

Target Population:

1. *Clarify the reasons for defining couples as a specific target group.*

Oklahoma has explored multiple strategies for reaching and serving male and female reproductive health needs. As stated on page 23 - 24 of the 1115(a) Waiver Application, research has shown that including males in contraceptive decision making improves compliance and is cost effective. The waiver planning group hypothesized that inviting men to join their partner for pre and post exam counseling would provide a less threatening way of exposing men to reproductive health services and health promotion. Currently, when men accompany their partners to the clinic, they wait in the waiting room during women's education and exam, missing an excellent opportunity to learn about contraception and health care. In addition, information provided about contraception during counseling would enable the male partner to understand the various methods, and support his partner regarding contraceptive use.

The recruitment of couples is one of several strategies to encourage men to seek family planning services. Clinics also will use public awareness, health screening, and targeted advertising to attract male clients.

Reaching and serving men is challenging, particularly when no "illness" is perceived. Oklahoma theorizes making services available to men in a variety of settings will encourage them to seek not only reproductive health services, but also increase their awareness and knowledge of health screenings and healthy lifestyle choices.

- 1b. *How would the state determine eligibility for a couple? Would both parties' incomes be assessed?*

Oklahoma will determine income eligibility using family poverty levels. Both parties income would only be considered if they meet the definition of a family.

2. *How is uninsured defined?*

Uninsured is defined as anyone who does not have insurance for reproductive health services. This includes clients whose health insurance does not cover reproductive health services, as well as those who do not have insurance for any health care services.

3. *Please explain who will be conducting your evaluation, i.e., a contractor or through the participation of state staff.*

Since initial submission of the waiver, the data resources identified on pages 6 and 30 as the “client intake” and “follow-up surveys” have been clarified through ongoing discussions as being methods of data collection that the independent outside evaluator might use. This was inadvertently identified under enhanced services on page 21. The OHCA will contract with the evaluator who will conduct the evaluation of Oklahoma’s *SoonerPlan* waiver expansion. As detailed on page 29 of the waiver application, an Invitation to Bid will be announced. Award of the bid for *SoonerPlan* evaluation will be in accordance with the Office of State Finance rules and regulations.

4. *“Reproductive Health Services data” are mentioned as a potential source of data. Specifically, where does reproductive health information come from?*

Reproductive Health data refers to information contained in the Public Health Oklahoma Client Information System (PHOCIS) and Client Visit Records (CVRs) maintained by OSDH. The PHOCIS system is a database of clients utilizing family planning services from county health departments and the CVR data collection system contains information from contractor family planning clinic sites. Specific types of data collected include:

- purpose of visit
- pregnancy history
- unintended pregnancies
- contraceptive method used
- lab services performed
- demographic information

Enrollment and Recertification:

5. *Will participants be notified of the need to recertify their eligibility status when their 12-month eligibility period is nearly over? If so, how? Furthermore, how will the state determine when participants become ineligible?*

Waiver participants will be notified in the 10th month of their 12-month eligibility period that eligibility for an additional 12 months must be redetermined. The notice will be computer generated and a “Benefit Review Form” will be included with the notice. The participant will be informed that completion and return of the benefit review form will allow for the redetermination of eligibility and a face-to-face interview will not be required. The participant will be notified of their continued eligibility, or loss of eligibility no later than 10 days prior to the end of their current 12-month eligibility period.

6. *Will the State employ a mechanism for screen and enroll, or at least a “screen and advise”. In order to ensure that individuals who apply for the family planning demonstration were not actually eligible for full Medicaid or SCHIP benefits?*

The Oklahoma Department of Human Services (DHS) determines eligibility for all Medicaid programs. DHS has a computer system that identifies all DHS

programs, including Medicaid, for which an individual may be entitled, i.e., food stamps, daycare, etc. The waiver applicant will be advised of all DHS programs and if indicated, eligibility for full Medicaid coverage for the applicant or members of the applicant's family.

Administration:

7. *Please provide more detail on what the implementation protocol will look like.*

The OHCA, OSDH and DHS have demonstrated their ability to work collaboratively over the years. These three agencies will take the lead in developing the systems needed to implement the waiver. The agencies have been meeting over the past months and will continue to do so to assure a successful implementation.

Currently, the vast majority of eligibles expected under the waiver have been certified for Medicaid and other programs determined by DHS and thus are already in the system. Some examples include:

- 63% of the current family planning client caseload for the Department of Health has one or more children.
- DHS caseworkers will certify the mother's eligibility for family planning services under the waiver at the same time the infant's eligibility is determined.
- Initially, the majority of women and men seeking services for family planning under the waiver will be seen through county health departments. County health department staff will complete Medicaid applications and forward to a centralized location.

In addition to the state agencies, the Tribes, primary care and state medical associations will be members of the implementation team.

8. *What specialized outreach will be conducted for the postpartum population?*

Multiple strategies will be utilized to ensure that the postpartum population is enrolled in *SoonerPlan*:

- a. Clients will be made aware of *SoonerPlan* during prenatal visits in conjunction with a discussion about contraception after delivery.
- b. Hospital maternity departments will be encouraged to post information about *SoonerPlan* and include information in discharge packets.
- c. Enrollment will be completed on eligible clients when returning for their postpartum visit.
- d. Public Service announcements will be aired on local radio stations, including Hispanic stations, reminding women and their families of *SoonerPlan*.

- e. Healthy Start, Healthy Families OK and Children First personnel will be trained to refer clients to *SoonerPlan* during prenatal and postpartum home visits.
- f. Individuals calling *PlanLine* and *Babyline* in Tulsa, and the Care Access Line (CARL) in Oklahoma County, centralized appointment and referral lines, will be informed of *SoonerPlan*, where and how to apply, as well as how to access family planning services. Individuals will also be informed of and referred to services through the Oklahoma Areawide Services Information System (OASIS). OASIS is the statewide Title V 1-800 toll free number for information and referral.

9. *Has the state communicated with providers to assess the level of buy in they will have in terms of participating in outreach activities?*

The Oklahoma Family Planning Waiver Work Group has kept the perinatal coalitions, community clinics, Primary Care Association, county health departments, tribal providers, and Healthy Starts apprised of the progress and content of the waiver. All groups have closely followed the progress of the waiver and are very interested in assisting with outreach activities once the waiver is approved. Outreach providers will be obtained through the Invitation to Bid process. It is anticipated that the above-mentioned agencies will apply for outreach funds when available.

10. *The executive summary (page 6 and page 9) reference the fact that the State is prepared to explore various strategies, including utilization of providers not previously involved in Medicaid reproductive health services. Who are these providers and how will they be included under the waiver proposal?*

Oklahoma's income eligibility for Medicaid, excluding pregnancy, is at 33% FPL, limiting the number of women who are eligible for Medicaid reproductive health services. The State anticipates that private physicians, Rural Health Centers and Tribal Health Centers that do not currently provide reproductive health services under the traditional Medicaid program will enroll in *SoonerPlan*.

11. *Are Title X funded agencies authorized providers under the expanded program?*

Yes, all Title X funded agencies will be eligible to provide services. In Oklahoma, Title X-funded clinics include OSDH county health department clinics, independent community clinics, and one Tribal health care provider.

Budget Neutrality:

12. *The information submitted on budget neutrality showed clear savings, however, please provide CMS with and without waiver cost estimates on the attached spreadsheet. See Attachments.*

13a. *Pgs 37 & 38 the state uses a factor of .90 to adjust for the number of Medicaid reproductive health clients ages 19 and older. How did they come up with this adjustment factor?*

Using the attached spreadsheet provided by CMS, in addition to updated information provided by OHCA, has eliminated the .90 adjustment factor.

13b. *Again, the state uses a factor of .17 to adjust for the duration of benefit coverage provided to Title XIX reproductive health clients. What is the basis for using this number as the adjustment factor?*

Title XIX reproductive health coverage currently ends 60 days (or 2 months) postpartum, compared to 12 months of continuous benefit coverage proposed under the waiver. Thus, .17 ($2/12 = .166$ rounded to .17) of the year is already covered for family planning services, with .83 coverage still needed ($1.0 \text{ minus } .17 = .83$). Current calculations used in the spreadsheet provided by CMS, estimates the number of women with a Medicaid delivery who will need family planning coverage in 2001 as 18,504 ($22,294 * .83$).

13c. *The state lists three categories from which clients will be enrolled. The total eligible population of which adds up to 41,502. However, this is not the number the state uses in its calculations. Please clarify.*

Please see the spreadsheet in Attachments for estimates of current and future eligible populations.

13d. *The state writes that it is not taking cost inflation into account in its calculations. Please explain why you are not taking cost inflation into account*

Using the spreadsheet provided by CMS, a three percent cost inflation factor now has been incorporated into the budget neutrality calculations.

14. *Budget neutrality monitoring is based on a pre-post comparison of fertility rates. Please discuss your ability to get timely fertility rates from the Department of Vital Statistics.*

In Oklahoma, Vital Statistics is housed within the Oklahoma State Department of Health. OSDH, Family Health Services maintains a very close working relationship with Vital Statistics to ensure coordination of data and data needs. Obtaining timely fertility data is accomplished on a continual basis. In addition, a State Systems Development Initiative (SSDI) grant from the Maternal And Child Health Bureau will provide funding for establishing a link between OHCA's paid claims and OSDH's vital statistics databases.

15. *The State must provide a comprehensive list of the CPT, ICD-9, CPCS and local codes that will be used to bill for family planning services and family planning related services that will be used to bill under this waiver.*

Please see Attachments for the listing of codes to be used for billing under the waiver.

16. *The term reproductive health services are used throughout the proposal. Are these family planning services or does this indicate a broader set of services other than contraceptive and contraceptive –related services? If so, what services are these?*

Reproductive health services refer to family planning services. Pages 19–21 define all services included under reproductive health services. Referrals will be made for psychosocial assessment and cancer treatment.

17. *We have received your list of service and have the following comment/questions:*

- a. *Comprehensive health assessment:* Service provided includes client history, physical examination and laboratory tests as described on page 20 of the waiver.
- b. *Risk Assessment:* The interviewing nurse or advance practice professional performs the risk assessment. The purpose is to determine if the client is at risk for HIV/AIDS and STDs. The assessment is performed as part of the family planning visit.
- c. *Pregnancy diagnosis and counseling:* this service is provided as part of a family planning encounter. Clients with a confirmed pregnancy diagnosis are referred to prenatal care providers, if desired, or to other resources for additional counseling and referral, as needed.
- d. *Education and counseling specific to reproductive health;* this is completed at the time of the family planning encounter.

Primary Care Requirements:

- a. *States should work with their Primary Care Associations to facilitate access to primary care service and should provide CMS with a letter*

based on discussions that indicate the Primary Care Association's understanding and support of the process for referring participants to FQHC's (RHC's) for primary care services.

The Oklahoma Primary Care Association has actively participated in ongoing discussions and planning for implementation of this waiver. The Oklahoma Primary Care Association sees referrals to Federal Qualified Health Centers (FQHCs) for primary care as a natural fit for meeting Oklahoma's need for primary health care services for the underinsured and uninsured.

A letter of support from the Oklahoma Primary Care Association and a map of current and proposed FQHC sites are part of the Attachments.

The state must verify that the FQHC's have the capability to serve this population.

The OHCA, OSDH, DHS and OSMA have worked collaboratively with the Primary Care Association to improve access to care for Oklahomans who are underinsured and uninsured. The Oklahoma Primary Care Association is implementing a plan to expand the number of FQHCs in Oklahoma in order to meet the need.

- b. For individuals served through the OSDH, Women's Health will revise the contraceptive instruction forms used by county health departments and contract providers to include a statement regarding sources of primary care (e.g: Ongoing health care is an important part of maintaining and improving your health. You are advised to seek primary health care through a private physician or through _____
Phone: _____. This facility will provide you with ongoing primary health care services).

In addition to the instructions and phone number provided on the contraceptive instruction form, clients will be verbally counseled regarding the importance of primary care.

- c. The OHCA, OSDH, DHS, OSMA, Primary Care Association, perinatal coalitions, tribal councils and Healthy Start projects will work together through public awareness efforts to educate public and private providers, case managers, and clients regarding the importance of obtaining a primary care provider.