

GARTH L. SPLINTER, M.D., M.B.A.  
CHIEF EXECUTIVE OFFICER



FRANK KEATING  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

May 11, 1998

Dan McCarthy  
Division of Integrated Health Systems  
Health Care Financing Administration  
Mail Stop C3-18-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Mr. McCarthy,

We welcome this opportunity to provide the additional information (on the final pending issue of crowd out) that you requested in order to fully assess our Title E XI State Plan. Enclosed you will find an appropriate response to your question as well as amended sections of the Plan. If you need additional information or clarifications, please contact Jim Hancock at (405) 530 3268. Your review and approval of our State Plan will be greatly appreciated.

Sincerely,

Garth L. Splinter, MD, MBA  
CEO, Oklahoma Health Care Authority

Enclosures

cc: Mr. Art Pagan, HCFA Dallas Regional Office

**Additional Information:**

**State of Oklahoma**  
**State Childrens Health Insurance Program (SCHIP)**  
**Under Title XXI of the Social Security Act**

8. *How will the State identify applicants with current health insurance coverage and what will it do to prevent "crowd-out"?*

8. The State will implement several initiatives aimed at identifying instances which could be construed as being "crowd-out". In the short run, the State will develop and implement a statistically-valid survey instrument which it will utilize to survey certain Medicaid beneficiaries in order to determine whether or not they voluntarily dropped existing private health insurance coverage due to the availability of publicly-funded SCHIP coverage. Those beneficiaries the State will survey include children who: (1) have enrolled on-or-before December 1, 1997; (2) were determined to be eligible at the State's new (higher) income eligibility standard and (3) had no Third Party Liability (TPL) indicator on their (Medicaid) Application. This process will enable the State to assess the existence and/or scope of "crowd-out".

In the long-run, the State intends to modify its "Simplified" Medicaid Application Form in order to be able to collect and analyze data specific to any "previous health insurance coverage" which the Title XXI beneficiaries (as identified above) may have had prior to their application for Oklahoma Medicaid. Essentially, the Application Form will be modified using applicable questions from the originally-developed survey document.

By implementing these steps (the initial survey, followed by an appropriate modification of its Medicaid Application Form), Oklahoma is taking the steps it believes are necessary to monitor "crowd-out". If the State determines that the level of "crowd-out" is problematic, it will work in consultation with the Health Care Financing Administration (HCFA) in order to appropriately resolve the issue.

**Oklahoma's Title XXI State Plan Application  
Page Revisions/Replacements**

**May 11,1998**

## Catalog of Page Substitutions - May 11, 1998

The Revised/Replacement Pages submitted herewith utilize the following format. There are two (2) copies of each such revised/replaced page. The first copy shows the actual changes made to the page utilizing "strikeouts" for deleted text and "underlining" for new text. The second copy of each such changed page reflects the language the State wishes to utilize after the changes have been made.

The pages that have changed are as follows:

**Table of Contents.** This page reflects Section 10, now beginning on pp. 31 instead of pp. 31 as previously published. Page change caused by changes in Section 9.

**Page 5.** This is a "clean-up" change from the Revisions that were submitted on April 17, 1998. The language that is shown as being "deleted" can be found at the top of page 6 (as revised on April 17, 1998)

**Page 7.** The addition of language addressing "Crowd-Out".

**Pages 26 - 34.** On pp. 26., the original "Objective No. 3." has been eliminated, replaced with a new "Objective 3.". On pp. 27., the original "Performance Goal No. 3." has been eliminated, replaced with a new "Performance Goal/No. 3.". The content of the remainder of the pages in this part of the revision are unchanged from those submitted previously. They are included in order to "flow-through" pagination.

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## Attachments:

Attachment A	-	Estimates of Potential Eligible/Participants
Attachment B	-	Senate Bill 639
Attachment C	-	Simplified Medicaid Enrollment Application
Attachment D	-	Title XIX Medicaid State Plan Amendment
Attachment E	-	SoonerCare Expansion "Press Release"
Attachment F	-	Oklahoma Association of Broadcasters Contract
Attachment G	-	SoonerCare Expansion Video and Audio Outreach Script
Attachment H	-	SoonerCare Expansion Postcards and Posters
Attachment I	-	Enrollment Agent Contract and Procedure Manual
Attachment J	-	SoonerCare Expansion Fact Sheet

## Attachment A - Tables:

Table I	-	Summary Estimates of Potential Eligibles/Participants
Table II	-	1996 County Level Estimates of New/Current Eligible Children
Table III	-	Cumulative Uninsured Oklahoma Children Estimates
Table IV	-	Summary of Estimated Total Cost

Oklahoma plans no separate enrollment in its Title XXI State Children's Health Insurance Program (SCHIP) which would be separate and distinct from its Medicaid expansion under S.B. 639. Rather, Oklahoma's Medicaid eligibility and enrollment processes are designed to identify existing "creditable" health coverage and/or other factors which limit the applicability of Title XXI funding, thereby ensuring that Title XXI funds will be used to provide coverage only to eligible, targeted, low-income children.

In order to implement the "outreach" provisions required to support S.B. 639, the OHCA, the Oklahoma Department of Human Services (DHS), the Oklahoma State Department of Health (OSDH), and the Oklahoma Commission on Children and Youth (OCCY) are collaborating to develop and implement a comprehensive marketing and outreach program, including: posters, postcards, public service announcements, fact sheets, press releases, and outdoor advertising.

The State did not rely exclusively on increasing income eligibility thresholds to improve access to health care. In addition to massive outreach campaigns designed to maximize the opportunity for people to apply for Medicaid, the State has also worked to minimize administrative barriers that make it difficult for people to access the Program. The state used multiple strategies to simplify and streamline the application process. Steps to remove administrative barriers include simplification of the Medicaid enrollment application and elimination of the asset test.

**Simplified Medicaid Enrollment Application:**

In an effort to increase participation in the Program, a simplified Medicaid enrollment application (see Attachment C) was developed for the Aid to Families with Dependent Children<sup>1</sup> (AFDC) and AFDC-related applicants. As a result of the coordinated efforts between representatives of the OHCA, the DHS, and the OSDH the original sixteen (16) page application was greatly simplified to a new one page, two-sided form. Included in this new application are an array of health related questions designed to assist the primary care physician's assessment of the patients' health care needs it also provided for the actual enrollment into the *SoonerCare* program. Simplified Medicaid enrollment applications are readily available at a wide variety of locations such as the DHS county offices, the OSDH county offices, WIC offices, and public libraries. A toll-free telephone number is available to provide additional information. In order to reach the Hispanic community, outreach efforts have been suitably modified to more effectively reach this population.

~~Also, in order to further simplify the eligibility process and improve access to and participation~~

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<sup>1</sup>"Aid to Families with Dependent Children" is defined as the group of low income families with children, described in Section 1931 of the Social Security Act, who would have qualified for or were receiving financial assistance (AFDC) on July 16, 1996. The Personal Responsibility and Work Opportunity Act of 1996 established a new eligibility group of low income families with children (TANF) and linked that program's eligibility requirements for income/resource eligibility standards and methodologies, and deprivation requirements to the State's plan for AFDC in effect on July 16, 1996. For Medicaid purposes, the AFDC eligibility criteria in effect on July 16, 1996 continues to be the Medicaid eligibility criteria, except Oklahoma has chosen to be less restrictive on its Medicaid, AFDC and AFDC-related eligibility criteria than the criteria in effect on July 16, 1996.

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4. children whose (family) incomes are between 186% and 200% of FPL, making them ineligible for participation at the present time BUT making them possibly eligible if Oklahoma chose to expand XIX/XXI to include annual incomes up to 200% FPL.

Federal Financial Participation (FFP) for Medicaid expenditures related to children identified above under Nos. 1., and 2. will be claimed at the regular Title XIX rate, NOT the enhanced Title XXI rate.

FFP for Medicaid expenditures related to children identified above under No. 3. qualify for and will be claimed at the higher Title XXI rate. These expenditures will be clearly delineated on the HCFA 64.

"Crowd-Out"

Oklahoma recognizes the potential for "crowd-out" - the substitution of SCHIP coverage for private health insurance coverage. The State will implement several initiatives aimed at identifying instances which could be construed as being "crowd-out". In the short run, the State will develop and implement a statistically-valid survey instrument which it will utilize to survey certain Medicaid beneficiaries in order to determine whether or not they voluntarily dropped existing private health insurance coverage due to the availability of publicly-funded SCHIP coverage. Those beneficiaries the State will survey include children who: (1) have enrolled on-or-after December 1, 1997; (2) were determined to be eligible at the State's new (higher) income eligibility standard, and (3) had no Third Party Liability (TPL) indicator on their (Medicaid) Application. This process will enable the State to assess the existence and/or scope of "crowd-out".

In the long-run, the State intends to modify its "Simplified" Medicaid Application Form in order to be able to collect and analyze data specific to any "previous health insurance coverage" which the title XXI beneficiaries may have had prior to their application for Oklahoma Medicaid.

By implementing these steps (the initial survey, followed by an appropriate modification of its Medicaid Application Form), Oklahoma is taking the steps it believes are necessary to monitor "crowd-out". If the State determines that the level of "crowd-out" is problematic, it will work in consultation with the Health Care Financing Administration (HCFA) in order to appropriately resolve the issue.

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By implementing these steps (*the* initial survey, followed by an appropriate modification of its Medicaid Application Form), Oklahoma is taking the steps it believes are necessary to monitor "crowd-out". If the State determines that the level of "crowd-out" is problematic, it will work in consultation with the Health Care Financing Administration (HCFA) in order to appropriately resolve the issue.

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Section 9. Strategic Objectives and Performance Goals for the Plan Administration  
(Section 2107)

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children:  
(Section 2107(a)(2))

1. Decrease the number of *children* in the State who lack creditable health insurance coverage.
2. Increase the enrollment of currently-eligible (but not participating) AFDC and AFDC-related children in the Medicaid Program.
3. ~~By the end of FFY (Federal Fiscal Year) 1999, enroll newly-eligible (expansion group) children at a rate commensurate with the one established for the existing eligibles. Monitor program participation so that "crowd-out" does not become a problem. etc.~~
4. Ensure that the Medicaid enrollment (participation) percentages are the same for both the rural *SoonerCare Choice* and urban *SoonerCare Plus* Programs.
5. Reduce the number of short-term ("medical") enrollments into the Medicaid program which result in periods of retroactive eligibility.
6. Minimize the autoassignment rate for newly-enrolled individuals (for both the existing unenrolled eligibles and the new eligibles) in the selection of a PCCM or MCO.

9.2. Specify one or more performance goals for each strategic objective identified:  
(Section 2107(a)(3))

1. Depending on the Federal Poverty Level (either 185% or 200%) to which Oklahoma increases AFDC (and Related) Medicaid eligibility, and whether or not the State chooses to include 18 year olds as children will impact the number of children the State hopes to enroll in its Medicaid expansion. By the end of FFY 1998, the State hopes to have forty-five (45%) percent of the newly-eligible uninsured children enrolled, and, by the end of FFY 1999, 75%.

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2. Presently, of the 317,000 children believed to be eligible for Medicaid under the existing eligibility criteria (based on 1996 C.P.S. data estimates), only 212,000 (66.88%) are enrolled (see Attachment A). The National average Medicaid enrollment percentage is 75%. Through a statewide outreach effort, the State hopes to increase participation by the end of FFY 1998 to 70%, and, by the end of FFY 1999, to 75%.

3. ~~Of the estimated 40,000 newly eligible uninsured children (through 185% of Federal Poverty Income Guidelines), the State hopes to have~~

~~State hopes to have a total of 75% enrolled by the end of FFY 1999 (see Attachment A). Oklahoma recognizes the potential for "crowd-out" - the substitution of SCHIP coverage for private health insurance coverage. The State will implement several initiatives aimed at identifying instances which could be at risk of being "crowd-out". In the short run, the State will develop and implement a statistically-valid survey instrument which it will utilize to survey certain Medicaid beneficiaries in order to determine whether or not they voluntarily dropped existing private health insurance to the availability of publicly-funded SCHIP coverage. Those beneficiaries the State will survey include children who: (1) have enrolled on-or-after December 1, 1997; (2) were determined to be eligible at the State's new (higher) income eligibility standard; and (3) had no Third Party Liability (TPL) indicator on their (Medicaid) Application. This process will enable the State to assess the existence and/or scope of "crowd-out".~~

~~In the long-run, the State intends to modify its "Simplified" Medicaid Application Form in order to be able to collect and analyze data specific to any "previous health insurance coverage" which the Title XXI beneficiaries (as identified above) may have had prior to their application for Oklahoma Medicaid.~~

~~By implementing these steps (the initial survey, followed by an appropriate modification of its Medicaid Application Form), Oklahoma is taking the steps it believes are necessary to monitor "crowd-out". If the State determines that the level of "crowd-out" is problematic, it will work in consultation with the Health Care Financing Administration (HCFA) in order to appropriately resolve~~

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the issue.

4. **Outreach programs/efforts** will be structured and implemented to ensure effective, statewide participation in the **expansion**, such that the **cumulative enrollment percentages** for the affected urban and rural eligibles will be (essentially) **the same** by the end of FFY 1999.
  5. **DHS historical data indicates** that more than **90%** of Oklahoma Medicaid's (medical only) **short-term certifications** involve a period of **retroactive eligibility** (eligibility effective date precedes application date). Through effective **outreach efforts**, the State's goal is to **reduce** such (after-the-fact) enrollments by **fifty (50%)** by the end of FFY 1999.
  6. Through effective outreach and recipient (client) education programs, enrollment autoassignment rates will be less than **fifty (50%) percent** by the end of FFY 1998 and less than **40%** by the end of FFY 1999. Based upon recent data related to the **Sooner Care Plus Program**, autoassignment rates vary between **39.24%** and **88.61%**.
93. Describe how performance under the plan will be **measured** through objective, independently **verifiable means** and compared against **performance goals** in order to determine the state's performance, taking into account suggested **performance indicators** as specified below or other indicators the state develops: (Section 2107(a)(4)(A),(B))

The State will utilize a number of tools and/or measurement devices to monitor progress toward accomplishing the goals and objectives set forth herein. In addition to the ones indicated in subsequent §9.3.1. to 9.3.8., the State will monitor:

- **Current Population Survey (C.P.S.) data**, produced and published by the U.S. Census Bureau (for items related to estimates of Medicaid eligibility, numbers and/or percentages of uninsured, age/gender demographics, etc.)
- **rural and urban autoassignment rates**, tabulated internally by the OHCA
- **Medicaid enrollment data** related to funding under both Title XIX and Title XXI, tracked by the Health Care Authority and reported to

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HCFA on the quarterly HCFA Form 64 and or other appropriate reporting mechanism

- individual and aggregate periods of retroactive eligibility associated with newly-eligible populations as identified by the Oklahoma Department of Human Services, Family Support Division

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1.  The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2.  The reduction in the percentage of uninsured children.
- 9.3.3.  The increase in the percentage of children with a usual source of care.
- 9.3.4.  The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5.  HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6.  Other child appropriate measurement set. List or describe the set used.
- Consumer Assessment of Health Plans Survey (CAHPS) satisfaction survey
  - Oklahoma State Immunization Information System (OSIIS) data set
- 9.3.7.  If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
- 9.3.7.1.  Immunizations

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- 9.3.7.2.  Well child care
- 9.3.7.3.  Adolescent well visits
- 9.3.7.4.  Satisfaction with care
- 9.3.7.5.  Mental health
- 9.3.7.6.  Dentalcare
- 9.3.7.7.  Other, please list: \_\_\_\_\_

9.3.8.  Performance measures for special targeted populations.

9.4.  The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

9.5.  The state assures it will comply with the annual assessment and evaluation required under Section 10.1 and 10.2. (See Section 10) Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2))

The OHCA will be responsible for the annual assessment and reports of the effectiveness of the State Plan in increasing the number of children with creditable health coverage. The State will mainly rely on the Current Population Survey (CPS) data, Medicaid program information, as well as other relevant/reliable information that may become available. The State is currently working on formalizing internal policies and procedures for annual assessment and reports under the CHIP program. The State is also waiting to receive guidance on financial reporting under CHIP at the CHIP Financial Training Conference in the Dallas Regional Office on April 22-23.

9.6.  The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review or audit. (Section 2107(b)(3))

9.7.  The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such

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~~requirements~~ are developed.

9.8. The *state* assures, to the extent they apply, that the following provisions of the **Social Security Act** will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e))

9.8.1. ■ Section 1902(a)(4)(C) (relating to conflict of interest standards)

9.8.3. ■ Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)

9.8.3. ■ Section 1903(w) (relating to limitations on provider donations and taxes)

9.8.4. ■ Section §1115 (relating to waiver authority)

9.8.5. ■ Section 1116 (dating to administrative and judicial review), but only insofar as consistent with Title XXI

9.8.6. ■ Section 1124 (relating to disclosure of ownership and related information)

9.8.7. ■ Section 9126 (relating to disclosure of information about certain convicted individuals)

9.8.8. ■ Section 1128A (relating to civil monetary penalties)

9.8.9. ■ Section 1128B(d) (relating to criminal penalties for certain additional charges)

9.8.10. ■ Section 1132 (relating to periods within which claims must be filed)

9.9. Describe the process used by the *state* to accomplish involvement of the public in the design and implementation of the plan and the method for insuring

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ongoing public involvement. (Section 2107(c))

In the expansion of a (traditional) Title XIX Medicaid Program, the State does not have a great deal of latitude wherein it can actively seek input from the public. To the extent possible, the Health Care Authority will utilize assistance from other State Agencies, provider organizations, community groups, and others in the development and implementation of outreach programs associated with the expansion. In addition, should the State at some time consider targeting a children's group with special needs for incorporation into a future Medicaid expansion designed to be funded under Title XXI, it will actively seek input from other (applicable) State Agencies, advocacy groups, and others throughout the process.

- 9.10. Provide a budget for this program. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 2107(d))

A financial form for the budget is being developed, with input from all interested parties, for states to utilize.

Budget appropriations, included herein as Attachment A, Table IV, assumes 75% participation.

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Section 10. **Annual Reports and Evaluations (Section 2108)**

10.1. Annual Reports. The state assures that it **will** assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2))

10.1.1. ■ **The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and**

10.1.2. ■ **Report to the Secretary, January 1 following the end of the fiscal year, on the result of the assessment.**

10.2. ■ **State Evaluations. The state assures that by March 31, 2000 it will submit to the Secretary an evaluation of each of the items described and listed below: (Section 2108(b)(A)-(H))**

10.2.1. ■ **An assessment of the effectiveness of the state plan in increasing the number of children with creditable health coverage.**

10.2.2. **A description and analysis of the effectiveness of elements of the state plan, including:**

10.2.2.1. ■ **The characteristics of the children and families assisted under the state plan including age of the children, family income, and the assisted child's access to or coverage by other health insurance prior to the state plan and after eligibility for the state plan ends;**

10.2.2.2. **a The quality of health coverage provided including the types of benefits provided;**

10.2.2.3. ■ **The amount and level (including payment of part or all of any premium) of assistance provided by the state;**

10.2.2.4. ■ **The service area of the state plan;**

- 10.2.2.5. ■ The time limits for coverage of a **child** under the state plan;
- 10.2.2.6. ■ The state's choice of health benefits coverage **and** other methods **used** for providing child health assistance, **and**
- 10.2.2.7. ■ The sources of **non-Federal funding used** in the state plan.
  
- 10.2.3. ■ An assessment of the effectiveness of **other** public and private programs in the state in **increasing** the **availability** of **affordable quality individual and family health insurance** for children.
  
- 10.2.4. ■ A **review** and **assessment** of state **activities to** coordinate the plan under this Title **with** other public and private **programs** providing health **care** and health **care** financing, including Medicaid and maternal and **child** health **services**.
  
- 10.2.5. ■ An analysis of changes **and** **trends** in the state that affect the provision of accessible, affordable, quality **health insurance** and health care **to** children.
  
- 10.2.6. ■ A **description** of any **plans** the state has for **improving** the **availability** of health insurance **and** health **care** for children.
  
- 10.2.7. ■ **Recommendations** for improving the program under this Title.
  
- 10.3.8. ■ Any other **matters** the state **and** the **Secretary** consider appropriate.
  
- 10.3. ■ The state **assures** it **will comply with** future reporting requirements **as they are** developed.
  
- 10.4. ■ The state **assures** that it **will comply with all applicable: Federal laws and** regulations, **including** but not limited to **Federal grant** requirements and **Federal reporting** requirements.

**Section 9. Strategic Objectives and Performance Goals for the Plan Administration  
(Section 2107)**

**9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children:  
(Section 2107(a)(2))**

1. Decrease the number of children in the State who lack creditable health insurance coverage.
2. Increase the enrollment of currently-eligible (but not participating) *AFDC* and *AFDC*-related Children in the Medicaid Program.
3. Monitor Program participation so that "crowd-out" does not become problematic.
4. Ensure that the Medicaid enrollment (participation) percentages are the same for both the rural *SoonerCare Choice* and urban *SoonerCare Plus* Programs.
5. Reduce the number of short-term ("medical") enrollments into the Medicaid program which result in periods of retroactive eligibility.
6. Minimize the autoassignment rate for newly-enrolled individuals (for both the existing unenrolled eligibles and the new eligibles) in the selection of a *PCCM* or *MCO*.

**9.2. Specify one or more performance goals for each strategic objective identified:  
(Section 2107(a)(3))**

- I. Depending on the Federal Poverty Level (either 185% or 200%) to which Oklahoma increases *AFDC* (and Related) Medicaid eligibility, and whether or not the State chooses to include 18 year olds as children will impact the number of children the State hopes to enroll in its Medicaid expansion. By the end of FFY 1998, the State hopes to have forty-five (45%) percent of the newly-eligible uninsured children enrolled, and, by the end of FFY 1999, 75%.

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2. Presently, of the 317,000 children believe to be eligible for Medicaid under the existing eligibility criteria (based on 1996 C.P.S. data estimates), only 212,000 (66.88%) are enrolled (see Attachment A). The National average Medicaid enrollment percentage is 7.5%. Through a statewide outreach effort, the State hopes to increase participation by the end of FFY 1998 to 70%, and, by the end of FFY 1999, to 75%.
3. Oklahoma recognizes the potential for "crowd-out" - the substitution of SCHIP coverage for private health insurance coverage. The State will implement several initiatives aimed at identifying instances which could be construed as being "crowd-out". In the short run, the State will develop and implement a statistically-valid survey instrument which it will utilize to survey certain Medicaid beneficiaries in order to determine whether or not they voluntarily dropped existing private health insurance coverage due to the availability of publicly-funded SCHIP coverage. Those beneficiaries the State will survey include children who: (1) have enrolled on-or-after December 1, 1997; (2) were determined to be eligible at the State's new (higher) income eligibility standard and (3) had no Third Party Liability (TPL) indicator on their (Medicaid) Application. This process will enable the State to assess the existence and/or scope of "crowd-out".

In the long-run, the State intends to modify its "Simplified" Medicaid Application Form in order to be able to collect and analyze data specific to any "previous health insurance coverage" which the Title XXI beneficiaries (as identified above) may have had prior to their application for Oklahoma Medicaid.

By implementing these steps (the initial survey, followed by an appropriate modification of its Medicaid Application Form), Oklahoma is taking the steps it believes are necessary to monitor "crowd-out". If the State determines that the level of "crowd-out" is problematic, it will work in consultation with the Health Care Financing Administration (HCFA) in order to appropriately resolve the issue.

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4. Outreach programs/efforts will be **structured** and implemented to ensure effective, statewide participation in the expansion, such that the cumulative enrollment percentages for the affected urban and rural eligibles will be (essentially) the same by the end of FFY 1999.
5. DHS historical data indicates that more than 90% of Oklahoma Medicaid's (medical only) short-term certifications involve a period of retroactive eligibility (eligibility effective date precedes application date). Through effective outreach efforts, the State's goal is to reduce such (after-the-fact) enrollments by fifty (50%) by the end of FFY 1999.
6. Through effective outreach and recipient (client) education programs, enrollment autoassignment rates will be less than fifty (50%) percent by the end of FFY 1998 and less than 40% by the end of FFY 1999. Based upon recent data related to the *Sooner Care Plus* Program, autoassignment rates vary between 39.24% and 88.61%.

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops: (Section 2107(a)(4)(A),(B))

The State will utilize a number of tools and/or measurement devices to monitor progress toward accomplishing the goals and objectives set forth herein. In addition to the ones indicated in subsequent §9.3.1. to 9.3.8., the State will monitor:

- Current Population Survey (C.P.S.) data, produced and published by the U.S. Census Bureau (for items related to estimates of Medicaid eligibility, numbers and/or percentages of uninsured, age/gender demographics, etc.)
- rural and urban autoassignment rates, tabulated internally by the OHCA
- Medicaid enrollment data related to funding under both Title XIX and Title XXI, tracked by the Health Care Authority and reported to HCFA on the quarterly HCFA Form 64 and/or other appropriate reporting mechanism

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- individual and aggregate periods of retroactive eligibility associated with newly-eligible populations as identified by the Oklahoma Department of Human Services, Family Support Division

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

9.3.1.  The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

9.3.2.  The reduction in the percentage of uninsured children.

9.3.3.  The increase in the percentage of children with a usual source of care.

9.3.4.  The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5.  HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6.  Other child appropriate measurement set. List or describe the set used.

- Consumer Assessment of Health Plans Survey (CAHPS) satisfaction survey
- Oklahoma State Immunization Information System (OSIIS) data set

9.3.7.  If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

9.3.7.1.  Immunizations

9.3.7.2.  Well child care

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- 9.3.7.3.  Adolescent well visits
- 9.3.7.4.  Satisfaction with care
- 9.3.7.5.  Mentalhealth
- 9.3.7.6.  Dentalcare
- 9.3.7.7.  Other, please list: \_\_\_\_\_

9.3.8.  Performance measures for special targeted populations.

9.4.  The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

9.5.  The state assures it will comply with the annual assessment and evaluation required under Section 10.1. and 10.3. (See Section 10) Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2))

The OHCA will be responsible for the annual assessment and reports of the effectiveness of the State Plan in increasing the number of children with creditable health coverage. The State will mainly rely on the Current Population Survey (CPS) data, Medicaid program information, as well as other relevant/reliable information that may become available. The State is currently working on formalizing internal policies and procedures for annual assessment and reports under the CHIP program. The State is also waiting to receive guidance on financial reporting under CHIP at the CHIP Financial Training Conference in the Dallas Regional Office on April 22-23.

9.6.  The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3))

9.7.  The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed.

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9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e))

9.8.1. ■ Section 1902(a)(4)(C) (relating to conflict of interest standards)

9.8.2. ■ Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)

9.8.3. ■ Section 1903(w) (relating to limitations on provider donations and taxes)

9.8.4. ■ Section §1115 (relating to waiver authority)

9.8.5. ■ Section 1114 (relating to administrative and judicial review), but only insofar as consistent with Title XXI

9.8.6. ■ Section 1124 (relating to disclosure of ownership and related information)

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In the expansion of a (traditional) Title XIX Medicaid Program, the State does not have a great deal of latitude wherein it can actively seek input from the public. To the extent possible, the Health Care Authority will utilize assistance from other State Agencies, provider organizations, community groups, and others in the development and implementation of outreach programs associated with the expansion. In addition, should the State at some time consider targeting a children's group with special needs for incorporation into a future Medicaid expansion designed to be funded under Title XXI, it will actively seek input from other (applicable) State Agencies, advocacy groups, and others throughout the process.

- 9.10. Provide a budget for this program. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 210(d))

A financial form for the budget is being developed, with input from all interested parties, for states to utilize.

Budget appropriations, included herein as Attachment A, Table IV, assumes 75% participation.

Section 10. Annual Reports and Evaluations (Section 2108)

10.1. **Annual Reports.** The state assures that it will assess the operation of the state plan under this Title in each fiscal year?including: (Section 2108(a)(1),(2))

10.1.1. ■ The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and

10.1.2. ■ Report to the Secretary, January 1 following the end of the fiscal year, on the result of the assessment.

10.2. ■ State Evaluations. The state assures that by March 31, 2000 it will submit to the Secretary an evaluation of each of the items described and listed below: (Section 2108(b)(A)-(H))

10.2.1. ■ An assessment of the effectiveness of the state plan in increasing the number of children with creditable health coverage,

10.2.2. A description and analysis of the effectiveness of elements of the state plan, including-

10.2.2.1. □ The characteristics of the children and families assisted under the state plan including age of the children, family income, and the assisted child's access to or coverage by other health insurance prior to the state plan and after eligibility for the state plan ends;

10.2.2.2. ■ The quality of health coverage provided including the types of benefits provided;

10.2.2.3. ■ The amount and level (including payment of part or all of any premium) of assistance provided by the state;

10.2.2.4. ■ The service area of the state plan;

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- 10.2.2.5. ■ The time limits for coverage of a child under the state plan;
- 10.2.2.6. □ The state's choice of health benefits coverage and other methods used for providing child health assistance, and
- 10.2.2.7. ■ The sources of non-Federal funding used in the state plan.
- 10.2.3. ■ An assessment of the effectiveness of other public and private programs in the state in increasing the availability of affordable quality individual and family health insurance for children.
- 10.2.4. ■ A review and assessment of state activities to coordinate the plan under *this* Title with other public and private programs providing health care and health care financing, including Medicaid and maternal and child health services.
- 10.2.5. ■ An analysis of changes and trends in the state that affect the provision of accessible, affordable, quality health insurance and health care to children.
- 10.3.6. ■ A description of any plans the state has for improving the availability of health insurance and health care for children.
- 10.2.7. ■ Recommendations for improving the program under this Title.
- 10.2.8. ■ Any other matters the state and the Secretary consider appropriate.
- 10.3. ■ The state assures it will comply with future reporting requirements as they are developed.
- 10.4. ■ The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.