

**FRAMEWORK FOR ANNUAL REPORT  
OF STATE CHILDREN-S HEALTH INSURANCE  
PLANS UNDER TITLE XXI OF THE SOCIAL  
SECURITY ACT**

**Preamble**

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- C Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- C Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**
- C Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR ANNUAL REPORT  
OF STATE CHILDREN-S HEALTH INSURANCE  
PLANS UNDER TITLE XXI OF THE SOCIAL  
SECURITY ACT**

State/Territory: Oregon

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

\_\_\_\_\_  
(Signature of Agency Head)

SCHIP Program Name (s) Oregon Children-s Health Insurance Program

SCHIP Program Type             Medicaid SCHIP Expansion Only  
                                  Separate SCHIP Program Only  
                                        Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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## Section 1. Description of Program Changes and Progress

*This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).*

### **1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.**

*Note: If no new policies or procedures have been implemented since September 30, 1999, please enter NC or no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.*

- |   |  |
|---|--|
| <b>1. Program eligibility</b>   | The Oregon SCHIP program was increased to cover 19,800 children (up from 16,800 children).   |
| <b>2. Enrollment process</b>  | N/C  |
| <b>3. Presumptive eligibility</b>   | N/C  |
| <b>4. Continuous eligibility</b>  | N/C  |
| <b>5. Outreach/marketing campaigns</b>  | N/C  |
| <b>6. Eligibility determination process</b>   | N/C  |
| <b>7. Eligibility redetermination process</b>   | N/C  |
| <b>8. Benefit structure</b>   | N/C  |
| <b>9. Cost-sharing policies</b>   | N/C  |
| <b>10. Crowd-out policies</b>   | N/C  |
| <b>11. Delivery system</b>  | N/C  |
| <b>12. Coordination with other programs (especially private insurance and Medicaid)</b> | N/C  |
| <b>13. Screen and enroll process</b>  | N/C  |
| <b>14. Application.</b>   | Oregon SCHIP has used a joint Medicaid/SCHIP application since the inception of the SCHIP program in Oregon. Language was added in 2000 to |

clarify that Social Security numbers are not required of SCHIP applicants and the font size on the application was increased to 14-point.

**15. Other**

**1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.**

**1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.**

Because of the increase in coverage through SCHIP and Medicaid (Table 1.2) , it is expected that the number of uninsured, low income children in Oregon has been reduced in FFY 2000. Enrollment in both Medicaid and SCHIP increased by 5,513.

Prior to the implementation of SCHIP, it was estimated that the number of income eligible, uninsured children in 1997/98 was approximately 22,000. Since the implementation of Oregon SCHIP more than 50,000 children have been enrolled the program.

**Table 1.2 Oregon Health Plan Program Enrollment FFY 97- FFY00**

<b>Program</b>	<b>FFY 97</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY00</b>
Medicaid	168,442	166,959	169,012	171,679
SCHIP	0	6,250	15,173	18,019
FHIAP	0	n/a	2,066	1,285
<b>Total</b>	<b>168,442</b>	<b>173,209</b>	<b>186,251</b>	<b>190,983</b>

Office of Medical Assistance Programs, MMIS data  
Family Health Insurance Assistance Programs, Enrollment Data

**2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.**

See Section 1 above.

**3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.**

4. **Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?**

No, skip to 1.3

Yes, what is the new baseline?

**What are the data source(s) and methodology used to make this estimate?**

**What was the justification for adopting a different methodology?**

**What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)**

**Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?**

**1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).**

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

*Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter NC(for no change) in column 3.*

<b>(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)</b>	<b>(2) Performance Goals for each Strategic Objective</b>	<b>(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)</b>
<p><b>Objective 1</b> <b>Expand OHP eligibility rules to include uninsured children living in households with incomes that fall within:</b></p> <p>100-170% FPL children 6 through 18 years</p> <p>133-170% FPL children birth through age 18.</p> <p>*Children under 6 years living in households between 100-133% of FPL are eligible for OHP coverage through the Poverty Level Medicaid (PLM) program.</p>	<p><b>Performance Goal for Objective 1</b> By July 1, 1998 the Office of Medical Assistance Programs (OMAP) will expand the capacity of the OHP to meet the needs of 17,000 CHIP eligibles. OMAP's data and operational systems will be structured to accommodate CHIP criteria in the areas of eligibility determination, enrollment, client information and utilization of health care services. OMAP staff and Department of Human Services (DHS) field personnel will receive CHIP related training.</p>	<p>Data Sources: n/a</p> <p>Methodology: n/a</p> <p>Numerator: n/a</p> <p>Denominator: n/a</p> <p>Progress Summary: N/C since March 31, 2000 Evaluation</p>
<p><b>Objective 2</b> By January 1, 1999 17,000 low income children will be enrolled in</p>	<p><b>Performance Goal for Objective 2</b> By January 1, 1999</p>	<p>Data Sources: n/a</p> <p>Methodology: n/a</p>

<p>Oregon's CHIP. As OHP members they will have access to a usual source of health care coverage in the form of a stable health care plan and an assigned primary care provider (PCP). The provision of a usual source of health care will remove financial barriers presented to the parents of low income children. Identify CHIP eligibles through coordinated and ongoing outreach activities.</p>	<p>OMAP will develop and implement outreach efforts among current Medicaid OHP channels to identify, enroll and meet the health care needs of the CHIP population.</p>	<p>Numerator: n/a Denominator: n/a Progress Summary: N/C Since March 31, 2000 Evaluation</p>
<p><b>Objective 3</b> Enroll SCHIP eligibles in the OHP health care delivery system to assure a usual source of health care coverage.</p>	<p><b>Performance Goal for Objective 3:</b> By July 1, 1999, 16,800 low income children will be enrolled in Oregon SCHIP. They will have access to a usual source of health care coverage in the form of a stable health care plan and an assigned primary care provider.</p>	<p><b>Data Sources:</b> Medicaid/SCHIP MMIS data <b>Methodology:</b> The number of children enrolled on September 30, 2000. <b>Progress Summary:</b> See Table 1.2. The enrollment goal was not met by the date specified due to higher than predicted disenrollment rates following the 6-month eligibility period. An amendment was submitted by the state and approved by HCFA to expand the original SCHIP cap in the state plan.</p>
<p><b>Objective 4</b> Monitor access and utilization patterns among CHIP enrollees.</p>	<p><b>Performance Goal for Objective 4</b> By July 1, 1998, CHIP enrollees will be assigned a unique code that will enable OMAP analysts to</p>	<p><b>Data Sources:</b> Medicaid/SCHIP MMIS data, encounter data. <b>Methodology:</b> Modified HEDIS 2000 <b>Progress Summary:</b> Unique SCHIP codes are assigned to children when they enroll in SCHIP. OHP enrollment history</p>

	<p>distinguish CHIP clients from the OHP Medicaid population. OMAP will monitor CHIP utilization patterns to help assure access to health care and the delivery of medically appropriate care.</p>	<p>(SCHIP and Medicaid); Managed Care Organization (MCO) enrollment; as well as claims and encounter data is collected. This information allows OMAP to track children's enrollment in SCHIP and Medicaid and their use of services.</p> <p>The reported figures in Table 1.3A are estimated to be slightly under-reported due to encounter data omissions.</p>
<p><b>Objective 5</b>          Improve the health status of CHIP enrollees through provider and client programs specific to the needs of this population.</p>	<p><b>Performance Goal for Objective 5</b>          By July 1, 1999, the following health status and health care system measures for Oregon's CHIP enrollees will be collected and analyzed to demonstrate acceptable incremental improvement in the following areas: childhood and adolescent immunization status, well child and adolescent well care visits, early childhood caries prevention and client satisfaction with access to, choice of and quality of health care.</p>	<p><b>Data Sources:</b> Medicaid/CHIP enrollment data, Encounter Data, Claims Data</p> <p><b>Methodology:</b> Modified HEDIS 2000</p> <p><b>Progress Summary:</b> Children enrolled in Oregon SCHIP have access to a comprehensive array of medical, dental, chemical dependency and mental health services as part of the Oregon Health Plan delivery system. Well-child visits are reported in Table 1.2 C following a modified HEDIS methodology for continuously enrolled SCHIP/MCO children.</p>

**Table 1.3 A: Percent of Continuously Enrolled Oregon SCHIP Children  
Receiving at Least One Primary Care Visit in 1999**

Age Group	Percent
25 months to 6 years	86.8%
7 to 11 years	70.6%

**Table 1.3 B: Percent of Continuously Enrolled Oregon SCHIP Children  
Receiving a Well Child Visit in 1999**

Age Group	Percent
3 to 6 years	41.1%
12 to 18 years	17.8%

**Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.**

Additional measures in the original state plan include: treating children's ear infections, early childhood caries prevention and satisfaction to access to, choice of and quality of health care have proven more difficult to measure, due to the small size and fluidity of enrollment patterns in the SCHIP program. However, SCHIP and Medicaid OHP children will be included in the CAHPS survey which will be fielded spring 2001.

**1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.**

A sophisticated immunization registry is operated through a public-private partnership in Oregon. Immunization rates collected from registry data for SCHIP children will be available early spring 2001.

**1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.**

Oregon's SCHIP program is integrated seamlessly with Oregon's 1115 Medicaid waiver program and is part of a well established continuous quality improvement (CQI) program.

Components of this CQI program specific to children's health include:

- \$ On-Site Quality Improvement Evaluations. The focus of the current cycle includes prevention, member education and community partnerships. Areas of review include well-child visits, services to children with special health care needs and early childhood cavities prevention and Exceptional Needs Care Coordination.
- \$ Children enrolled in SCHIP are included in External Quality Review studies as part of the sampled population.
- \$ Health Plan Performance Measures. MCOs are required to annually report Childhood Immunization rates.
- \$ Member Surveys. Through the use of the Consumer Assessment of Health Plan Survey (CAHPS), OHP adults and children (parents) are surveyed to gauge satisfaction with and access to health services (both MCO and fee-for-service) received under OHP.
- \$ Project: PREVENTION! is a management and quality initiative undertaken on behalf of OHP members to increase utilization of proven preventive services. Statewide initiatives include: development of an immunization registry, tobacco cessation and early childhood cavities prevention.

\$ Health Care Performance Measures. In addition to the performance measures submitted by health plans, OMAP collects health care performance measures to compare and monitor individual MCO, and PCCM performance.

## Section 2. Areas of Special Interest

*This section has been designed to allow you to address topics of current interest to stakeholders, including states, federal officials, and child advocates.*

### 2.1 Family coverage: Not Applicable

1. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

20 How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

Number of adults \_\_\_\_\_

Number of children \_\_\_\_\_

30 How do you monitor cost-effectiveness of family coverage?

### 2.2 Employer-sponsored insurance buy-in: Not Applicable

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults \_\_\_\_\_

Number of children \_\_\_\_\_

### 2.3 Crowd-out:

1 How do you define crowd-out in your SCHIP program?

Oregon defines crowd-out as the substitution of public health care coverage for private coverage. To avoid this substitution Oregon uses a 6-month period of uninsurance. Children with life threatening or disabling health conditions are exempted from this requirement.

## **2 How do you monitor and measure whether crowd-out is occurring?**

The identification of children who are currently covered under private health insurance is addressed in the application and eligibility determination process. A statewide study of health insurance coverage is scheduled for publication within the next several months. This report will include an analysis of whether crowd out is occurring in the state. It will also include uninsurance rates and patterns for various demographic groups within the state.

## **3 What have been the results of your analyses? Please summarize and attach any available reports or other documentation.**

## **4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.**

Oregon relies on the 6-month waiting period to prevent crowd-out from occurring.

### **2.4 Outreach:**

#### **1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?**

Oregon produces an informational brochure that is available to schools, Doctor's offices, or any entity serving low-income or uninsured children and their parents. This brochure, which is available in eleven languages, gives the clients phone numbers to call for applications and explains basic eligibility requirements. The effectiveness has not been measured, except in terms of increased demand for the brochure primarily from elementary schools.

#### **2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?**

Through a Covering Kids grant from the Robert Wood's Johnson Foundation, four areas of the state have been targeted. These include two densely populated Hispanic areas, one rural area and one urban area

servicing homeless children. The assessment of this grant and its results are addressed by a partner agency, the Oregon Health Division.

**3. Which methods best reached which populations? How have you measured effectiveness?**

The most effective method we have to reach all populations is through our statewide network of outreach facilities. These 130 facilities, in addition to the statewide field office structure of the Adult and Family Services, make access to the Oregon Health Plan very effective. The methods used to assist clients range from distribution of applications to assisting the clients with each step in completing their application. Since Oregon has a separate SCHIP program, but utilizes the same Medicaid application, it is difficult to measure the effectiveness.

**2.5 Retention:**

**1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?**

To facilitate continuous health care coverage for eligible children, the OHP application processing center sends a notice and a new application to enrollees notifying them that their coverage is scheduled to end soon. Enrollees receive a total of three notices before coverage is terminated.

**20 What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?**

- Follow-up by caseworkers/outreach workers
- Renewal reminder notices to all families
- Targeted mailing to selected populations, specify population \_\_\_\_\_
- Information campaigns
- Simplification of re-enrollment process, please describe \_\_\_\_\_
- Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe \_\_\_\_\_
- Other, please explain

**2. Are the same measures being used in Medicaid as well? If not, please describe the differences.**

Yes

**30 Which measures have you found to be most effective at ensuring that eligible children stay enrolled?**

N/A

**40 What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.**

After the 6-month continuous eligibility period ends, approximately one-third of children remain enrolled in SCHIP, one-third enroll in Medicaid and the remaining one-third are no longer enrolled in either program. Health Economics Research is currently studying what happens to Oregon children after they lose eligibility in the state Medicaid and SCHIP programs.

**2.6 Coordination between SCHIP and Medicaid:**

**10 Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.**

Yes, the same application and eligibility determination process is used for both Medicaid and CHIP.

**20 Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.**

Eligibility is redetermined at the time of re-application for OHP coverage. An eligibility worker first screens the re-application to determine if the child is eligible for coverage under Medicaid, the child is ineligible for Medicaid they are then screened for SCHIP eligibility.

**30 Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.**

Yes, Oregon contracts with 15 managed health plans, 7 dental plans and one separate chemical dependency organization to provide comprehensive medical, dental, chemical dependency coverage to children throughout the state which cover approximately 65% of OHP clients throughout the state. In areas where managed care plans are not available, children receive services through fee-for-service (FFS) or primary care case management (PCCM) providers. Mental health services are provided through Mental Health Organizations and tracked by the Mental Health Division.

**2.7 Cost Sharing:** N/A Oregon does not require cost sharing for CHIP participants.

**10 Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?**

**20 Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?**

**2.8 Assessment and Monitoring of Quality of Care:**

**10 What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.**

See Objectives 4 and 5 in Table 1.3; Table 1.3A, Table 1.3B and Section 1.7.

**20 What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?**

See Objectives 4 and 5 in Table 1.3; Table 1.3 A & Table 1.3 B and Section 1.7.

**30 What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?**

See Objectives 4 and 5 in Table 1.3; Table 1.3A, Table 1.3B and Section 1.7.

### SECTION 3. SUCCESSES AND BARRIERS

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*This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.*

**3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.**

*Note: If there is nothing to highlight as a success or barrier, please enter NA for not applicable.*

- 10 Eligibility.** As reported in Section 1, the Oregon SCHIP program was expanded to cover 19,800 children (up from 16,800 children). This has allowed our program to remain open to new enrollment for an additional period of time.
- 20 Outreach** Effective outreach continues through the use of outreach facilities as described in Section 2.4.
- 30 Enrollment** The total number of children ever covered by SCHIP in Oregon reached more than 50,000 since July 1, 1998 which exceeded our expectations for the program.
- 40 Retention/disenrollment** High disenrollment rates after the 6-month continuous eligibility continued in FFY 2000. However, the higher disenrollment rates have allowed the Oregon SCHIP program to remain open to new enrollees longer than anticipated.
- 50 Benefit structure** Oregon SCHIP program provides children with comprehensive medical, dental, chemical dependency and mental health coverage, mirroring the benefits offered in our Medicaid program.
- 60 Cost-sharing** N/A
- 70 Delivery systems** Because Oregon SCHIP is a Medicaid Alookalike® the delivery system of Managed Care Organizations is seamless between Medicaid and SCHIP.
- 80 Coordination with other programs**

Because the same application and eligibility determination processed is used for SCHIP and Medicaid, the coordination between the two programs has operated seamlessly.

## **90 Crowd-out**

OMAP analysis indicates that very few children are being denied access to health coverage due to the 6-month waiting period. An informal OMAP audit in 1999 reviewed the relatively small number of SCHIP applications denied due to existing or recent private insurance coverage, indicated that fewer than 10% of the applications were denied because the 6-month waiting period requirement (i.e. 90% of the applicants were currently privately insured).

## SECTION 4. PROGRAM FINANCING

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*This section has been designed to collect program costs and anticipated expenditures.*

**4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.**

	General Fiscal Year 2000 Costs	General Fiscal Year 2001	General Fiscal Year 2002
<b>Benefit Costs</b>			
Insurance Payments			
Managed Care	12,098,472	3,165,600	5,188,600
per member/per month rate			
x # of eligibles			
Fee For Service	5,068,415	5,642,400	5,509,400
Total Benefit Costs	17,166,887	8,808,000	1,698,000
(Including beneficiary cost sharing payments)			
Benefit Costs	17,166,887	8,808,000	1,698,000
<b>Administration Costs</b>			
Personnel	214,342	247,000	286,000
General Administration			
Factors/Brokers (e.g. consulting contractors)			
Claims Processing			
Public Health/Marketing Costs			
Other			
Total Administration Costs	214,342	247,000	286,000
Administrative Cost Ceiling	1,716,689	1,880,800	2,169,800
General Share (Multiplied by Advanced FMAP Rate)	12,509,268	3,719,600	5,828,480
State Share	4,871,960	5,335,400	5,155,520
<b>TOTAL PROGRAM COSTS</b>	<b>17,381,229</b>	<b>9,055,000</b>	<b>1,984,000</b>

**4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.**

N/A

**4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?**

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)
- Other (specify) \_\_\_\_\_

**A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.**

No

## SECTION 5: SCHIP PROGRAM AT-A-GLANCE

*This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.*

**5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information.** If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Oregon Separate S-CHIP Program
Provides presumptive eligibility for children	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other ( <i>specify</i> ) _____ -	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other ( <i>specify</i> ) _____
Average length of stay on program	Specify months _____	Specify months <u>6-7 months</u>
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
to-face interview during initial application	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>6</u> What exemptions do you provide? <i>Life threatening or disabling conditions</i>
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>6</u> Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/ sponsorship <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____
Imposes copayments or coinsurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

## SECTION 6: INCOME ELIGIBILITY

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*This section is designed to capture income eligibility information for your SCHIP program.*

**6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?** If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or  
Section 1931-whichever category is higher

0-170% of FPL for children under age <1 yr  
0-133% of FPL for children aged 1-5 years

Medicaid SCHIP Expansion: N/A

\_\_\_\_\_% of FPL for children aged \_\_\_\_\_  
\_\_\_\_\_% of FPL for children aged \_\_\_\_\_  
\_\_\_\_\_% of FPL for children aged \_\_\_\_\_

State-Designed SCHIP Program

134 to 170% of FPL for children aged 1 - 5 years  
101 to 170% of FPL for children aged 6 - 18 years

**6.2 As of September 30, 2000, what types and amounts of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter AN/A@**

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) \_\_\_\_\_ Yes  
 If yes, please report rules for applicants (initial enrollment).

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	\$0	not applicable	\$0
Self-	\$	\$N/	\$
Alimony payments Received	\$0	\$	\$0
Paid	\$0	\$	\$0
Child support payments Received	\$0	\$	\$0
Paid	\$0	\$	\$0
Child care expenses	\$0	\$	\$0
Medical care expenses	\$0	\$	\$0
Gifts	\$	\$	\$
Other types of disregards/deductions (specify)	\$0	\$	\$0

**6.3 For each program, do you use an asset test?**

**Title XIX Poverty-related Groups**       No     **Yes, specify countable or allowable level of asset test: \$2000**

**Medicaid SCHIP Expansion program:** NA       No       Yes,  
**specify countable or allowable level of asset test**

**State-Designed SCHIP program**       No       **Yes,**  
**specify countable or allowable level of asset test: \$5000**

**Other SCHIP program** \_\_\_\_\_       No       **Yes, specify countable or allowable level of asset test** \_\_\_\_\_

**6.4 Have any of the eligibility rules changed since September 30, 2000?**     Yes       No

## **SECTION 7: FUTURE PROGRAM CHANGES**

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*This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.*

**7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001( 10/1/00 through 9/30/01)? Please comment on why the changes are planned.**

- 1. Family coverage**
- 2. Employer sponsored insurance buy-in**
- 3. 1115 waiver**
- 4. Eligibility including presumptive and continuous eligibility**
- 5. Outreach**
- 6. Enrollment/redetermination process**
- 7. Contracting**

**8. Other:**

Program increased to cover 19,800 children (up from 16,800). A closure policy has been developed and will need to be implemented when the enrollment cap is reached.