Oklahoma CARTS FY2021 Report

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

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):

The Oklahoma Health Care Authority, the Medicaid Program is SoonerCare

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 North Lincoln Blvd. Oklahoma City, Ok 73105

8. Phone number:

405-522-7556

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

1. Does your program charge an enrollment fee?

○   Yes

◉   No

2. Does your program charge premiums?

○   Yes

◉   No

3. Is the maximum premium a family would be charged each year tiered by FPL?

○   Yes

○   No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use?
Select all that apply.

☐   Managed Care

☑   Primary Care Case Management

☑   Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

PCCM In Oklahoma, the only populations NOT enrolled into the PCCM delivery system includes: • Residents of long-term care facilities; • Dually eligible individuals; • Individuals in benefit programs that are limited in scope (e.g. family planning); • Non-qualified or ineligible aliens; • Individuals with private HMO coverage; • Individuals eligible for HCBS waiver services; • Children in subsidized adoptions; • Children in state or tribal custody; • Individuals in the former foster care children's group.

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

1. Does your program charge an enrollment fee?

○ Yes

◉ No

2. Does your program charge premiums?

○ Yes

◉ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

○   Yes

⊙   No

      3b. What's the maximum premium fee a family would be charged each year?

> $

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

> NA

5. Which delivery system(s) do you use?
Select all that apply.

☐   Managed Care

☑   Primary Care Case Management

☑   Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

> All Separate CHIP populations are in the fee for service delivery system.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

○   Yes

◉   No

○   N/A

2. Have you made any changes to the eligibility redetermination process?

○   Yes

◉   No

○   N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

○   Yes

●   No

○   N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

○   Yes

●   No

○   N/A

5. Have you made any changes to the single streamlined application?

●   Yes

○   No

○   N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes

- ● No

- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes

- ● No

- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ○ Yes

- ● No

- ○ N/A

9. Have you made any changes to the substitution of coverage policies?
For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10. Have you made any changes to the enrollment process for health plan selection?

○ Yes

◉ No

○ N/A

11. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○ Yes

◉ No

○ N/A

12. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

○ Yes

○ No

○ N/A

13. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○ Yes

● No

○ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant women?

○ Yes

● No

○ N/A

15. Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ● No
- ○ N/A

16. Have you made changes to any other policy or program areas?

- ○ Yes
- ● No
- ○ N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

Changes that were made last year continue to be in effect this year, to accommodate for CMS guidance received during the COVID-19 Public Health Emergency (PHE). Additionally, the State is not imposing cost sharing obligations for COVID-related services and testing. Further, the fair hearing process has allowed for some flexibilities that were not afforded in the past (primarily allowing for virtual meetings). A few benefits were expanded or added, including: change the 34-day prescription supply to 90-days; remove PAs from certain medications to automatic renew; and allow for certain services to be provided via telemedicine. However, because the aforementioned process is temporary due to the PHE, the State did not reflect PHE-related approvals within the responses below as they are not permanent.

18. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

○ Yes

◉ No

○ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1. Have you made any changes to the eligibility determination process?

○ Yes

● No

○ N/A

2. Have you made any changes to the eligibility redetermination process?

○ Yes

● No

○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

○ Yes

● No

○ N/A

4. Have you made any changes to the benefits available to enrolees?
For example: adding benefits or removing benefit limits.

- ○ Yes

- ◉ No

- ○ N/A

5. Have you made any changes to the single streamlined application?

- ◉ Yes

- ○ No

- ○ N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ○ Yes

- ◉ No

- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

○ Yes

● No

○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

○ Yes

● No

○ N/A

9. Have you made any changes to substitution of coverage policies?
For example: removing a waiting period.

○ Yes

● No

○ N/A

10. Have you made any changes to an enrollment freeze and/or enrollment cap?

○   Yes

◉   No

○   N/A

11. Have you made any changes to the enrollment process for health plan selection?

○   Yes

◉   No

○   N/A

12. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○   Yes

◉   No

○   N/A

13. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

○ Yes

● No

○ N/A

14. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○ Yes

● No

○ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?
For example: expanding eligibility or changing this population's benefit package.

○ Yes

● No

○ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?
For example: expanding eligibility or changing this population's benefit package.

○ Yes

● No

○ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant women?

○ Yes

● No

○ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

○ Yes

● No

○ N/A

19. Have you made changes to any other policy or program areas?

○   Yes

◉   No

○   N/A

20. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

○   Yes

◉   No

21. Briefly describe why you made these changes to your Separate CHIP program.

NA

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 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	84,080	224,149	166.59%
Separate CHIP	190	13,288	6,893.684%

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

We attribute the 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. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	41,000	4,000	4.2%	0.4%
2017	42,000	4,000	4.3%	0.4%
2018	41,000	4,000	4.1%	0.4%
2019	44,000	5,000	4.5%	0.5%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

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?

> Per help desk at CMS, section 2 data would not be available to prefill as survey was not done in 2020 due to COVID. We confirmed you can skip section 2 part 2 for this year. Part 2: Number of Uninsured Children in Your State

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).

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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.

With the Public Health Emergency (PHE) declaration, targeted efforts were made to ensure that our Patient-Centered Medical Home provider (PCMH) network was providing adequate primary care access to members assigned to them. Provider education specialists provided education concerning the allowance for the expanded use of telehealth services and continued to provide the network with educational and training support during this time. OHCA also hosted a series of webinars that focused on the PHE and the expanded use of telehealth service for providers and interested parties.

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

The Oklahoma Health Care Authority (OHCA) continues targeted efforts with our provider network as we bring them more information and resources concerning LARCs (Long Acting Reversible Contraceptives). During this reporting period 89 providers were trained through the Focus Forward outreach.

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).

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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

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

	%

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

- ○ Yes

- ● No

- ○ N/A

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).

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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

    3a. How many notices do you send to families before disenrolling a child from the program?

1

    3b. How many days before the end of the eligibility period did you send reminder notices to families?

45

○ No

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

Passive renewal - redetermination of eligibility without requiring information from the member if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including information accessed through data exchanges.

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

The strategies have not been officially evaluated for effectiveness by a third party.

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

> The strategies have not been evaluated for effectiveness by a third party; however, the OHCA has not received complaints regarding its determination or redetermination strategies.

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

> NA

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2021?
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

> 7895

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.

> 551

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.

7261

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

4880

4. How many applicants were denied CHIP coverage for other reasons?

83

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

NA

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Percent
Total denials	100%
Denied for procedural reasons	6.98%
Denied for eligibility reasons	91.97%
Denials for other reasons	1.05%

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 2021?

225548

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

224449

3. How many children were retained in CHIP after redetermination?

95499

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.

5425

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

267

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.

5080

4c. How many children were disenrolled for other reasons?

1153

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

NA

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	42.55%
Children disenrolled after redetermination	2.42%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	4.92%
Children disenrolled for eligibility reasons	93.64%
Children disenrolled for other reasons	21.25%

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 2021?

586089

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

578080

3. How many children were retained in Medicaid after redetermination?

556488

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.

12466

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

258

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.

9016

4c. How many children were disenrolled for other reasons?

3192

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

4b. This could be due to having an income that's too high and/or eligibility in CHIP instead. 144

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	96.26%
Children disenrolled after redetermination	2.16%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	2.07%
Children disenrolled for eligibility reasons	72.32%
Children disenrolled for other reasons	25.61%

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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on 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): included in 2020 report.
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report.

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:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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
<11	<11	<11	11

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

NA

January - March 2021 (12 months later): to be completed this year.
This year, please report data about your cohort for this section

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
6641	5464	5153	1746

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
1066	1377	1574	594

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
0	0		

13. How many children were no longer enrolled in CHIP 12 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
649	782	1065	676

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
14	24	40	23

July - September of 2021 (18 months later): to be completed this year
This year, please report data about your cohort for this section.

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
5604	4603	4369	1478

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

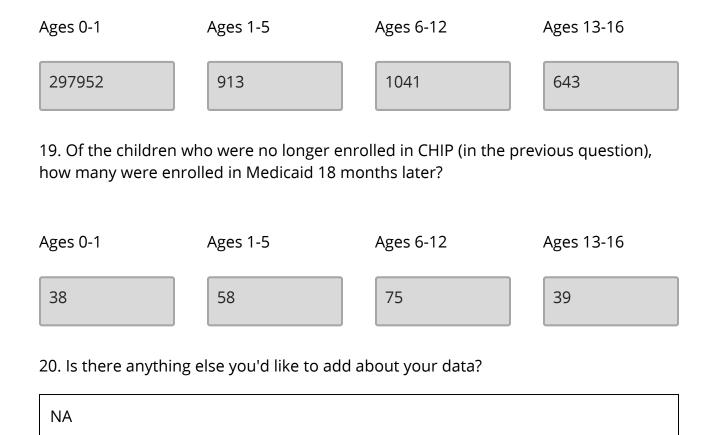| Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1800	2107	2381	896

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
0			

18. How many children were no longer enrolled in CHIP 18 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
297952	913	1041	643

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
38	58	75	39

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

NA

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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This 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 2021. 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.
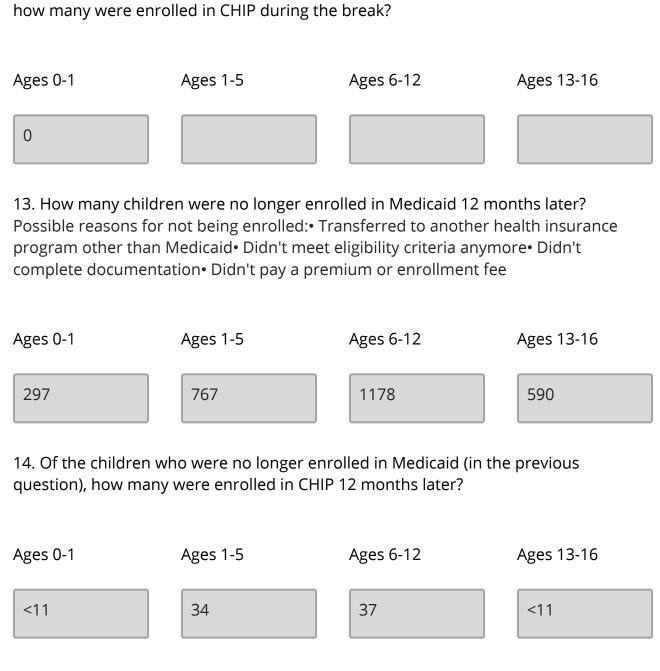
The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

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): included in 2020 report
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report
You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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
<11	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

7. How many children were no longer enrolled in Medicaid six months later? Possible reasons for no longer being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• 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
<11	15	14	<11

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

No

January - March 2021 (12 months later): to be completed this year
This year, please report data about your cohort for this section.

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
48	185	687	677

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
204	562	983	543

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
0			

13. How many children were no longer enrolled in Medicaid 12 months later? Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
297	767	1178	590

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
<11	34	37	<11

July - September of 2021 (18 months later): to be completed next year
This year, please report data about your cohort for this section.

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
29	119	466	509

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
266	767	1488	760

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

18. How many children were no longer enrolled in Medicaid 18 months later? Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
254	628	934	541

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
<11	46	68	30

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

NA

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.

1. Does your state require cost sharing?

○   Yes

○   No

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- ⦿ Families ("the shoebox method")

  2a. What information or tools do you provide families with so they can track cost sharing?

  > The state keeps track of all co-pays paid via the MMIS and manually to include out of pocket expenses. Once 5% of the household income is reached for the month, a letter is generated and mailed to the member. The letter is also uploaded to the member's case and accessible via mysoonercare.org.

- ○ Health plans

- ○ States

- ○ Third party administrator

- ○ Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

> Providers are not advised/or notified of copay responsibility. Members are reimbursed at later date. The burden of proof is on the members. They pay the cost sharing and then ask for reimbursement after the fact.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

two

5. Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

○ Yes

◉ No

6. Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

○ Yes

◉ No

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

The state of Oklahoma assesses 5% of reported household income to determine the cap amount of cost-sharing, yearly. Once the cost-sharing CAP is met for the calendar year the member is no longer required to participate in cost-sharing for qualified expenses. The cap is restored yearly.

9. 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...

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)]

- ☑ 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

> 6a. How do you track cost sharing to ensure families don't pay more than 5% of the aggregate household income in a year?
>
> Subscriber premium payments are automatically tracked in MMIS (added to the household out of pocket panel). Members also submit claims with documentation for co-payments, co-insurance, and deductible. These claims are added to the out-of-pocket panels. Once the amount exceeds 5% of household income, members are issued a warrant for those claims.

○ No

○ N/A

7. How many children were enrolled in the premium assistance program on average each month in FFY 2021?

289

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

$ 29,410

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
29410	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

$ 7,051

➔

Ends at

$ 87,040

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

Average Monthly Contribution

Starts at

$ 0

➔

Ends at

$ 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

134

➔

Ends at

200

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

The state of Oklahoma phased out a portion of the Insure Oklahoma program on June 30th, 2021. This has allowed the reallocation of resources to the premium assistance program. We're also working to change rules and waivers for the program.

15. What challenges did you experience with your premium assistance program in FFY 2021?

> COVID continues to be one of the biggest challenges the state of Oklahoma has faced. On July 1st, 2021, Medicaid Expansion went into effect and we saw shifts in programs that created some challenging experiences. The public health emergency (PHE) is another challenge caused by COVID that we are still dealing with.

16. What accomplishments did you experience with your premium assistance program in FFY 2021?

> Our greatest challenges have also been our greatest accomplishments because we have been able to overcome each challenge we've been faced with. We successfully phased out a portion of the Insure Oklahoma program during a public health emergency where we were faced with many changing requirements and guidance from CMS.

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

> Since Expansion has gone into effect, the population count for the Insure Oklahoma program has decreased. We're working to change rules and waivers for the program to allow more applicants to gain eligibility.

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...

Program Integrity

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. Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

○ Yes

○ No

2. Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

○ Yes

○ No

3. Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

○ Yes

○ No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

OHCA's MMIS has an extensive pre-payment edit system that checks all claims against specified criteria prior to payment which will result in either continued processing or denial of claims. The system compares the provider information against eligibility criteria to ensure that the provider was active at the time service was given and has been approved for payment. Should the provider have a lapsed or terminated contract, the claim will be denied. Preliminary and Full Investigations. Preliminary investigations are considered a necessary audit step prior to undertaking a full investigation. A preliminary investigation is initiated whenever a complaint or questionable practice is identified. For cases in which fraud and / or abuse is suspected that information is provided to OHCA's Office of Legal Counsel and, where appropriate, a referral is made by the Office of Legal Counsel to the appropriate law enforcement agency. Program Integrity Referral Forms are utilized to notify the Oklahoma Department of Human Services Office of Inspector General (OKDHS OIG). Notification in writing is submitted to MFCU when a provider is in question. Investigation Procedures. Providers. The purpose of the preliminary provider investigation is to determine whether further investigation is warranted and whether fraud and / or abuse is suspected. The actual methods used in preliminary investigations vary depending on the situation. Techniques that may be used include queries, reports and data mining to identify unusual dollar amounts, units of service and / or billing patterns that may indicate that further investigation is necessary. Procedures applied depend on the issue, but often large-scale data extracts are performed and analyzed, on-site reviews are performed, medical records are requested and reviewed, billing patterns analyzed, etc. For the preliminary investigation of a single provider / member, a query is developed to review the billing or service utilization behaviors of the provider / member. If data indicates unusual or unexpected behavior, other actions are taken such as analysis of previous reviews and findings as well as claimed dollars and service utilization. This information is evaluated to determine whether a full investigation is warranted. For preliminary investigations on populations such as provider types or provider billing practices, once the issue is isolated a universe of claims is created based on those that could be affected by the review. From this universe, the number of providers and claim dollars impacted by the errors are identified. For new areas of review, onsite reviews are conducted to validate the query results. An example of a preliminary investigation would be the concern that

a provider is up-coding. In this case, Program Integrity (PI) staff develops a query to report the span of CPT codes utilized by the provider. If the query results in only high-level codes claimed, with no mid or lower-level codes billed, further investigation takes place. Further confirmation would include review of the provider contract, the amounts claimed and paid, and other audits or reviews evaluating the provider's behaviors. This information is taken to the Case Selection Committee for discussion and identification of next steps. If fraud or abuse is suspected, the matter is referred to the OHCA Office of Legal Counsel, which makes the final determination as to whether the matter should be referred to MFCU or other law enforcement agency for full investigation. Where the referral is based on an audit, the MFCU is provided copies of PI audit documentation, findings and appeals results. Eligibility referrals are screened to determine potential fraud, waste, or abuse, and associated claims are reviewed. Member eligibility is reviewed and compared to referrals received using a variety of tools and data sources. The review includes a determination of whether immediate or delayed case action is necessary, as well as a decision to pursue further investigation and/or seek remedy to eligibility inaccuracies. Information requests are issued through Program Integrity and through the online eligibility MMIS system depending on circumstances presented. Once the investigation is complete the eligibility is updated, closed, or left unchanged based on reviewer findings. Case actions occur through the online eligibility system, and appropriate notices are issued. Hearings are completed through normal channels for negative actions related to eligibility. Referrals to OIG may occur when fraud is suspected after review by Member Audit.

5. Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

○   Yes

○   No

◉   N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2021?

70

7. How many cases have been found in favor of the beneficiary in FFY 2021?

<11

8. How many cases related to provider credentialing were investigated in FFY 2021?

90

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

3

10. How many cases related to provider billing were investigated in FFY 2021?

90

11. How many cases were referred to appropriate law enforcement officials in FFY 2021?

3

12. How many cases related to beneficiary eligibility were investigated in FFY 2021?

321

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

<11

14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

○ CHIP only

◉ Medicaid and CHIP combined

15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

○ Yes

◉ No

16. Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

○ Yes

◉ No

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

In regards to provider fraud investigations and any subsequent referrals to law enforcement, OHCA does not differentiate or distinguish between the CHIP and Medicaid programs. *Additionally, OHCA does not categorize provider fraud referrals based on the type of potential fraud, i.e. provider credentialing v. provider billing. A provider fraud referral can contain multiple different reasons and OHCA does not separately track referrals based on the type of provider fraud. Eligibility related investigations and referrals are categorized by program type.

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...

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups
Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-18 years) instead.

- ⦿ Yes

- ◯ No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
3448	16669	26452	49209	64293	63456

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
98	2830	8791	23400	31505	27657

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
42	2255	7783	21544	28547	24222

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?
This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
23	255	2463	9332	13837	13899

Dental treatment service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2021?

7787

Sealant codes and definitions
The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

○   Yes

◉   No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

NA

9. 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...

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. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1. Did you collect the CAHPS survey?

⦿ Yes

    1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?

    ⦿ Yes

    ◯ No

◯ 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.

☑ None

☐ Children with Chronic Conditions

☐ Other

5. Which administrative protocol did you use to administer the survey?
Select all that apply.

☑ 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

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?

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 b. 9% decrease in teen birth rate from 2019 to 2020

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

a. Oklahoma ranked #2 in the nation in teen births when the program started. Oklahoma now ranks #5. HSI #1 has worked to increase access and utilization to the full range of contraceptive options including LARC devices for Oklahoma teens. This effort has revised the Oklahoma State Plan Amendment related to LARC reimbursement to increase access to LARC devices including a new policy change to reimburse FQHCs for LARC devices separate from the PPS rate. In addition, this effort has worked on addressing other policy/reimbursement issues that impact same day access to contraception. The effort has also been working with local, state, and national entities to align resources and strategies. Currently over 25 organizations are engaged in the program's advisory group with leadership from state-funded universities, the state health department, and the two large private payers in Oklahoma represented on the group. In addition regional teen pregnancy prevention organizations from the two largest counties in Oklahoma (Oklahoma County and Tulsa County) have engaged with the advisory group and the program to promote access through their networks. We have seen a significant reduction in teen birth rates for both of these large counties. In additional several national organizations have taken interest in the program and have begun engaging with the program staff. The program now has a website that serves as a hub of information for the entire state including providers, non-profits, parents, and teens. A library of evidence-based and peer-reviewed literature (currently totaling over 500 resources) has also been established and is available through the program. We continue to work on addressing barriers in rural and underserved communities.

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?

a. 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. 9% decrease in teen birth rate from 2019 to 2020 c. 24% 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. We have also added multiple brief lectures on special populations or topics such as providing contraceptive care to adolescents, cultural humility, and LGBTQI+ populations. 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 over 350 providers from across the state of Oklahoma. A little over 30% of these providers were located in a rural county and 73% were family practice providers. A little over half (56%) were physicians and 40% were advanced practice practitioners.

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 likely to witness or experience an opioid overdose and first responders likely to respond to a youth overdose (educational institutions, youth serving organizations).

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

5175

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

5175

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.

Reduction in overdose deaths among youth Number of Overdose education and naloxone distribution services provided.

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

Overdose deaths among youth declined more than 30% from 2010 to 2019. 5,175 overdose education and naloxone distribution services provided.

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?

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 ≤ 18

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

923

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

923

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.

Changes in antipsychotic polypharmacy

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

50% 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?

Members age ≤ 18

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

2606

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

2606

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. Define a metric to measure the impact. a. Decrease in total pediatrics utilizing atypical antipsychotics b. Decrease in the very young (<5 years) pediatrics utilizing psychotropics.

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

a. 0.7% decrease in total number of members with any atypical antipsychotic medication after receiving the Resource Guide b. 11.15% decrease in the very young (<5 years) pediatrics utilizing psychotropics.

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 clinicians caring for all Oklahoma youth. The Resource Guide has been presented in full on our Pediatric Behavioral and Emotional Health ECHO. Additionally, the resource guide has been presented at various statewide continuing medical education programs as well as to prescribers found to be outliers. The resource guide has been distributed to over 100 practicing physicians across Oklahoma.

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 of aged and younger

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

10

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

10

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.

10 care kits total to be created/distributed in SF2021

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

100% have been completed

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

The Health Services Initiative (HSI) Sickle Cell Disease (SCD) care kit project provides outreach to parent/caregivers of babies newly diagnosed with SCD and those with an existing diagnosis to promote selfcare 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. The contracted group, Supporters of Families with Sickle Cell Disease (SFWSCD) report that the families are appreciative of the support and items contained in the basket as they navigate the new diagnosis of their child.

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?

63480

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

63480

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.

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?

Well Child Visits and Developmental Screening continue to show higher completion rates in the ROR participating practices. Although there was a small narrowing of the gap over the past year. For detailed numbers, please see #8.

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. COVID challenges included decreasing well visits due to pandemic isolation and quarantine processes. Additionally, the natural and expected fatigue of the healthcare staff likely affected efforts. Correction to FY2020 data. In the original FY2020 report, the denominator used was all claims rather than the intended (and original from the first report in FY2019) Well-Child Visits. The Corrected FY2020 data along with this year's data are shown below: See attached uploaded template for FY2020 data

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

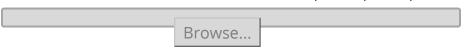5. How many children in the HSI program are below your state's FPL threshold?

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. From 2019 to 2020 the teen birth rate declined by 9% for ages 15-19. c. 338 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 338 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?

All Newborn

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

198

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

198

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.

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 1-21.6% (defined as % of participants indicating "almost always" or "always" the infant sleeps in the crib, adjusted from last year's definition) Metric 2-94.8%

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

> The program continues to show success, albeit mitigated somewhat by the conditions of the pandemic. We are assessing the cause for the change in Metric 1. It may have involved a change in definition of the metric.

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 HSI Program in this list?

Optional

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. Increase/Decrease in number of children enrolled in SoonerCare at the baseline date (10/01/18) through (09/30/2021)

4. Numerator (total number)

90813

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 the baseline date (October 2018)

6. Denominator (total number)

520151

Computed: 17.46%

7. What is the date range of your data?

Start
mm/yyyy

01 / 2021

End
mm/yyyy

12 / 2021

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?

2020 numerator 50,303 and Denominator 52,0151(9.67%)

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?

NA

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 (09/30/2021)

4. Numerator (total number)

704

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.

b. The number of small businesses enrolled in ESI at the baseline date (October 2018).

6. Denominator (total number)

4365

Computed: 16.13%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2020

End

mm/yyyy

09 / 2021

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?

2020 Numerator: 680 and Denominator: 4,365 (15.58%)

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?

NA

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 Goal 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 (09/30/2021)

4. Numerator (total number)

<11

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: 0.8%

7. What is the date range of your data?

Start
mm/yyyy

10 / 2020

End
mm/yyyy

09 / 2021

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?

2020 Numerator: 2,695 and Denominator: 3,3651 (75.68%)

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?

NA

12. Do you have any supporting documentation?
Optional

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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 (09/30/2021)

4. Numerator (total number)

124

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: 65.26%

7. What is the date range of your data?

Start
mm/yyyy

10	/	2020

End
mm/yyyy

09	/	2021

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?

2020 Numerator : 51 and Denominator: 190 (26.84%)

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?

NA

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 Goal 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%.

> a. 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 (09/30/2021)

4. Numerator (total number)

90813

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: 17.46%

7. What is the date range of your data?

Start
mm/yyyy

10 / 2020

End
mm/yyyy

09 / 2021

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?

2020 Numerator: 50,303 and Denominator: 520,151 (9.67%)

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?

NA

12. Do you have any supporting documentation?
Optional

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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 (09/30/2021)

4. Numerator (total number)

7927

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: 34.64%

7. What is the date range of your data?

Start
mm/yyyy

| 01 | / | 2021 |

End
mm/yyyy

| 12 | / | 2021 |

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?

2020 Numerator:10,986 and Denominator: 22,885 (48.01)

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?

NA

12. Do you have any supporting documentation?
Optional

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

Browse...

Do you have another Goal in this list?
Optional

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

Improving access to care

1. Briefly describe your goal for this objective.

a. Maintain 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 9/30/2021

4. Numerator (total number)

195072

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: 15.64%

7. What is the date range of your data?

Start
mm/yyyy

01 / 2021

End
mm/yyyy

12 / 2021

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?

2020 Numerator: 124,276 and Denominator: 1,247,538 (9.86%)

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?

NA

12. Do you have any supporting documentation?
Optional

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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. Maintain 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

> 2a. Why was this goal discontinued?

>> Goal 2.B Maintain Capacity of Contracted Insure Oklahoma Primary Care Providers was discontinued due to members in the Individual Plan portion of Insure Oklahoma being moved into Medicaid Expansion effective July 2021.

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 9/30/2021

4. Numerator (total number)

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:

7. What is the date range of your data?

Start

mm/yyyy

| 10 | / | 2020 |

End

mm/yyyy

| 09 | / | 2021 |

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?

2020 Numerator: 59,401 and Denominator: 459,542 (12.93%)

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?

NA

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 09/30/2021

4. Numerator (total number)

> 76550

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: 17.28%

7. What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2020 |

End
mm/yyyy

| 09 | / | 2021 |

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?

2020 Numerator: 47,101 and Denominator: 442,880 (10.64%)

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?

NA

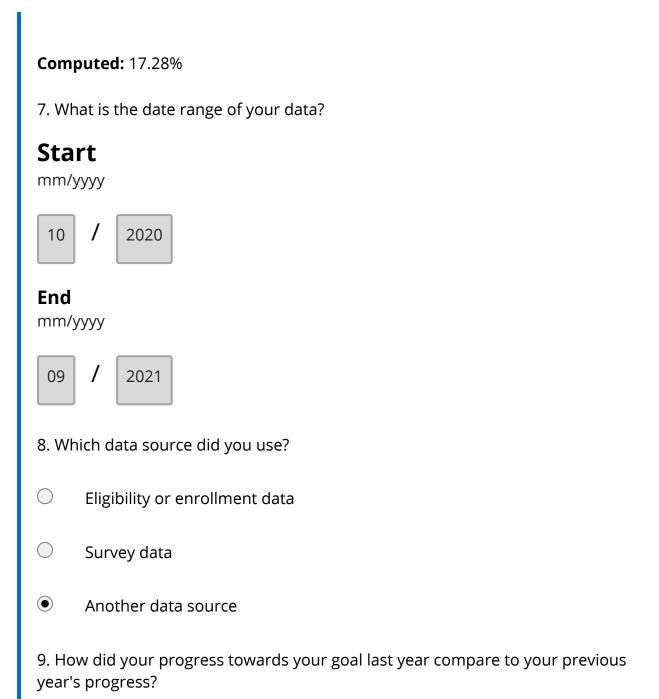12. Do you have any supporting documentation?
Optional

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 Goal in this list?
Optional

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

Increasing the use of preventative care

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: • First 15 months • 3-6 years old • Adolescent

4. Numerator (total number)

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)

Computed:

7. What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2020 |

End
mm/yyyy

| 09 | / | 2021 |

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?

> 2020 Numerator: 0 and Denominator : 0

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?

> a. OHCA quality measures are calculated on a calendar year. Data reported for the Reporting Year 2020 (CY2019 data) will be used as a baseline for future comparisons. Well-Child Visits data is broken down into age categories as follows: CY 20 OHCA Quality Measures Well-Child Visits (CY2019 data): Child Health Checkups in first 15 months (1 or more visits) = 95.4% Child Health Checkups 3-6 yrs (1 or more visits) = 56.2% Child Health Checkups adolescent (1 or more visits) = 36.6% OHCA Source "2021 - Quality of Care in the SoonerCare Program Report - Quality Measures (2020)": https://oklahoma.gov/ohca/research/data-and-reports.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.

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 numerator (CDC Combined 7 Vaccine Series Trend Report)

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

No denominator includes CHIP XXI and Medicaid XIX

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2020 |

End
mm/yyyy

| 09 | / | 2021 |

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?

2020 Numerator: 0 and Denominator: 0

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 FFY2021, 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 CY2018 is 62.7% for age 24 Months and 69.1% for age 35 Months. This is the latest year available on CDC website when the site was accessed in Oct 2021. CDC Source: https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/interactive-reports/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)

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)

Computed:

7. What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2020 |

End
mm/yyyy

| 09 | / | 2021 |

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?

2020 Numerator: 0 and Denominator: 0

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 SFY2021 was 16,781 (61.33%). The baseline year SFY2019 had 17,387 (61.95%).

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 Goal 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...

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

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

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 272,364,267	**$** 279,445,738	**$** 286,711,328

2. How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 22,902,991	**$** 23,498,469	**$** 24,109,429

3. How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

$ 0

2022

$ 0

2023

$ 0

Table 1: Benefits Costs
This table is auto-populated with the data you entered above.

	FFY 2021	**FFY 2022**	**FFY 2023**
Managed Care	272,364267	279445738	286711328
Fee for Service	22902991	23498469	24109429
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	295267258	302944207	310820757

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 2021? How much do you anticipate spending in FFY 2022 and 2023?
This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 3,526,539	$ 3,618,229	$ 3,712,303

2. How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 5,605,413	$ 5,751,154	$ 5,900,684

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

4. How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

5. How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 1,598,091	$ 2,244,232	$ 2,244,232

7. How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

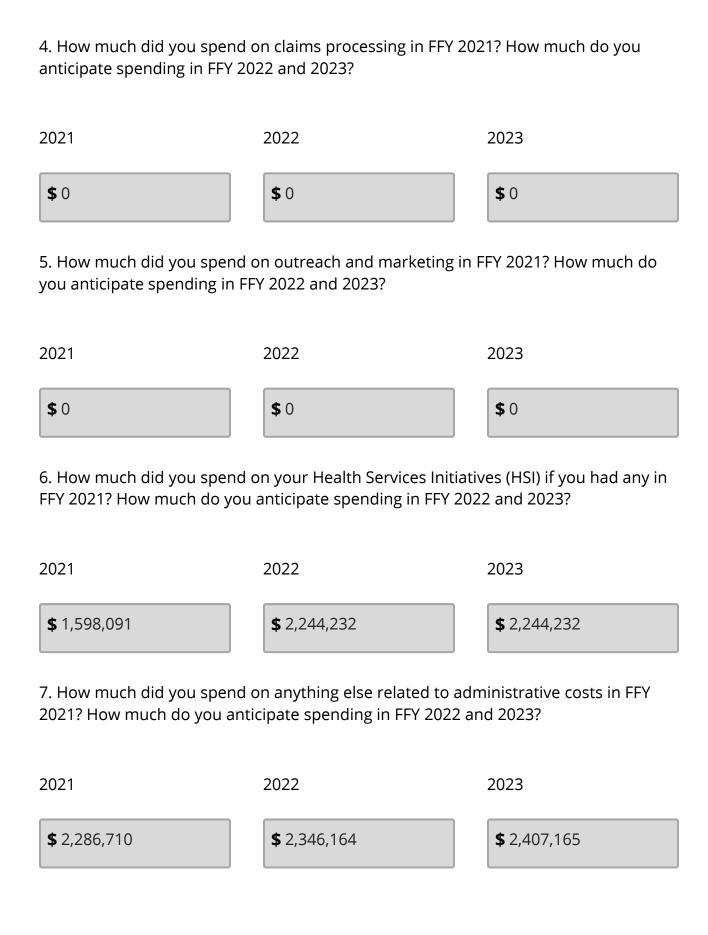| 2021	2022	2023
$ 2,286,710	$ 2,346,164	$ 2,407,165

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.

	FFY 2021	FFY 2022	FFY 2023
Personnel	3526539	3618229	3712303
General administration	5605413	5751154	5900684
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1598091	2244232	2244232
Other administrative costs	2286710	2346164	2407165
Total administrative costs	13016753	13959779	14264384
10% administrative cap	32807473.11	33660467.44	34535639.67

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	308284011	316903986	325085141
eFMAP	77.59	77.82	77.15
Federal share	239197564.13	246614681.91	250803186.28
State share	69086446.87	70289304.09	74281954.72

8. What were your state funding sources in FFY 2021?
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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

145928

2022

148850

2023

151830

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?
Round to the nearest whole number.

2021

$ 186

2022

$ 189

2023

$ 191

	FFY 2021	**FFY 2022**	**FFY 2023**
PMPM cost	186	189	191

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

11048

2022

11240

2023

11435

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?
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.

2021

$ 170

2022

$ 171

2023

$ 173

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	170	171	173

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

Notes: (FMAP) 1. Total program costs exclude IHS spending (100% ffp) and Family Planning spending (90% ffp) 2. Assume the additional FFCRA efmap 4.34% for CHIP will be extended thru end of FFY 2022.Optional: Attach any additional documents here.

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).

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

> The State's ability to provide CHIP healthcare services to low-income children and families was not affected by the State's political and fiscal environment within federal fiscal year (FFY) 2021. In fact, the State expanded Medicaid to expansion adults on July 1, 2021 and by September 2021, 185,449 new members were enrolled under the new eligibility group.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

> The COVID-19 global pandemic, from the declaration of the public health emergency on March 13, 2020 to present day, continues to impact the CHIP program. The State has since received CMS-approval of nine Title XIX disaster relief state plan amendments (DRSPA) and one Title XXI DRSPA. Of the nine Title XIX DRSPAs, four helped to mitigate COVID-19 impacts to the Title XIX and TXXI CHIP program.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

OHCA worked with CMS for the duration of FFY 2021 to align the CHIP program with the Section 5022 of the SUPPORT Act of 2018. The state submitted a State Plan Amendment in FFY 2020 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.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

No changes were made to the CHIP program during FFY 2021. The State continues to implement the CHIP COVID-19 disaster-relief state plan amendment approved June 4, 2020, by offering continuous eligibility to CHIP members. Further, the State has delayed acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by COVID-19, such that processing the change in a timely manner is not feasible. The State has no planned changes to the CHIP program for FFY2022 but continues to explore health service initiative (HSI) options for this population. N/A; there are no substantial planned changes for the CHIP program in FFY 2022.

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

NA

6. Optional: Attach any additional documents here.

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