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State/Territory Name: Oregon

State Plan Amendment (SPA) #: OR-23-0137

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

September 5, 2023

Dana Hittle
Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-49
Salem, OR 97301-1079

Dear Dana Hittle:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) OR-23-0137, submitted on June 30, 2023, has been approved. The effective date for this SPA is July 1, 2023.

Through this SPA, Oregon updates its strategic objectives and goals related to CHIP enrollment and reducing the number of uninsured children. To measure progress on these goals, the state will utilize its Oregon Health Insurance Survey data, CAHPS survey data, and eligibility or enrollment data. This SPA also removes outdated objectives and goals from section 9 of the state plan.

Your title XXI project officer is Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8102
E-mail: Shakia.Singleton@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

- 1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: **July 1, 1998**

Implementation Date: **July 1, 1998**

State Plan Amendment OR-23-0137 Align performance goals with CHIP annual report.

Submitted: 6/30/23

Effective: 7/1/23

Approved:

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

The strategic objective for Oregon’s Children’s Health Insurance Program (CHIP) is to expand coverage of the Oregon Health Plan (OHP) to include eligible low-income children. The current OHP delivery system assures quality medical care to the Medicaid and CHIP population by removing financial barriers and providing access to inpatient, outpatient, primary and preventive health care services. Specific strategic objectives include:

Objective 1 Reduce the number of uninsured children

Objective 2 Increasing access to care

Objective 3 Increasing the use of preventive care

Objective 4 Reach and enroll CHIP eligible children

Objective 5 Reach and enroll Medicaid eligible children

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

The following performance goals and measures will be utilized to measure the effectiveness of Oregon’s identified strategic objectives for CHIP:

Performance Goals for Objective 1:

The percentage of total low-income uninsured children will be maintained at less than, or equal to 5% of all eligible children in OR.

CHIP Population Uninsured – the percentage of uninsured children, 18 and under will be maintained at less than, or equal to 5% of all CHIP eligible children in OR.

Performance Goals for Objective 2:

Achieve 88.7% of patients (adults and children) who thought they received appointments and care when they needed them. Goal based on Metrics and Scoring Committee, based on 75th percentile of national Medicaid performance; Adult = 84.8%, Child = 92.6%.

Performance Goals for Objective 3:

Reach 75.4% (the 90th percentile for Medicaid) for 6 or more well-child visits in the first 15 months of life.

Performance Goals for Objective 4:

Increase the enrollment of CHIP eligible children. Measure the change in point-in-time count all children enrolled in CHIP programs for the final month of the current review year compared to the previous review year.

Performance Goals for Objective 5:

Increase the enrollment of Medicaid eligible children. Measure the change in point-in-time count all children enrolled in Medicaid programs for the final month of the current review year compared to the previous review year.

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the

numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

- 9.3.** Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State’s performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

The State assures to use reliable, independent data sources to assist in conducting an objective evaluation of all performance measures. At a minimum, evaluation will be conducted annually to determine progress in meeting objectives.

Data source for Performance Goals	
Performance Goals	Data source
1 Reduce the number of uninsured children	Survey data: Oregon Health Insurance Survey (OHIS)*
2 Increasing access to care	CAHPS survey data
3 Increasing the use of preventive care	Eligibility or enrollment data & administrative (claims) data
4 Reach and enroll CHIP eligible children	Eligibility or enrollment data
5 Reach and enroll Medicaid eligible children	Eligibility or enrollment data

*The Oregon Health Insurance Survey is fielded in odd-numbered years. OHA plans to field the OHIS again in early 2023.