

NOTICE OF PUBLIC COMMENT PERIOD FOR AMENDMENT OF SOONERCARE SECTION 1115 DEMONSTRATION

Pursuant to the Code of Federal Regulations at Title 42 Sections 431.408 and 447.205, 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 waiver that expires on Dec. 31, 2023. The OHCA provided public notice on Nov. 1, 2022 of its intent to renew the Demonstration under the existing Demonstration Special Terms and Conditions. Upon CMS approval of the State's renewal request, the Demonstration will be extended until Dec. 31, 2028.

These amendments are being requested separately because the requested effective date differs from the renewal effective date.

This notice provides details about the waiver amendment submission and serves to open the 30-day public comment period, which closes on Feb. 26, 2023. In addition to the 30-day public comment period, during which the public will be able to provide written comments to the OHCA.

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

WAIVER AMENDMENT SUMMARY AND OBJECTIVES

Waiver Amendment Summary

With this amendment, the OHCA seeks the following modifications to the 1115(a) Demonstration Special Terms and Conditions (STCs), upon CMS approval through the end of the next waiver Demonstration period on December 31, 2028:

- Add Pregnant Women with incomes between 134 percent and 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL) under the Demonstration for the purpose of enrolling this Group in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- Extend the retroactive eligibility waiver exclusion for Pregnant Women with incomes up to 185 percent of Federal Poverty Level (FPL) converted to the Modified Adjusted Gross Income (MAGI) equivalent plus applicable disregards (210 percent of FPL), from 60-days postpartum to 12-months postpartum.
- Add American Indian/Alaska Native (AI/AN) members with IHS creditable coverage under the Demonstration for the purpose of enrolling this Group on a voluntary basis in the SoonerCare Choice fee-for-service Patient Centered Medical Home (PCMH) model.
- Exclude individuals enrolled in risk-based managed care from the Demonstration, unless they are subject to the waiver of retroactive eligibility.

Waiver Amendment Objectives

The proposed amendment will allow the State to continue to advance its health system reform objectives for the covered populations, including:

- Provide each member with a medical home;
- Improve access to primary and preventive care services;
- Integrate IHS eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- Optimize quality of care and associated health outcomes through effective care management; and
- Expand access to affordable health insurance for low income working adults and spouses not eligible for Medicaid.

FISCAL PROJECTIONS

The requested amendment does not change the current approved budget neutrality methodology and does not contemplate any changes to program eligibility, benefits or program financing that would require modifications to the existing model. The final allocation of expenditures between the 1115 Demonstration and the separate SoonerSelect 1915b waiver will be established in consultation with CMS.

The tables below present estimated enrollment (member months) and expenditures with and without the Demonstration. (The Adult expansion Group is included within TANF-urban and TANF-rural.)

Projected Enrollment (Member Months) and Expenditures: Without Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita TANF-Urban	Total	\$ 2,393,503,043	\$ 2,586,863,435	\$ 2,795,844,546	\$ 3,021,708,305	\$ 3,265,818,586	\$ 14,063,737,916
	PMPM	\$ 500.50	\$ 524.53	\$ 549.71	\$ 576.09	\$ 603.74	
	Member Months	4,782,187	4,931,793	5,086,078	5,245,191	5,409,281	
TANF-Rural	Total	\$ 1,497,510,465	\$ 1,614,919,681	\$ 1,741,534,124	\$ 1,878,075,511	\$ 2,025,322,143	\$ 8,757,361,923
	PMPM	\$ 507.65	\$ 532.02	\$ 557.56	\$ 584.32	\$ 612.37	
	Member Months	\$ 2,949,881	\$ 3,035,458	\$ 3,123,518	\$ 3,214,133	\$ 3,307,376	
ABD-Urban	Total	\$ 629,089,430	\$ 669,840,151	\$ 713,230,595	\$ 759,431,755	\$ 808,625,702	\$ 3,580,217,634
	PMPM	\$ 1,713.35	\$ 1,795.60	\$ 1,881.78	\$ 1,972.11	\$ 2,066.77	
	Member Months	\$ 367,168	\$ 373,046	\$ 379,018	\$ 385,086	\$ 391,251	
ABD-Rural	Total	\$ 369,040,856	\$ 382,821,617	\$ 397,116,980	\$ 411,946,162	\$ 427,329,097	\$ 1,988,254,712
	PMPM	\$ 1,368.01	\$ 1,433.67	\$ 1,502.49	\$ 1,574.61	\$ 1,650.19	
	Member Months	\$ 269,765	\$ 267,022	\$ 264,306	\$ 261,618	\$ 258,958	
TOTAL		\$ 4,889,143,794	\$ 5,254,444,884	\$ 5,647,726,245	\$ 6,071,161,733	\$ 6,527,095,529	\$ 28,389,572,185

Projected Expenditures: With Waiver

Demonstration Year		29	30	31	32	33	Total
Calendar Year		2024	2025	2026	2027	2028	
Medicaid Per Capita							
TANF-Urban		\$ 1,292,854,506	\$ 1,397,298,431	\$ 1,510,179,914	\$ 1,632,180,585	\$ 1,764,037,145	\$ 7,596,550,582
TANF-Rural		\$ 822,355,956	\$ 846,553,087	\$ 987,533,902	\$ 1,170,635,016	\$ 1,028,717,828	\$ 4,855,795,788
ABD-Urban		\$ 556,862,616	\$ 592,934,679	\$ 631,343,393	\$ 672,240,120	\$ 715,786,027	\$ 3,169,166,835
ABD-Rural		\$ 423,015,978	\$ 438,812,283	\$ 455,198,456	\$ 472,196,522	\$ 489,829,332	\$ 2,279,052,571
Medicaid Aggregate - WW only							
Non-Disabled Working Adults ESI		\$ 46,129,945	\$ 48,425,186	\$ 50,834,629	\$ 53,363,957	\$ 56,019,133	\$ 254,772,851
TEFRA Children		\$ 16,292,302	\$ 18,700,789	\$ 21,465,321	\$ 24,638,534	\$ 28,280,842	\$ 109,377,789
Full-Time College Students ESI		\$ 539,068	\$ 567,186	\$ 596,770	\$ 627,898	\$ 660,649	\$ 2,991,570
Non-Disabled Working Adults IP		\$ 589,041	\$ 618,349	\$ 649,116	\$ 681,413	\$ 715,318	\$ 3,253,237
Full-Time College Students IP		\$ 5,863	\$ 6,154	\$ 6,460	\$ 6,782	\$ 7,119	\$ 32,379
HAN Expenditures		\$ 12,533,288	\$ 13,042,771	\$ 13,572,964	\$ 14,124,711	\$ 14,698,885	\$ 67,972,619
HMP Expenditures		\$ 15,101,479	\$ 16,006,074	\$ 16,964,856	\$ 17,981,070	\$ 19,058,156	\$ 85,111,634
Medical Education Programs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 3,186,280,042	\$ 3,372,964,990	\$ 3,688,345,781	\$ 4,058,676,607	\$ 4,117,810,435	\$ 18,424,077,855

BENEFITS, COST SHARING AND HEALTH CARE DELIVERY SYSTEM

Eligibility Requirements and Benefit Coverage

The proposed amendment will expand Medicaid eligibility for full-scope pregnancy benefits by increasing the income standard from 133% of the Federal Poverty Level (FPL) to 185% FPL, or 210% once converted to MAGI and applying the applicable MAGI disregards. Additionally, the proposed revisions will extend Medicaid postpartum coverage from 60 days to 12 months.

Cost Sharing

The proposed amendment will have no impact on beneficiary cost sharing requirements.

DEMONSTRATION EVALUATION

Following approval of the SoonerCare renewal application and this amendment request, the OHCA will prepare and submit an Evaluation Design for CMS review and approval, in accordance with requirements and timelines specified by CMS.

The proposed design will include hypotheses related to evaluation of access, quality and cost effectiveness under the Demonstration. It specifically will address populations covered under the Demonstration (e.g., Medicaid-only aged, blind and disabled members) through a methodology that evaluates members receiving care coordination to a comparison group selected using a statistically valid matching methodology.

The proposed design will include hypotheses related to waiving of retroactive eligibility for a portion of the SoonerCare population. The design will be in accordance with CMS recommendations for evaluation of retroactive eligibility waivers.

PROPOSED AMENDMENTS

The 1115(a) Demonstration amendment will request to waive:

- *Comparability* to permit the State to offer a different benefit package to individuals enrolled in the SoonerCare fee-for-service Patient Centered Medical Home (PCMH) model.
- *Freedom of Choice* to permit the State to restrict Medicaid enrollees to receiving services through participating SoonerSelect MCEs and to permit the State to contract with a single MCE for the SoonerSelect Specialty Children's Plan.
- *Retroactive Eligibility* to permit the State to waive retroactive eligibility for Demonstration participants, with the exception of pregnant women (and during the 12-month postpartum period beginning on the last day of pregnancy), children described in section 1902(1)(4) of the Act, the Tax Equity and Fiscal Responsibility Act (TEFRA), and Aged, Blind, and Disabled (ABD) populations.

ADDITIONAL FEDERAL AND STATE AUTHORITIES

The OHCA seeks authority to increase the income limit for pregnant women and expand postpartum coverage from 60 days to 12 months within the Title XIX State Plan. Amendments were submitted to CMS on December 30, 2022.

ADDITIONAL INFORMATION AND COMMENTS

Interested persons may visit oklahoma.gov/ohca/policies-and-rules/public-notices to view a copy of the public notice(s) and location and times of public hearings and visit oklahoma.gov/ohca/policies-and-rules/proposed-changes to view a copy of the proposed Demonstration waiver renewal request, supplemental information, updates, and a link to provide public comments on the proposal. 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 oklahoma.gov/ohca/policies-and-rules/proposed-changes. Other written comments are available upon request at federal.authorities@okhca.org. Comments will be accepted from Jan. 27, 2023 until Feb. 26, 2023