

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 910 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

Submitted via email

June 26, 2020

Calder Lynch, Deputy Administrator/Director
Center for Medicaid and CHIP Service
DHHS/CMS/OTA
Mail Stop 317H-01
Washington, DC

REF: Oklahoma SoonerCare 2.0 HAO Demonstration Waiver

Dear Mr. Lynch:

On behalf of the Tribal Technical Advisory Group (TTAG)¹ to the Centers for Medicare & Medicaid Services (CMS), I am transmitting the TTAG recommendations on the State of Oklahoma's pending 1115 demonstration waiver, "SoonerCare 2.0 Healthy Adult Opportunity (HAO) Section 1115 Demonstration Application." CMS has notified the State that their application is complete and initiated the 30-day federal comment period as required by 42 CFR § 431.416(b), under which the TTAG submits this letter.

The Oklahoma Health Care Authority (OHCA) submitted a new section 1115 demonstration in response to CMS' Healthy Adult Opportunity (HAO) initiative, which was announced in a State Medicaid Director Letter (SMDL) #20-001 on January 30, 2020. The SoonerCare 2.0 HAO waiver is requesting to apply Medicaid flexibilities allowed within the HAO initiative to the new adult group and who have income at or below 133% of the Federal Poverty Level (FPL). This demonstration would operate statewide and the state is seeking a five-year demonstration approval.

While the TTAG is very supportive of the State of Oklahoma's efforts to expand Medicaid and the actions it has taken through tribal consultation, we are concerned that the SoonerCare 2.0 HAO waiver does not promote the central objective of the Medicaid program, which is to provide health coverage for people who qualify for medical assistance. We are also concerned that if the SoonerCare 2.0 HAO waiver is approved it could set precedent for similar HAO waivers to be approved in other states, which the TTAG believes would have a negative and adverse effect on American Indian and Alaska Native (AI/AN) participation in the Medicaid

¹ TTAG advises CMS on Indian health policy issues concerning Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and any other health care program funded in whole or in part by CMS. In particular, the TTAG focuses on providing policy advice designed to improve the availability of health care services to American Indians and Alaska Natives (AI/ANs) under these federal health care programs, including through providers operating in the Indian Health Service (IHS), Indian Tribes, Tribal organizations, and Urban Indian Organizations (collectively I/T/Us).

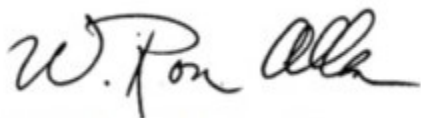
program. Because of this and the reasons explained below, we recommend that CMS not approve the SoonerCare 2.0 HAO waiver.

The SoonerCare 2.0 HAO waiver does not provide sufficient evidence that Medicaid expansion under a federal spending cap would save costs or serve the program's objectives more effectively than traditional Medicaid expansion. The waiver proposals for work requirements, per capita caps, cost sharing requirements, and elimination of hospital presumptive eligibility will not promote efficiencies to ensure Medicaid's sustainability for beneficiaries over the long-term. In fact, the federal spending caps could undermine the primary objectives of the Medicaid program if Oklahoma exceeds its spending cap in future years and the state will have no choice but to resort to reductions in eligibility, eliminate benefits, and/or make reductions in provider payments that will not only affect the expansion population, but the traditional Medicaid group as well. This ultimately would have a negative impact on AI/AN access to the Medicaid programs and impact Medicaid reimbursements to the Indian health system.

The current Medicaid program allows states to operate their Medicaid programs within federal minimum standards and a wide range of state options in exchange for federal matching funds that are available with no limit. The matching structure provides states with resources that automatically adjust for demographic and economic shifts, health care costs, public health emergencies, natural disasters and changing state priorities. In exchange for the federal funds, states must meet federal standards that reflect the program's role covering a low-income population with limited resources and often complex health needs. The SoonerCare 2.0 HAO waiver is an experiment that would alter the current financing arrangements in the Medicaid program at the detriment and well-being of Medicaid beneficiaries—that include a significant number of AI/AN people.

In closing, I hope that you will consider the TTAG concerns that the Oklahoma waiver does not promote the objectives of the Medicaid program and urge CMS not approve the SoonerCare 2.0 HAO waiver.

Sincerely,

A handwritten signature in black ink that reads "W. Ron Allen". The signature is written in a cursive, flowing style.

W. Ron Allen
Chair, Tribal Technical Advisory Group

Cc: Kitty Marx, Division of Tribal Affairs, CMCS