

EXPANSION/HAO WAIVER

COMMENT/QUESTION	RESPONSE
<p>Why is it that the Healthy Adult Opportunity Block Grant waiver, estimated by Leavitt Partners, \$50 Million more expensive and delivers less services than straight Medicaid expansion for the working adult population?</p>	<p>Please clarify which Leavitt report are you referring to? Information about the covered benefits and enrollment estimates are available in the HAO application at https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24572&libID=23555.</p>
<p>Why should we trust the Sooner Care2.0 to be an improvement after Oklahoma has so terribly taken care of the health of its working class citizens. Let's have a true Medicaid Expansion. Stop micromanaging people's lives. No work requirement.</p>	<p>HAO is full Medicaid expansion in the fact that all adults are eligible for SoonerCare if they make at or below 133% of the federal poverty level. The HAO demonstration employs a financing model geared at incentivizing OHCA and providers to improve the overall health of SoonerCare 2.0 members through care coordination, health promotion and increased use of primary care. Caps on spending advance the triple aim of improving patient experience of care, improving the health of the population and reducing the per capita cost of health care. Additionally, a large body of research has shown that employed individuals are healthier than those who are not employed. Enhancing employment opportunities for working-age people can improve health status and decrease the overall cost of providing health care. Employment can improve health by increasing social capital, enhancing psychological well-being, providing income, and reducing the negative health impacts of economic hardship. Incentivizing employment, pursuit of educational and vocational activities, and volunteerism promotes all of these objectives.</p>
<p>What will OHCA do with SoonerCare expansion if HAO is taken off the table by a future federal administration or ruled invalid in court?</p>	<p>OHCA is accustomed to navigating changes in laws governing the Medicaid system at both the state and federal level. If those changes occur OHCA will evaluate all options available to the state to best ensure health care coverage for the state's most vulnerable.</p>

<p>Why should Oklahoma try to pioneer anything when we have a very poor rating healthcare? Let us have Medicaid like most of the rest of the country.</p>	<p>Oklahoma has a state Medicaid program referred to as SoonerCare and administered by the Oklahoma Health Care Authority. Through SoonerCare 2.0, the state will implement an expansion of Medicaid coverage to adults who are not otherwise covered by Medicaid and have incomes at or below 133% of the FPL.</p>
<p>If state opts to block grant at end of year 2, would this just apply to the expansion population or does the application allow the state to include the entire Medicaid program?</p>	<p>The HAO demonstration only applies to the new adult expansion population, not traditional SoonerCare populations.</p>
<p>Why apply for the waiver now?</p>	<p>Gov. Stitt and the OHCA began plans for state plan expansion and HAO immediately after CMS announced the HAO opportunity in January. It is essential to cover as many lives as we can as quickly as possible, so we are holding true to our time frames in order to enroll expansion population adults beginning July 1, 2020.</p>
<p>If the state fears that the federal government will pull funding for Medicaid Expansion (which has never happened) then why accept a block grant that we know can be tenuous?</p>	<p>OHCA is working shoulder-to-shoulder with our federal partners at CMS to implement the HAO opportunity. OHCA does not fear the federal government pulling funding for Medicaid expansion.</p>

<p>Funding the SoonerCare 2.0 implementation continues to be a priority for the state legislature and governor.</p>	<p>Oklahoma will continue to draw a 90% match from the federal government after implementation of the HAO demonstration. OHCA has always worked under a capped system of state funding since Oklahoma executive agencies are subject to a balanced budget requirement and must administer the SoonerCare program within the amount appropriated to OHCA from the Oklahoma Legislature.</p>
<p>What are the prospects for the legislative funding needed to support the waiver version of expansion?</p>	<p>Funding the SoonerCare 2.0 implementation continues to be a priority for the Oklahoma Legislature and governor.</p>
<p>What happens if CMS does not approve the 1115 Waiver?</p>	<p>OHCA has noticed unprecedented levels of cooperation with our federal partners (CMS) during, not only the HAO demonstration application processes, but also the state plan expansion.</p>
<p>Have you filed the IMD Waiver yet and if not what is the proposed timing for the filing of that waiver?</p>	<p>OHCA and ODMHSAS plan to submit the IMD waiver in June with a planned effective date of Oct. 1, 2020.</p>

<p>What does the OHCA expect to accomplish due to the block grant in the waiver?</p>	<p>The HAO demonstration employs a financing model geared at incentivizing OHCA and providers to improve the overall health of SoonerCare 2.0 members through care coordination, health promotion and increased use of primary care. Caps on spending advance the triple aim of improving patient experience of care, improving the health of the population and reducing the per capita cost of health care. OHCA will be able to share in the savings achieved through these measures with CMS up to 50/50. These dollars can in turn be used to re-invest into Oklahoma's health care system and economy.</p>
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<p>Can you clarify what elements make the HAO waiver unique? Work requirements and premiums are not new concepts. What is the state testing with the block grant?</p>	<p>Please review the HAO waiver Evaluation section beginning at page 56 of the waiver application. www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24572&libID=23555</p>
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STATE QUESTION

<p>Why is the governor determined to push through his plan rather than allowing the people of the state to express their wishes a over 300,000 people expressed on the Medicaid Expansion petition in October?</p>	<p>The governor sets the date for state question elections. You may reach out to the governor's office if you have questions about the timing of the state question vote.</p>
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<p>If expansion is put on a ballot and it passes how would that change what is currently being pursued?</p>	<p>State Question 802 would tie the eligibility for able-bodied adults to those of pregnant women and children. In times of economic downturns when hard decisions must be made, the state would be forced to reduce benefits for ALL populations instead of being able to prioritize the health care needs of children, aged, blind, disabled and pregnant women. If 802 passes, the state would explore managed care opportunities for the expansion population outside of an HAO environment.</p>
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ELIGIBILITY/COVERAGE/APPLICATION

<p>Is it correct that all SC 2.0 applications for the new-adult group (VIII) will have coverage-start dates delayed by 2 to 6 weeks? With an average delay of 4 weeks, there are certainly savings by covering members one fewer month in their first year. But, with many Medicaid applications coming at a time of urgent need, how much will this new delay in coverage affect outcomes? Does the HAO evaluation look for “avoidable ER visits” during the new waiting period delay (when under historic SoonerCare, the member may have gone to a primary care provider).</p>	<p>OHCA is exploring system modifications that would allow coverage to begin more quickly after application and payment of premiums.</p>
<p>"Otherwise covered" would this exclude those who currently are covered as a caregiver of a dependent child who is eligible for SoonerCare? Would this mean they will still qualify for SoonerCare under the traditional means and not the SoonerCare 2.0</p>	<p>Populations currently covered through Title XIX SoonerCare would maintain their current coverage under the state plan and would not transition to the HAO demonstration. Parent/Caretaker relatives of children on SoonerCare with incomes at or below approximately 46% FPL would maintain Title XIX benefits.</p>
<p>Do you plan to use the same formulary for full Medicaid?</p>	<p>Currently the state plans to use the formulary and pharmacy benefit design used under Title XIX State Plan. In demonstration applications, however, the state reserves the right with CMS to be flexible without submitting an additional waiver amendment. If changes to benefit design are considered after HAO implementation, OHCA will engage the public through an open process.</p>

<p>Will this affect people that are currently covered by an ACA plan but are under the 133% FPL but over the 100%? And if so how will this work for them?</p>	<p>Members under 133% FPL will be eligible for HAO coverage.</p>
<p>Many Oklahomans have internet access only on their phone screens, especially those in rural areas at low income. However, the SoonerCare application is not formatted to be readable or do-able on a phone screen.....same with the premium payment website. Why make it so difficult for the people that SC 2.0 is meant to help to actually apply?</p>	<p>OHCA understands the importance of making it easy for individuals to access SoonerCare coverage and was a trailblazer in creating an eligibility application capable of making real-time coverage determinations. MySoonerCare.org is accessible through smartphone browsers. Further, OHCA continues to explore enhancements to improve our members' experience and are also engaging more community partners to help potential members who need assistance with enrollment.</p>
<p>FOR AGENCY PARTNERS, WILL WE UTILIZE AGENCY VIEW FOR THESE NEW APPLICATIONS?</p>	<p>Yes.</p>

<p>Under the ACA, insurance plans may not charge copayments and deductibles against preventive care, yet a managed care plan could if a SoonerCare 2.0 member accesses preventive care outside the managed care network, which they may have to do in rural parts to the state where managed care plans have had difficulty building a network. This was the experience in 2004 and 2005 when the state decided to end Medicaid managed care. How will the state avoid this outcome in the future?</p>	<p>OHCA plans to utilize a PCCM managed care option administered directly by OHCA. This will build upon our current SoonerCare Choice (Patient Centered Medical Home) model. Primary care will continue to be available in HAO with no co-pays.</p>
<p>Premium payments can currently be made only by bank account or debit/credit card. But since premiums are required from folks living at just one-half of poverty level, so are likely “un-banked” more options may be needed. It is good that third-parties can make premium payments for members, so someone in poverty does not have to spend \$5 on debit card fees to make a \$7.50 premium payment.</p>	<p>Thank you.</p>
<p>Would you review the retrospective or presumptive eligibility provisions applicable to the waiver application proposal?</p>	<p>The HAO does not have presumptive eligibility. Presumptive eligibility is a process of finding an individual preliminarily eligible for Medicaid based on limited information. If the individual is later found to not be eligible, Medicaid is still responsible for paying for the individual's care. Oklahoma currently allows for hospital presumptive eligibility, but to date no individuals have utilized this. OHCA will continue to explore options around coverage begin dates.</p>

<p>There has been mention of hospital "alternative" presumptive coverage.....will all this go away when the 2-to-6 week delay starts with HAO?</p>	<p>HAO will not include hospital presumptive eligibility.</p>
<p>Could you describe the difference between presumptive and retroactive eligibility?</p>	<p>Presumptive eligibility is a process of finding an individual preliminarily eligible for Medicaid based on limited information. If the individual is later found to not be eligible, Medicaid is still responsible for paying for the individual's care provided when the individual was presumptively eligible. Oklahoma currently allows for hospital presumptive eligibility, but to date no individuals have utilized this. OHCA will continue to explore options around coverage begin dates. Retroactive eligibility is a process in which OHCA looks back over a 3-month period and determines if at any point during that time that the individual met Medicaid eligibility requirements .If they did, OHCA would find them "retroactively eligible" and reimburse for SoonerCare covered services rendered to that individual.</p>
<p>How will NODOS work in the expansion population if premiums are required for coverage?</p>	<p>Oklahoma will continue to use the notification of date of service (NODOS) process that allows a hospital to submit basic identifying information to OHCA to save the date for eligibility when an individual admits to the hospital. If the individual is later found to be eligible for SoonerCare, OHCA reimburses the hospital for individual's hospital stay. We are exploring how this process will fit within a premium-based eligibility system.</p>
<p>With new delay in coverage....apply on July 16, 2020 and start coverage same day. Under HAO, apply on July 16, 2020 and coverage starts Sept 1? Right?</p>	<p>Yes, current system configuration requires that an applicant's coverage start date would depend on when the applicant applies and pays their initial premium. If the applicant applies on or before the 15th of the month and pays their premium, coverage would begin the 1st of the following month. If done after the 15th of the month, coverage would begin the first of the month thereafter. For example, if I apply August 17, my coverage would begin October 1. However, OHCA is exploring what system modifications would be required in order to prevent delays or disruptions in coverage.</p>

<p>Presumptive eligibility plays an important role in emergencies, including 9/11 and Hurricane Katerina. Can you explain what is gained by removing the option of presumptive eligibility and putting uninsured people at risk?</p>	<p>Presumptive eligibility is a process of finding an individual preliminarily eligible for Medicaid based on limited information. If the individual is later found to not be eligible, Medicaid is still responsible for paying for the individual's care. Oklahoma currently allows for hospital presumptive eligibility, but to date no individuals have utilized this. OHCA will continue to explore options around coverage begin dates. During periods of national health emergencies, state Medicaid programs are granted flexibilities in order to quickly respond to the emergency. Nothing in HAO prevents OHCA from requesting flexibilities in the future in order to respond to a national or state emergency.</p>
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<p>What protections is OHCA building in for people with disabilities who didn't qualify for Medicaid on the basis of that disability?</p>	<p>We would encourage individuals with disabilities to apply through the Social Security Administration for a disability determination. Individuals in HAO with a disability who are not covered through Title XIX Medicaid, are exempt from Community Engagement requirements.</p>
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WORK REQUIREMENTS

<p>Has OHCA developed estimates of what it will cost to implement the work requirement and premiums?</p>	<p>These figures are not readily available, but OHCA will utilize current staff and processes to track reporting and leverage technology to improve efficiencies.</p>
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FINANCIALS (CO-PAYS, PREMIUMS, SAVINGS, COSTS)

<p>When will co-pay amounts be announced? Will they be on 3 tiers also? Knowing co-pays will help evaluation of the practicality of SC 2.0.</p>	<p>Premiums are tiered based on the family's income with the understanding that those with lower incomes should have lower premiums. Co-pays will be the same as they are for non-exempt populations in Title XIX Medicaid. Most encounter based co-payments are \$4 per visit. Behavioral health visits are \$3 per visit. Inpatient stays are \$10 per day with a max of \$75.</p>
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<p>Are there copays associated with your plans? if so what are they? and are they different between plans?</p>	<p>Premiums are tiered based on the family's income with the understanding that those with lower incomes should have lower premiums. Premiums can be found on page 9 of the HAO application. Co-pays are explained above. https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24572&libID=23555</p>
<p>Have other states implemented premiums when expanding Medicaid? Can you clarify the rationale behind implementing premiums on low-income Oklahomans?</p>	<p>Through various 1115 waiver authorities, Vermont has a Medicaid program with a fixed federal dollar limit. Premiums are tiered based on the family's income with the understanding that those with lower incomes should have lower premiums. Premiums can be found on page 9 of the HAO application.</p>
<p>Is the state proposing a per member cap on expenditures? If so, how is this calculated?</p>	<p>See page 50 of the HAO demonstration application. https://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=24572&libID=23555</p>
<p>Do you realize how high the Oklahoma marketplace plan premiums are for the population from insure ok thAG7:AL8at you are considering moving to the marketplace. Affordability standard for declining health insurance through the individual or spouse employer is based on employee cost only -- not spouse or family. That prevents a premium tax credit being available.</p>	<p>Thank you for your comment. OHCA is exploring the feasibility in keeping the IO ESI program for individuals above 133% and below 200% FPL.</p>

<p>Individuals at or below 133% FPL will be eligible for SoonerCare+AG8 2.0, including the HAO demonstration.</p>	<p>Individuals at or below 133% FPL will be eligible for SoonerCare 2.0, including the HAO demonstration.</p>
<p>WILL THE INDIVIDUAL DECLARE THEIR INCOME OR WILL INCOME VERIFICATION BE NEEDED AT APPLICATION?</p>	<p>The process will continue to be a self-declared income at the time of application, which will be verified through data matches between OHCA and other entities such as the Oklahoma Tax Commission, IRS, and Oklahoma Employment and Securities Commission.</p>
<p>When OHCA is able to administer at 5 % or less overhead with Oklahoma employees why does the governor want to pay a New York or Connecticut company 15 to 20 % overhead and send the money out of state?</p>	<p>The governor has asked OHCA to move forward with a managed care model that is administered and managed-in house at OHCA. We are not pursuing a third party managed care model at this time.</p>
<p>Can you describe which organizations OHCA thinks might pay premiums on behalf of enrollees?</p>	<p>Anyone who does not have a vested interest in the coverage such as health care providers.</p>

<p>Can we get clarification on the nonemergent copay charges vs. inability to pay?</p>	<p>OHCA is utilizing flexibilities through the HAO demonstration to charge an \$8 co-pay for non-emergent use of the ER. The copay will be required at the time of service, but an ER can't deny a service based on an individual's assertion that they are unable to pay.</p>
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BENEFITS, SERVICES

<p>Since "service cannot be denied if co-payment cannot be made"---will HealthCare Authority require a sign saying this at provider sites....or print it on the member ID card so services are not denied?</p>	<p>No. All SoonerCare contracted providers are fully aware of their contractual requirement that prevents them from denying a service based on an individual's inability to pay.</p>
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<p>What if they need more than 6 prescriptions a month?</p>	<p>The pharmacy benefit in HAO will mirror that of Title XIX, which currently has a prescription limit of six per month for adults. There are current means by which OHCA assists individuals with obtaining prescriptions at little to no cost outside of Medicaid, such as the prescription drug card, nominal co-pay plans at pharmacies, etc.</p>
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<p>What protections are you putting in place to support our hospitals -- specifically rural hospitals?</p>	<p>Rural hospitals will benefit through a decrease in uncompensated care due to a significant decrease in the state's uninsured rate.</p>
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<p>FOR OUR ADULT TITLE 19 INDIVIDUALS THERE IS A LIFE-TIME INPATIENT FOR MENTAL HEALTH, IS THERE A CAP FOR 2.0</p>	<p>The behavioral health benefit will be the same as is offered under current Title XIX authorities with the exception of adding integrated behavioral health into primary care settings through HAO.</p>
<p>Can you discuss any drug coverage?</p>	<p>There are currently no plans to restrict the pharmacy formulary in HAO. The pharmacy benefit in HAO will mirror that of Title XIX.</p>
<p>The word "flexibility" is used a lot to describe new restrictions, delays, downgrades....please list 10 new HAO "flexibilities" that increase services.</p>	<p>OHCA is not adding services for an adult population that are not available for our more vulnerable populations (i.e. children, pregnant women, aged, blind and disabled) under Title XIX SoonerCare. What we will do, however, is reinvest savings achieved through value-based payment methodologies and improvement in coordinated care into services not traditionally covered by Medicaid for this population.</p>
<p>Given that both are eliminated under the HAO waiver, has OKHCA analyzed the impact on community mental health centers?</p>	<p>Community Mental Health Centers should expect to see an influx of Medicaid dollars into their programs, being that a majority of their current indigent adult population will meet eligibility requirements for SoonerCare 2.0.</p>

<p>How many IO participants will not be eligible for Soonercare 2.0, and what is the plan for "phasing out" -- will they have coverage?</p>	<p>ESI members under 133% FPL will be eligible for HAO coverage. Those over 133% FPL (9,000 individuals) will be eligible for coverage on the federal marketplace. OHCA continues to explore options for maintaining ESI coverage for these individuals.</p>
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COMMUNICATION/OUTREACH

<p>Are these meetings being closed captioned to allow for Deaf Oklahomans to participate?</p>	<p>Yes, and information from the meeting will be posted on the 2.0 website.</p>
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<p>Thank you for explaining the timeline. What is the rationale for holding the public comment period right now? Will you consider extending the public comment period?</p>	<p>The HAO application and public notice was posted on Monday, March 16. This began the 30-day comment period. The OHCA plans to submit the waiver application to CMS by April 20. Gov. Stitt and the OHCA began plans for state plan expansion and HAO immediately after CMS announced the HAO opportunity in January. It is essential to cover as many lives as we can as quickly as possible, so we are holding true to our time frames in order to enroll expansion population adults beginning July 1, 2020.</p>
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<p>This process has greatly limited the ability of the public at large to participate in this process, especially those with disabilities and low income individuals without internet access.</p>	<p>OHCA feels the virtual forum has a broader reach than in-person meetings, especially for those in rural areas who may not have otherwise been able to drive to Oklahoma City for a public hearing. If you know individuals who cannot participate virtually, please have them contact Traylor.Rains@okhca.org who be happy to speak with them personally.</p>
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Will all the questions that you answered be posted in addition to ones you didn't get to?			Yes. Q&As will be posted to the SoonerCare 2.0 website.		
