Oklahoma CARTS FY2020 Report

Basic State Information

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Oklahoma

2.

Program type:

- (•) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

All

Who should we contact if we have any questions about your report?

4. Contact name:

Reginald Mason

5. Job title:

Senior Research Analyst

6. Email:

Reggie.Mason@okhca.org

7. Full mailing address:

Include city, state, and zip code.

4345 N. Lincoln Blvd. Oklahoma City, Ok 73105

8. Phone number:

405-522-7556

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Part 4: Separate CHIP Program and Policy Changes

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	199,889	209,076	4.596%
Separate CHIP	10,936	10,465	-4.307%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

The number of children enrolled in 2019 and 2020 are incorrect in these prefilled tables . Oklahoma correctly reported 219,541(209,076+10,465) children enrolled in 2020 in the SEDS system and 210,825 (199,889+10,936) in 2019. We attribute the small percent change from last year to the COVID-19 economic impact and relief measures (continuity of care and postponing recertification's).

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	Not Answered	Not Answered	Not Answered	Not Answered
2016	Not Answered	Not Answered	Not Answered	Not Answered
2017	Not Answered	Not Answered	Not Answered	Not Answered
2018	Not Answered	Not Answered	Not Answered	Not Answered
2019	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2018 and 2019
Not Available

2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

○ Yes

◉ No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

- ○ Yes
- ◉ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

NA

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

- (•) Yes
- ( ) No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

- (•) Yes
- ( ) No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

LARC Efforts During this reporting period targeted visits were made to providers who provide LARCs in their practice. This initiative, called Focus Forward Oklahoma aims to provide comprehensive training for providers and their staff about the "best practices" for LARC usage. The target population for LARC utilization are females between the age of 12 and 18. A total of 545 practices were visited by staff to provide information concerning clinical training for providers and education about LARC coverage in the SoonerCare program. Tribal Government Relation Efforts The Oklahoma Health Care Authority's Tribal Government Relations Unit continues to work with Tribal Governments and Health Systems with enrollment assistance. Staff regularly attends tribal health fairs and other outreach events in order to assist in the enrollment of potential tribal citizens and promote healthy life styles. Staff have met with individual Tribal Governments and Tribal Health System to provide training on OHCA's Home View and Agency View enrollment systems. Public Health Emergency Efforts Shortly after the PHE declaration provider education specialists began making outbound calls to our SoonerCare PCMH network to determine if there were potential access to care issues within the network. More than 1100 PCMHs at 663 locations were polled. OHCA hosted a series of ten webinars in April 2020 to discuss the PHE. Telehealth Outreach Efforts In addition to polling the PCMH network concerning access to care, staff engaged in dialogue with these clinics concerning their knowledge and use expanded telehealth services afforded to them during the PHE. As mentioned above the OHCA webinars hosted in April 2020 also discussed the expanded use of telehealth services during the PHE.

4. Is there anything else you'd like to add about your outreach efforts?

LARC A total of 591 practices were visited by staff to provide information concerning clinical training for providers and education about LARC coverage in the SoonerCare program. More than 200 providers attended the trainings. Tribal Government Relations Staff attended the annual health event at Riverside Indian School where approximately 563 students received health and dental screenings Public Health Emergency Efforts As a result of the outbound calling efforts made by the provider education specialists, 97% of the total PCMH network were reporting that their offices were continuing to provide access to members assigned to them. Additionally, there has not been a spike in access to care reports during this reporting period. Total attendance for the OHCA hosted webinars was 1297 individuals Telehealth Outreach Efforts Of the total PCMH network polled, more than 75% of providers were using telehealth services to expand access to care during the PHE.

5.

Optional: Attach any additional documents here.

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Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

- ○ Yes
- ◉ No
- ○ N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

- ○ Yes
- ◉ No
- ○ N/A

0 %

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

No

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

- ○ Yes
- ◉ No
- ○ N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- (•) Yes
- ( ) No

3.

Do you send renewal reminder notices to families?

- (•) Yes
- ( ) No

4. What else have you done to simplify the eligibility renewal process for families?

NA

5. Which retention strategies have you found to be most effective?

Processes were put in place to enable retention of members during the Covid-19 public health emergency. This included delaying disenrollment and waiving certain recertification requirements based on federal guidance.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

Analyses on enrollment trends are conducted to ensure that issues associated with retention can be identified and addressed. Application and other enrollment data sources are utilized for tracking.

7. Is there anything else you'd like to add that wasn't already covered?

Passive renewal - is the redetermination of eligibility without requiring information from the member only if OHCA is able re-determine based on reliable information in the individual's account or other more current information available to OHCA, including information accessed through data exchanges.

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

8120

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

2422

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

5606

3a.

How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

3962

4.

How many applicants were denied CHIP coverage for other reasons?

92

5. Did you have any limitations in collecting this data?

No

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	8120	100%
Denied for procedural reasons	2422	29.83%
Denied for eligibility reasons	5606	69.04%
Denials for other reasons	92	1.13%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2020?

210399

2.

Of the eligible children, how many were then screened for redetermination?

205495

3.

How many children were retained in CHIP after redetermination?

108492

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

12051

Computed: 12051

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

4200

4b.

How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

7025

4c.

How many children were disenrolled for other reasons?

826

5. Did you have any limitations in collecting this data?

No

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	205495	100%
Children retained after redetermination	108492	52.8%
Children disenrolled after redetermination	12051	5.86%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	12051	100%
Children disenrolled for procedural reasons	4200	34.85%
Children disenrolled for eligibility reasons	7025	58.29%
Children disenrolled for other reasons	826	6.85%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2020?

553342

2.

Of the eligible children, how many were then screened for redetermination?

533114

3.

How many children were retained in Medicaid after redetermination?

519348

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

9178

Computed: 9178

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

1683

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

5633

4c.

How many children were disenrolled for other reasons?

1862

5. Did you have any limitations in collecting this data?

No

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	533114	100%
Children retained after redetermination	519348	97.42%
Children disenrolled after redetermination	9178	1.72%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	9178	100%
Children disenrolled for procedural reasons	1683	18.34%
Children disenrolled for eligibility reasons	5633	61.38%
Children disenrolled for other reasons	1862	20.29%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8388	7631	7794	3012

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8152	7417	7607	2909

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
76	93	82	28

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	0

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
160	121	105	75

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
4	10	10	11

9. Is there anything else you'd like to add about your data?

No

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18.

How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than CHIP
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

No

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

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1.

How does your state define "newly enrolled" for this cohort?

◉ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

○ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2020 (start of the cohort)

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
549	1515	2847	1810

July - September 2020 (6 months later)

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
532	1480	2791	1781

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
4	14	23	11

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	0	0	0

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	21	33	18

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
4	15	14	3

9. Is there anything else you'd like to add about your data?

No

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:
b" Transferred to another health insurance program other than Medicaid
b" Didn't meet eligibility criteria anymore
b" Didn't complete documentation
b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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How many children were no longer enrolled in Medicaid 18 months later?

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b" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

No

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- (•) Yes
- ( ) No

1.

Under which authority and statutes does your state offer premium assistance?

Check all that apply.

- [ ] Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]
- [ ] Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]
- [x] Section 1115 Demonstration (Title XXI)

2.

Does your premium assistance program include coverage for adults?

- (•) Yes
- ( ) No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

The Employer Sponsored Insurance program offers multiple commercial plans that include major medical packages and pregnancy benefits.

4.

Does your premium assistance program provide wrap-around coverage for gaps in coverage?

This only applies to states operating an 1115 demo.

- (•) Yes
- ( ) No
- ( ) N/A

5.

Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?

This only applies to states operating an 1115 demo.

- (•) Yes
- ( ) No
- ( ) N/A

6.

Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?

This only applies to states operating an 1115 demo.

- (•) Yes
- ( ) No
- ( ) N/A

7.

How many children were enrolled in the premium assistance program on average each month in FFY 2020?

220

8.

What's the average monthly contribution the state pays towards coverage of a child?

$ 279

9.

What's the average monthly contribution the employer pays towards coverage of a child?

$ 0

10.

What's the average monthly contribution the employee pays towards coverage of a child?

$ 0

Table: Coverage breakdown

Child

State	Employer	Employee
279	0	0

11.

What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at		Ends at
$ 269	→	$ 299

12.

What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at		Ends at
$ 0	→	$ 0

13.

What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at		Ends at
186	→	200

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

Strategies that have proved or will prove effective are changes to our 1115 waiver to encompass a greater population and increasing staffing to assist.

15. What challenges did you experience with your premium assistance program in FFY 2020?

One of the biggest challenges faced in 2020 was COVID-19 and extending coverage for our members to ensure no one lost eligibility during the public health emergency. Another challenge we faced was the potential closure of the Employee Sponsored Insurance program. It has since been decided that ESI will remain to serve Oklahomans.

16. What accomplishments did you experience with your premium assistance program in FFY 2020?

An important accomplishment to highlight for 2020 was made possible by COVID-19. The Oklahoma HealthCare Authority was able to maintain eligibility and worked to ensure no one lost or will lose coverage during the public health emergency. OHCA was able to successfully mobilize teams to work from home and we were able to provide invaluable support to our members during a critical time.

17. Is there anything else you'd like to add that wasn't already covered?

NA

18.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Program Integrity

Eligibility, Enrollment, and Operations

Dental Benefits

Eligibility, Enrollment, and Operations

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction.

1.

Did you collect the CAHPS survey?

- (•) Yes
- ( ) No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

2.

Which CHIP population did you survey?

- (•) Medicaid Expansion CHIP
- ( ) Separate CHIP
- ( ) Both Separate CHIP and Medicaid Expansion CHIP
- ( ) Other

3.

Which version of the CAHPS survey did you use?

- ( ) CAHPS 5.0
- (•) CAHPS 5.0H
- ( ) Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- [x] None
- [ ] Children with Chronic Conditions
- [ ] Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

6. Is there anything else you'd like to add about your CAHPS survey results?

NA

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- (•) Yes
- ( ) No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Focus Forward Oklahoma Policy, Communication, and Outreach

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

a. 18 and younger

4.

How many children do you estimate are being served by the HSI program?

120000

5.

How many children in the HSI program are below your state's FPL threshold?

120000

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

a. Teen birth rates.

7. What outcomes have you found when measuring the impact?

a. 11% decrease in teen birth rate since 2016.

8. Is there anything else you'd like to add about this HSI program?

NA

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Focus Forward Oklahoma Workforce Training Program

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

a. 18 and younger

4.

How many children do you estimate are being served by the HSI program?

120000

5.

How many children in the HSI program are below your state's FPL threshold?

120000

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

a. Teen birth rates b. Targeted Providers: Increase in LARC Claims

7. What outcomes have you found when measuring the impact?

a. 11% decrease in teen birth rate since 2016. b. 17% increase in LARC claims for trained providers

8. Is there anything else you'd like to add about this HSI program?

a. Less than half of Oklahoma Medicaid contracted providers with contraception claims provide LARC. HSI #2 aims to increase this number by providing a comprehensive LARC training program for Oklahoma family planning providers (who serve the under 19 population) and their clinical and administrative staff. This effort has resulted in the development of a comprehensive training program that provides up-to-date counseling skills, medical management of contraception information, and hands-on LARC procedure skills for Oklahoma providers, conducted by Oklahoma providers. This program is a partnership with the University of Oklahoma Health Sciences Center, the University of Oklahoma Tulsa, and the Oklahoma State University Center for Health Sciences. To-date the training program has trained 240 providers from across the state of Oklahoma. A little over 30% of these providers were located in a rural county and 74% were family practice providers. The bulk of the trainees were physicians (56%) or advanced practice registered nurses (31%).

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Overdose Education and Naloxone Distribution for Youth and Young adults

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Youth 19 and under and people/agencies who serve youth 19 and under.

4.

How many children do you estimate are being served by the HSI program?

1490

5.

How many children in the HSI program are below your state's FPL threshold?

1490

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Decrease in opioid overdose deaths and adverse outcomes among youth

7. What outcomes have you found when measuring the impact?

Data shows reduction in fatal overdoses for all age groups across the state. We have received 6 reports of successful administrations (meaning the kit was administered and the person survived until medical assistance arrived) during the grant year.

8. Is there anything else you'd like to add about this HSI program?

The CHIP OEND program meets the needs of an underserved population during the opioid crisis. While significant federal resources are directed towards the opioid crisis, many only serve populations 18 and up. Additionally, the program is braded into projects with schools and youth-serving organizations to provide prevention education around misuse of prescription drugs, safe storage and disposal, and access to treatment for youth and their families.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Academic Detailing

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Members age b $ 18

4.

How many children do you estimate are being served by the HSI program?

1107

5.

How many children in the HSI program are below your state's FPL threshold?

1107

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Define a metric to measure the impact. Changes in antipsychotic polypharmacy

7. What outcomes have you found when measuring the impact?

26% decrease in polypharmacy in detailed providers

8. Is there anything else you'd like to add about this HSI program?

NA

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Oklahoma Pediatric Psychotropic Prescribing Resource Guide

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

18 years and younger

4.

How many children do you estimate are being served by the HSI program?

3074

5.

How many children in the HSI program are below your state's FPL threshold?

3074

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Reviewing pediatric claims for antipsychotics for polypharmacy, metabolic monitoring, adherence and appropriate diagnosis. Education is provided to prescribers who are outliers. Claims reviews will be done on a semi-annual basis.

7. What outcomes have you found when measuring the impact?

Resource Guide completed mid-year. Unable to assess impact this year.

8. Is there anything else you'd like to add about this HSI program?

As a part of the program the Pediatric Behavioral and Emotional Health ECHO program at OSU Center for Health is being supported with funds to aid in community outreach for all Oklahoma youth in need of prescriber/provider assistance.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Sickle Cell Disease Care Kits

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

18 years and younger

4.

How many children do you estimate are being served by the HSI program?

102

5.

How many children in the HSI program are below your state's FPL threshold?

97

Computed: 95.1%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

246 care kits total to be created/distributed in SFY2020

7. What outcomes have you found when measuring the impact?

41% completed

8. Is there anything else you'd like to add about this HSI program?

SCD Care Kits- the Health Services Initiative (HSI) Sickle Cell Disease (SCD) care kit project is to provide outreach to parent/caregivers of babies newly diagnosed with SCD and those with an existing diagnosis to promote self-care best practices, self-efficacy and improve health outcomes. The care kits are created to include the necessary tools, education and community support services for the parent/ caregiver of a child diagnosed with SCD. Covid-19 impacted the ability of the organization to complete the project fully for SFY2020.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Reach Out and Read (ROR)

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

0-5 years of age

4.

How many children do you estimate are being served by the HSI program?

49560

5.

How many children in the HSI program are below your state's FPL threshold?

34692

Computed: 70%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Metric 1-The percentage of SoonerCare members 9-36 months of age with a paid developmental screening performed by a ROR provider compared to those performed by a non-ROR provider. Metric 2-The percentage of SoonerCare members 6-59 months of age with paid well-child visit(s) performed by a ROR provider compared to those performed by a non-ROR provider.

7. What outcomes have you found when measuring the impact?

Outcome 1 (Developmental screening rates)-SFY2020 ROR providers- 35% Non-ROR providers- 19% Outcome 2 (Well-child visits)-SFY2020 ROR provider- 67% Non-ROR provider- 53%

8. Is there anything else you'd like to add about this HSI program?

As the data shows above, we have found that rates of both developmental screening and well-child visit are higher among practices enrolled as ROR providers.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Focus Forward Oklahoma Uninsured LARC Access Initiative

2.

Are you currently operating the HSI program, or plan to in the future?

(•) Yes

( ) No

3. Which populations does the HSI program serve?

a. Uninsured under 19

4.

How many children do you estimate are being served by the HSI program?

120000

5.

How many children in the HSI program are below your state's FPL threshold?

120000

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

a. Teen birth rates b. # of uninsured under 19 choosing LARC

7. What outcomes have you found when measuring the impact?

a. 11% decrease in teen birth rate since 2016. b. 252 uninsured under 19 accessed a LARC device.

8. Is there anything else you'd like to add about this HSI program?

a. To date 60 of the 77 counties in Oklahoma have received devices based on their client needs. Most of these county health departments are in rural Oklahoma and are designated as health professional shortage areas. Since this health service initiative was started 252 devices have been issued to uninsured clients under the age of 19. County health departments continue to work to provide LARC to uninsured clients under the age of 19 through these funds.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Infant Safe Sleep

2.

Are you currently operating the HSI program, or plan to in the future?

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Newborns

4.

How many children do you estimate are being served by the HSI program?

149

5.

How many children in the HSI program are below your state's FPL threshold?

134

Computed: 89.93%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

At admission to the program, participants are given education on best practices with respect to infant sleep. Participants in the program are asked to complete a follow-up survey which inquires about use of a sleep sack, a portable crib, and infant safe sleep practices. Questions related to sleep practices include: frequency of sleep sack and portable crib use, infant sleep position, sleep environment, and co-sleeping. The survey is administered between one and three months postpartum. Subjects entering the program through participating hospitals are administered the survey by telephone. Metric 1--Percent of participants reporting use of crib when infant sleeps Metric 2-- Frequency of how often participant's infant always or almost always sleeps in a crib/portable crib

7. What outcomes have you found when measuring the impact?

Metric 1-97.7% Metric 2-99.9% (Crib-18.9%; Portable crib-81%)

8. Is there anything else you'd like to add about this HSI program?

Distribution at the hospital level has been challenging, especially during the pandemic that has occurred during this reporting year. Families are sometimes hesitant to disclose their need for a safe sleep space to hospital staff with whom they only have a short term relationship. Additionally, contracting with hospitals can be a long and arduous process and hospitals often encounter issues related to storage of cribs. Expansion of the program to allow identification and distribution by home visiting and other community-based programs that can develop longer term relationships with families may result in better identification of need and distribution.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.
Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

a.) Decrease the number of uninsured Oklahoma children by 2%, during the 10/01/18 through 09/30/23 Insure Oklahoma demonstration renewal period, under 19 years of age, under 186% of FPL.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

a.) The Increase/Decrease in number of children enrolled in SoonerCare at the baseline date (10/01/18) through (09/30/2020)

4.

Numerator (total number)

50303

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

a.) Total number of children enrolled in SoonerCare at baseline date (October 2018)

6.

Denominator (total number)

520151

Computed: 9.67%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 3,572 Denominator: 520,151 Rate: 0.7%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

b.) Increase the number of qualified Oklahoma businesses participating in the Insure Oklahoma program by 2%, during the 10/01/19 through 09/30/2023 Insure Oklahoma demonstration renewal period.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

b.) The increase/decrease in the number of small businesses enrolled in ESI at the baseline date (10/01/18) through (09/30/2020)

4.

Numerator (total number)

680

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

The number of small businesses enrolled in ESI at the baseline date.

6.

Denominator (total number)

4365

Computed: 15.58%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 700 Denominator: 4,365 Rate: 16.0% 2020 PMD

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase CHIP Enrollment

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

a.) Increase the number of Soon To Be Sooners (STBS) enrolled Oklahoma pregnant women by 2% within 5 years beginning 10/01/18, under 186% FPL, converted to the MAGI-equivalent percent of FPL and applicable disregards.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

a.) Increase/decrease in the unduplicated number of pregnant women enrolled in STBS at the baseline date (10/01/18) through (09/30/2020)

4.

Numerator (total number)

2695

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

a.) The unduplicated number of pregnant women enrolled in STBS at baseline (10/2018).

6.

Denominator (total number)

3561

Computed: 75.68%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 6 Denominator: 3,561 Rate: 0.2%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

b.) Increase the number of Insure Oklahoma enrolled children by 2% within 5 years beginning 10/01/18, under 19 years of age, 186-300% FPL, converted to the MAGI-equivalent percent of FPL and applicable disregards.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

b.) Increase/Decrease in the unduplicated number of Insure Oklahoma children enrolled at the baseline date (10/01/18) through (09/30/2020)

4.

Numerator (total number)

51

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

b.) The unduplicated number of Insure Oklahoma children enrolled at baseline (10/2018).

6.

Denominator (total number)

190

Computed: 26.84%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ◉ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 5 Denominator: 190 Rate: 2.6%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase Medicaid Enrollment

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Increase the number of SoonerCare enrolled Oklahoma children by 2% within 5 years beginning 10/1/18, under 19 years of age, under 186% FPL, converted to the MAGI-equivalent percent of FPL and applicable disregards.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

a.) Increase in number of children enrolled in SoonerCare at the baseline date (10/01/18) through (09/30/2020).

4.

Numerator (total number)

050303

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

a.) Total number of children enrolled in SoonerCare at baseline date (10/2018).

6.

Denominator (total number)

520151

Computed: 9.67%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 3,572 Denominator: 520,151 Rate: 0.7%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

b.) Increase the number of SoonerCare enrolled Oklahoma pregnant women by 2% within 5 years beginning 10/01/18, under 186% FPL, converted to the MAGI-equivalent percent of FPL and applicable disregards.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

b.) Increase/Decrease in the unduplicated number of pregnant women enrolled in SoonerCare at the baseline date (10/01/18) through (09/30/2020).

4.

Numerator (total number)

10986

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

b.) The unduplicated number of pregnant women enrolled in SoonerCare at baseline (10/2018).

6.

Denominator (total number)

22885

Computed: 48.01%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 112 Denominator: 22,885 Rate: 0.5%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

Improve access to care

1. Briefly describe your goal for this objective.

a.) the capacity of contracted SoonerCare primary care providers over a 2 year period beginning 10/01/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

a.) Increase/Decrease in SoonerCare primary care provider capacity between 10/1/2018 and 9/30/2020

4.

Numerator (total number)

124276

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

a.) SoonerCare Primary Care Provider Capacity at the baseline (10/31/2018)

6.

Denominator (total number)

1247538

Computed: 9.96%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 12,601 Denominator: 1,247,538 Rate: 1.0%
Additional notes on measure: Data is point in time. Percent of SoonerCare Choice capacity used was 38.47% in 9/30/2019.

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

a.) the capacity of contracted Insure Oklahoma primary care providers over a 2 year period beginning 10/01/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

b.) Increase/Decrease in Insure Oklahoma primary care provider capacity between 10/1/2018 and 9/30/2020

4.

Numerator (total number)

59401

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

b.) Insure Oklahoma Primary Care Provider Capacity at the baseline (10/31/2018)

6.

Denominator (total number)

459542

Computed: 12.93%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 2,627 Denominator: 459,542 Rate: 0.6% Additional notes on measure: Data is point in time. Percent of Insure Oklahoma IP capacity used was 1.16% in 9/30/2019.

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

c.) Increase the percentage of SoonerCare children, under 19 years of age, under 186% FPL, convert to the MAGI -equivalent percent of FPL and applicable disregards, who have selected a contracted SoonerCare primary care provider by 2% within 5 years beginning 10/1/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

c.) Increase/Decrease in SoonerCare Choice Children 10/1/2018 and 09/30/2020

4.

Numerator (total number)

47101

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

c.) Choice Children Enrollment data at the baseline (10/31/2018)

6.

Denominator (total number)

442880

Computed: 10.64%

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Numerator: 4,732 Denominator: 442,880 Rate: 1.1%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

The goal is to maintain the goal in accordance with the State Plan Amendment (SPA) until 9/30/2023.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

Improve use of preventive (immunization, well baby/childcare)

1. Briefly describe your goal for this objective.

a.) Increase the percentage of SoonerCare well baby/child visits by age of birth through 18 years, by 2% within 5 years beginning 10/01/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

a.) OHCA quality measures are calculated on a calendar year. Data reported for the Reporting Year 2019 (CY2018 data) will be used as a baseline for future comparisons. Well child visits data is broken down into age categories: b" First 15 months b" 3-6 years old b" Adolescent

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

a.) No denominator includes CHIP XXI and Medicaid XIX

6.

Denominator (total number)

0

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Explain how these objectives were set: OHCA quality measures are calculated on a calendar year. Data reported for the Reporting Year 2019 (CY2018 data) will be used as a baseline for future comparisons. Well-Child Visits data is broken down into age categories as follows: CY 18 OHCA Quality Measures Well-Child Visits: Child Health Checkups in first 15 months (1 or more visits) = 96.2% Child Health Checkups 3-6 yrs. (1 or more visits) = 57.1% Child Health Checkups adolescent (1 or more visits) = 25.2%

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

Explain how these objectives were set: OHCA quality measures are calculated on a calendar year. Data reported for the Reporting Year 2019 (CY2018 data) will be used as a baseline for future comparisons. Well-Child Visits data is broken down into age categories as follows: CY 19 OHCA Quality Measures Well-Child Visits (CY2018 data): Child Health Checkups in first 15 months (1 or more visits) = 98.4% Child Health Checkups 3-6 yrs (1 or more visits) = 68.5% Child Health Checkups adolescent (1 or more visits) = 42.8% OHCA Source "2020 - Quality of Care in the SoonerCare Program Report - Quality Measures (2019)": http://www.okhca.org/research.aspx?id=87 Other Comments on Measure: See attachment CY10, CY11 and CY12, CY13 and CY14CY15, CY16, CY17 CY18 OHCA HEDIS Well-Child Visits Data.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

b.) Participate with the state of Oklahoma to increase the immunization rates of all children, under 19 years of age, under 186% FPL, converted to the MAGI-equivalent percent of FPL and applicable disregards, by 2% within 5 years beginning 10/01/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

b.) No denominator includes CHIP XXI and Medicaid XIX

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

b.) No denominator includes CHIP XXI and Medicaid XIX

6.

Denominator (total number)

0

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Other Comments on Measure: In FFY2019, the rate reported refers to vaccination series 4:3:1:3:3:1:4 (combined 7 vaccine series)which includes 4 doses of the DTP vaccine, 3 or more doses of the polio vaccine, 1 dose of MMR, 3 or more doses of Hib 3 or more doses of Hepatitis B vaccines, 1 dose of the varicella vaccine and 4 doses of PCV vaccine. This data is taken from CDC data that is reported on a calendar year basis. This measure includes 19-35 month old children and is a widely accepted measure of immunization coverage. Comparable data for other age groups is not available. The Oklahoma rate for CY2017 is 67.3%. This is the latest year available on CDC website when the site was accessed in October 2019. CDC Source: https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/trend/index.html

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

b) For FFY2020, the rate reported refers to vaccination series 4:3:1:3:3:1:4 (Combined 7 vaccine series) which includes 4 doses of the DTP vaccine, 3 or more doses of the polio vaccine, 1 dose of MMR, 3 or more doses of Hib 3 or more doses of Hepatitis B vaccines, 1 dose of the varicella vaccine and 4 doses of PCV vaccine. The Oklahoma rate for CY2017 is 67.3%. This is the latest year available on CDC website when the site was accessed in Nov 2020. CDC Source: https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/trend/index.html

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

c.) Increase the number of SoonerCare pregnant women who sought prenatal care in the first trimester, by 2% within 5 years beginning 10/01/18.

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

c.) No numerator (Trimester Breakdown SFY report that uses prenatal care claims.)

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

c.) No denominator includes CHIP XXI and Medicaid XIX

6.

Denominator (total number)

0

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

2019 PMD: Describe what is being measured: The number of SoonerCare pregnant women who sought prenatal care in the first trimester. Numerator: 0 Denominator: 17,387 Rate: 0.0% Additional notes on measure: Number of deliveries with prenatal care beginning in the first trimester for SFY2019 was 17,387. SFY2019 is the baseline year.

10. What are you doing to continually make progress towards your goal?

At this time we are monitoring the increase/decrease and reporting trend of data for this SPA period to determine the best course of action for the next SPA period.

11. Anything else you'd like to tell us about this goal?

c.) Number of deliveries with prenatal care beginning in the 1st trimester for SFY2020 was 17,183. The baseline year SFY2019 had 17,387.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

NA

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

NA

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

NA

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Program Financing

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 237,837,784	**$** 243,545,891	**$** 249,878,084

2.

How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 23,381,767	**$** 23,942,930	**$** 24,565

3.

How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	237837784	243545891	249878084
Fee for Service	23381767	23942930	24565
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	261219551	267488821	249902649

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020	2021	2022
$ 2,439,743	**$** 2,498,297	**$** 2,563,253

2.

How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 3,503,644	**$** 3,587,731	**$** 3,681,012

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

4.

How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

5.

How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 0	**$** 0	**$** 0

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 1,494,623	**$** 2,556,857	**$** 2,556,857

7.

How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 3,587,557	**$** 3,673,658	**$** 3,769,173

Table 2: Administrative Costs

This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

Type	**FFY 2020**	**FFY 2021**	**FFY 2022**
Personnel	2439743	2498297	2563253
General administration	3503644	3587731	3681012
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1494623	2556857	2556857
Other administrative costs	3587557	3673658	3769173
Total administrative costs	11025567	12316543	12570295
10% administrative cap	29024394.56	29720980.11	27766961

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.
This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

Type	**FFY 2020**	**FFY 2021**	**FFY 2022**
Total program costs	272245118	279805364	262472944
eFMAP	Not Available	Not Available	Not Available
Federal share	Not Available	Not Available	Not Available
State share	Not Available	Not Available	Not Available

8.

What were your state funding sources in FFY 2020?

Select all that apply.

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [x] Private donations
- [x] Tobacco settlement
- [ ] Other

9.

Did you experience a shortfall in federal CHIP funds this year?

- ( ) Yes
- (•) No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020	2021	2022
144355	146753	149191

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020	2021	2022
$ 172	**$** 174	**$** 175

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	144355	146753	149191
PMPM cost	172	174	175

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020	2021	2022
12591	12800	13013

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020	2021	2022
$ 206	**$** 208	**$** 210

Type	**FFY 2020**	**FFY 2021**	**FFY 2022**
Eligible children	12591	12800	13013
PMPM cost	206	208	210

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

NA

2.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

The most important change in Oklahoma's political and fiscal environment in regards to public healthcare is that the State passed State Question 802 on June 30, 2020 to expand Medicaid effective July 1, 2021. In non-expansion states, low-income adults face significant challenges to their overall well-being. Oklahoma is poised to remove many artificial barriers to upward mobility and well-being. Medicaid Expansion is linked to increased tobacco cessation, self-reported access to care for diabetes management, and significant improvements in overall health status. These are key areas of interest to Oklahoma, and OHCA is diligently working to provide resources to people that need them the most. By working with primary care providers, Medicaid Expansion in other states has led to fewer skipped medications due to cost, reduced out-of-pocket spending, and reduced likelihood of emergency department visits, increased outpatient visits, increased screening for diabetes, and more regular care for chronic conditions. OHCA is working tirelessly to bring these results home. The final cost of expanding Medicaid coverage in Oklahoma has been estimated between $117 and $164 million. Oklahoma passed similar large reorganizations of taxpayer money in recent years; however, none shows the extensive evidence of creating more jobs and economic growth that Medicaid Expansion has seen across the country. Oklahoma citizens have started down a new path that will provide a wide variety of benefits for generations to come, and OHCA stands at the center of these efforts.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

The Covid-19 global pandemic, from the declaration of the public health emergency on March 13, 2020 to present day, has impacted the CHIP program. The legislature working to fund state programs, the economic outlook for the state is average, but keeping up with trends as the virus changes will require more money and time to implement. In federal fiscal year 2020, Oklahoma's FMAP will be 66.02%, it is the highest since match since 2007 and up almost four points from 62.38% in 2019. Projections suggest that Oklahoma will see a large FMAP increase in 2020 as well, bringing our federal share of Medicaid funding to 72.22 %. This increase in federal funding will assist in offsetting the budget challenges of the last several years.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

OHCA has and continues to work with CMS to align the CHIP program with the Section 5022 of the SUPPORT Act of 2018. The state submitted a State Plan Amendment to update coverage of mental health services, including behavioral health treatment, necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance-use disorders, for eligible children and eligible pregnant women. Additionally, the OHCA board voted to approve a 5% rate increase to most SoonerCare providers effective October 1, 2020.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

The expansion of Medicaid and he change to MCOs will be the most significant change to the Oklahoma CHIP program. The State of Oklahoma is soliciting and securing contracts with qualified managed care organizations that have demonstrated strong quality of care to meet the state's needs. The state expects to implement an MCO delivery system, for certain populations including pregnant women and children, on October 1, 2021. OHCA is pursuing a Medicaid managed care approach that is designed to meet the following goals: b" Improve health outcomes for Oklahomans; b" Transform payment and delivery system reform statewide by moving toward value-based payment and away from payment based on volume; b" Improve SoonerCare eligibles' access to and satisfaction with necessary services; b" Contain costs through better coordinating services; and b" Increase cost predictability to the state. b" Improve health outcomes for Oklahomans, through: o Improving access to oral healthcare including preventive and restorative services; o Developing high-quality outreach and education materials and regularly scheduled outreach activities for dental health plan enrollees; o Building collaborations between medical and dental professionals; b" Transform payment and delivery system reform statewide by moving toward value-based payment and away from payment based on volume; b" Improve SoonerCare eligibles' access to and satisfaction with necessary services; b" Contain costs through better coordinating services; and b" Increase cost predictability to the state.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

NA

6.

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