

Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-016
Q6. Provide a short name for possible change	Remove enrollment maximums
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Remove enrollment maximums from the General Provisions section, 3. Enrollment Limits and Service Area.
Q3. Which prioritized restatement category applies?	(b) CCO Table Considerations
Explain how change fits into "CCO Table Considerations" category	"Eliminate CCO contract deliverables to reduce administrative burden" - Capacity estimation process is unclear and burdensome to staff, and potentially duplicative. Eligible member population is mostly known to OHA and scope of work for most CCOs is to serve the entire county/region/zips assigned in this section.
Q4. Could entire change be deferred to later contract year?	Yes
Consequence(s) if not included in 2027 contract	
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	Yes
Which component(s) could be in later contract year(s)?	Instead of enrollment maximums, the language could indicate "estimated" member enrollment based on CCO-eligible members for the county/zip/region served. Alternatively or in addition: county enrollment limits could be replaced with global contract enrollment limits, which could permit flexibility to move member maximum capacity between counties.
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-016
Short name	Remove enrollment maximums

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

Each CCO's Medicaid Contract lists the maximum enrollment limit by county (or zip codes within a county) for the CCO's service area; the limits cover all 3 of the CCO's contracts. The usual process for establishing each contract year's enrollment limits involves the CCO proposing its limits for the upcoming year, OHA reviewing the limits for concerns & following up with CCO as needed, and then OHA approving the agreed-upon limits.

This process is administratively burdensome to both OHA and CCO staff. does not stop enrollment due to exceeding capacity and instead administratively modifies capacity limits in MMIS to continue to allow member enrollment. OHA intends for all mandatory and eligible members to be enrolled into CCOs in their regions and for opt-in populations (such as Heritage Native American members) to have access to CCOs when requested.

Updating this section brings contract in alignment with OHA's current enrollment processes. Managed Care enrollment rules are also under review and will be modified to reflect this change.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

Remove enrollment maximums from the General Provisions section, 3. Enrollment Limits and Service Area.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

This change may be connected to budgets, provider network capacity, plan capacity, and contracts.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

OHA will hold dedicated work session(s) for this change.