The five hypotheses assumptions being studied in the TEFRA evaluation.
1. The beneficiaries of the Arkansas TEFRA demonstration have equal or better access to health services compared to the Medicaid fee-for-service population (Medicaid ARKids First-A).
2. Access to timely and appropriate prehospital care remained the same or improved over time for beneficiaries of the Arkansas TEFRA demonstration.
3. The TEFRA demonstration has improved the patient experience for program beneficiaries by increasing the patients access to health care services.
4. Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA demonstration has remained the same or improved over time, and
5. The proportion of beneficiaries participating in the TEFRA demonstration has increased, increasing the number of patients who experience a lockout period is less than the proportion expected by the state. A lockout period is when a custodial parent(s) of a TEFRA beneficiary fails to pay a TEFRA contribution premium for three months. A 15-day advance notice of a lockout is sent to the custodial parent(s). If back premium contributions are not made within the 15-day window, the TEFRA case is closed. A closure due to nonpayment of premium contributions is considered a "lockout." A re-enrollment application must be made before eligibility can restart. Eligibility will be re-determined at the time the new application is made. If the case has been closed for more than 12 months because of failure to pay to pay TEFRA premiums, the past due premiums must be paid in full before the child can be re-enrolled in TEFRA services. If a case is closed for more than 12 months or more due to failure to pay premiums, the past due premiums will not be required to reopen the case. In addition, the contract of Medicaid ARKids First-A (ARKids-A) program beneficiaes will have to be payed through the program's lockout mechanism. Specifically, the supplemental analyses will address the following lockout-related study questions:
A. Does the proportion of TEFRA demonstration beneficiaries experiencing the lockout differ significantly by monthly premium or family income?
B. Does the proportion of beneficiaries experiencing the lockout differ significantly by monthly premium or family income?
C. What health care needs were unmet during a beneficiary's lockout period, and what were the reasons? Were they unable to make the monthly premium payment to maintain eligibility?
D. During the lockout period, were health care needs unmet because the beneficiary was able to get covered through other means? If so, what were the needs, and by what means were they able to resolve them?
The Five Hypothesized Assumptions Being Studied by TEFRA Evaluation:

1. The beneficiaries of the Arkansas TEFRA-like demonstration have equal or greater access to health services compared to those who are covered by Medicaid fee-for-service population (Medical ARKids First-4).

2. Access to timely and appropriate preventative visits increased the same or improved over time for beneficiaries in the Arkansas TEFRA-like demonstration.

3. Enrollment in the TEFRA-like demonstration has improved the patient's experience for program benefits and in assessing patients' access to health care services.

4. Patient satisfaction for the quality of care received by the beneficiaries in the Arkansas TEFRA-like demonstration has remained the same or improved over time.

5. The proportion of beneficiaries enrolled during the TEFRA-like demonstration who experience a lockout is less than the proportion expected by the State. A "lock-out" period is when a customer is unable to access a TEFRA-like demonstration who pays to fail to pay TEFRA contributions for three months. A delay in advance notice of closure is sent to the custodial parent and payment contributions are not made within 18 months of the window. The TEFRA-like demonstration case is closed. A denial due to nonpayment of premium requires a "lock-out." A new application must be made before eligibility can be re-determined at the time of the new application.

6. The Arkansas TEFRA-like demonstration has been evaluated in the state of Arkansas. The bills were sent to the Department of Human Services, Division of Medical Services, and the contractor uses multiple sources of data to assess the research hypotheses.

7. The data collected included both data from administrative sources and surveys. The (TEFRA) Beneficiary Satisfaction Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS), TEFRA Lock-Out Survey, and a more detailed survey that included information extracted from the DMS Medicaid Management Information System (MMIS) and associated with the Decision Support System (DSS). As well as TEFRA-like demonstration data such as results of the premium payment monitoring data.
The TEFRA demonstration was implemented January 1, 2003. The State's goal is to ensure that the TEFRA demonstration is implemented effectively by the local Social Services Administrators and their staff. The TEFRA demonstration is designed to improve the delivery of medical care to eligible families. The demonstration is designed to achieve the following objectives:

- To improve the quality of medical care for eligible families.
- To reduce the administrative burden on the State and local agencies.
- To increase the efficiency and effectiveness of the medical assistance program.