
STATE OF OKLAHOMA

AUTO ADVANTAGE FINANCE, LLC

Plaintiff,

vs.

MICHAEL ARTHUR JACKSON

Defendant.

No. CS-2020-5322

NOTICE
BY PUBLICATION

Michael Arthur Jackson you are hereby noticed that you have been sued by Auto Advantage Finance, LLC and you must answer plaintiff's petition on or before the 3rd day of March, 2021 or a money judgment in the amount of $7,469.90 plus interest will be rendered accordingly.

Dated this day December 29, 2020.

(SEAL)
DON NEWBERRY
Court Clerk

Published in the Tulsa World, Tulsa County, Oklahoma, December 21 & 28, 2020; January 4, 2021

Vehicle Sale
Sale Date: January 5, 2021; 9:30 AM; Wayne Nelson; 918-289-8233; 2007 Fatt Boy; VIN: ULTIMA85187200137

homa, and notice of said hearing shall be mailed at least ten 10 days prior to the date of hearing, to the Heirs, Legatees and Devisees whose addresses are known, and in guardianship proceedings to the next of kin and the person having custody of said ward or minor.

Dated this 21ST day of December, 2020

KURT G. GLASSCO
District Judge

BY: /s/ Bailee Hillhouse
Deputy Court Clerk

682546

Published in the Tulsa World, Tulsa County, Oklahoma, January 4, 2021

ABBREVIATED PUBLIC NOTICE

Pursuant to Sections 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 its 1115(a) demonstration waiver. The OHCA currently has an approved 1115(a) waiver for the 2018-2023 demonstration period.

Enrollment of the Expansion Adult Group and Former Foster Care Group under the SoonerCare Demonstration, Waiver of Retroactive Eligibility for the Expansion Adult Group and Implementation of SoonerSelect

With this amendment, the OHCA seeks approval of the following modifications to the 1115(a) demonstration Special Terms and Conditions (STCs), effective July 1, 2021 through the end of the waiver demonstration on December 31, 2023:

- Add the Expansion Adult Group under the Demonstration for the purposes of waiving retroactive eligibility and enrolling the Expansion Adult Group in SoonerSelect, the State's comprehensive Medicaid managed care model;
- Add the Former Foster Care Group under the Demonstration for the purpose of enrolling this Group in SoonerSelect; and
- Enroll qualified individuals in SoonerSelect, with a targeted effective enrollment date of October 1, 2021

Budget Neutrality Impact: Current Demonstration

The requested amendment does not change the budget neutrality model for current Demonstration populations.

The tables on the following page present the estimated enrollment and expenditures for the Expansion Adult Group and Former Foster Care Group with and without the Demonstration.

Budget Neutrality Summary: Expansion Adult Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$606.12	$632.79	$660.63
Total Expenditures	$632,365,282	$1,346,779,893	$1,434,157,228

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	173,884	177,361	180,908
Member Months	1,043,305	2,128,332	2,170,896
Per Member Per Month (PMPM)	$593.57	$589.73	$607.42
Total Expenditures	$619,271,313	$1,255,144,851	$1,318,653,576
Annual Surplus (Deficit)	***$13,093,970***	***$91,635,042***	***$115,503,652***
Cumulative Surplus (Deficit)	***$ -***	***$104,729,012***	***$220,232,664***

Budget Neutrality Summary: Former Foster Care Group

Projected Enrollment and Expenditures: Without Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$51.27	$62.33	$73.87
Total Expenditures	$1,053,826	$2,241,312	$2,385,940

Projected Enrollment and Expenditures: With Waiver

	DY26/CY21 (Second Half)	DY27/CY22	DY28/CY23
Average Enrollment	699	712	726
Member Months	4,194	8,544	8,712
Per Member Per Month (PMPM)	$245.62	$243.56	$250.87
Total Expenditures	$1,030,109	$2,080,972	$2,185,546
Annual Surplus (Deficit)	***$23,717***	***$160,341***	***$200,394***
Cumulative Surplus (Deficit)	***$ -***	***$184,058***	***$384,452***

Additional Information and Comments

Interested persons may visit www.okhca.org/PolicyBlog to view a copy of the proposed waiver amendment, public notice, and a link to provide public comments on the proposal. 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 amendment and phase-out plan 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 at www.okhca.org/PolicyBlog. Comments will be accepted on the waiver proposal January 4, 2021 through February 3, 2021.

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 payments to the managed care organizations (MCOs) and prepaid ambulatory health plans (PAHPs) are 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.