



# Maine CARTS FY2022 Report

## Welcome!

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

1. State or territory name:

Maine

2. Program type:

- Both Medicaid Expansion CHIP and Separate CHIP
- Medicaid Expansion CHIP only
- Separate CHIP only

3. CHIP program name(s):

MaineCare

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

4. Contact name:

Sarah Fisher

5. Job title:

CHIP Outreach Coordinator

6. Email:

sarah.fisher@maine.gov

7. Full mailing address:

Include city, state, and zip code.

109 Capital St Augusta, ME 04333

8. Phone number:

207-624-4096

**PRA Disclosure Statement.**

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

## **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

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

Yes

No

2b. Indicate the range for premiums and corresponding FPL for one child.

## **Premiums for one child, tiered by FPL**

**FPL starts at**

157



**FPL ends at**

166

**Premium starts at**

\$ 8



**Premium ends at**

\$ 8

**FPL starts at**

166



**FPL ends at**

177

**Premium starts at**

\$ 16



**Premium ends at**

\$ 16

**FPL starts at**

177



**FPL ends at**

192

**Premium starts at**

\$ 24



**Premium ends at**

\$ 24

**FPL starts at**

192



**FPL ends at**

208

**Premium starts at**

\$ 32



**Premium ends at**

\$ 32



No

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

Yes

3a. Indicate the range for premiums and corresponding FPL for a family.

## **Maximum premiums for a family, tiered by FPL**

**FPL starts at**

157



**FPL ends at**

166

**Premium starts at**

\$ 16



**Premium ends at**

\$ 16

**FPL starts at**

166



**FPL ends at**

177

**Premium starts at**

\$ 32



**Premium ends at**

\$ 32

**FPL starts at**

177



**FPL ends at**

192

**Premium starts at**

\$ 48



**Premium ends at**

\$ 48



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.

No

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.

Both delivery systems are available to the Medicaid Expansion CHIP populations, regardless of eligibility status, income level, age range, or other criteria.

## **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

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

Yes

No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

## **Premiums for one child, tiered by FPL**

**FPL starts at**

157



**FPL ends at**

166

**Premium starts at**

\$ 8



**Premium ends at**

\$ 8

**FPL starts at**

166



**FPL ends at**

177

**Premium starts at**

\$ 16



**Premium ends at**

\$ 16

**FPL starts at**

177



**FPL ends at**

192

**Premium starts at**

\$ 24



**Premium ends at**

\$ 24

**FPL starts at**

192



**FPL ends at**

208

**Premium starts at**

\$ 32



**Premium ends at**

\$ 32



No

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

Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

## **Maximum premiums for a family, tiered by FPL**

**FPL starts at**

157



**FPL ends at**

166

**Premium starts at**

\$ 16



**Premium ends at**

\$ 16

**FPL starts at**

166



**FPL ends at**

177

**Premium starts at**

\$ 32



**Premium ends at**

\$ 32

**FPL starts at**

177



**FPL ends at**

192

**Premium starts at**

\$ 48



**Premium ends at**

\$ 48

**FPL starts at**

192

**FPL ends at**

208



**Premium starts at**

\$ 64

**Premium ends at**

\$ 64



No

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

No

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.

Both delivery systems are available to the Medicaid Expansion CHIP populations, regardless of eligibility status, income level, age range, or other criteria.

## 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.

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 individuals?

- 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.

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.

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 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 coverage for your CHIP pregnant individuals eligibility group?

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 individuals?

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

It was approved to add the from-conception-to-end-of-pregnancy group to Maine's SPA ME-22-0020 during this reporting period with an effective date of 7/1/22 to increase access to care for undocumented pregnant people and their unborn children.

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

- Yes
- No

## 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 2021	Number of children enrolled in FFY 2022	Percent change
<b>Medicaid Expansion CHIP</b>	20,781	24,752	19.109%
<b>Separate CHIP</b>	11,990	8,755	-26.981%

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

As mentioned in the FFY 2021 report, the FFY 2021 numbers auto-populated in the above table do not match the data that our eligibility team has for enrollment. Per our data in FFY 2021, Medicaid Expansion CHIP has an average of 10,314 members and Separate CHIP had an average of 5,027 members. We will work with the folks in Maine who work on the SEDS report to address this discrepancy in future reports. Any increases in enrollment, though, could be attributed to increased outreach efforts by the State through community and stakeholder engagement, and/or the creation and distribution of outreach materials to Maine families on CHIP and MaineCare. Additionally, there have been no annual redeterminations due to the Public Health Emergency, so that could be reflected in the high FFY 2022 numbers.

## 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 Census Bureau did not release standard one-year ACS estimates in 2020 and that row is intentionally left blank.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2013	Not Available	Not Available	Not Available	Not Available
2014	Not Available	Not Available	Not Available	Not Available
2015	7,000	1,000	2.8%	0.5%
2016	6,000	2,000	2.1%	0.7%
2017	5,000	1,000	2%	0.4%
2018	6,000	2,000	2.4%	0.6%
2019	7,000	2,000	2.7%	0.8%
2020	Not Available	Not Available	Not Available	Not Available
2021	4,000	1,000	1.5%	0.6%

Percent change between 2019 and 2021
-44.44%

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

Any decreases to the number of uninsured children in the State could be attributed to increased outreach efforts by the State through community and stakeholder engagement and the distribution of outreach materials to Maine families on CHIP and MaineCare. Additionally, there have been no annual redeterminations due to the Public Health Emergency, so that could be reflected in the low rate of uninsured children in 2021.

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?

N/A

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).

## Program Outreach

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

Yes

1a. What are you doing differently?

Maine is contracting with an external marketing firm to create and develop cohesive and branded outreach resources, including a material toolkit, to send to community partners and providers.

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.

--Collaboration with community partners and entities that work directly with low-income children and families ---Attending in-person events to directly interact and reach children and families

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

N/A

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).

## 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

4a. How long is the waiting period?

90 day waiting period

4b. Which populations does the waiting period apply to? (Include the FPL for each group.)

All populations

4c. What exemptions apply to the waiting period?

4d. What percent of individuals subject to the waiting period meet a state or federal exemption?

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 these data?

N/A

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).

## **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?

- Yes
- No
- N/A

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

- Yes
- No

3. Do you send renewal reminder notices to families?

- Yes
- No

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

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

N/A

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

N/A

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

N/A

## Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2022?

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

4822

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.

249

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

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

4573

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

N/A

Table: CHIP Eligibility Denials (Not Redetermination)

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

	<b>Percent</b>
<b>Total denials</b>	100%
<b>Denied for procedural reasons</b>	
<b>Denied for eligibility reasons</b>	5.16%
<b>Denials for other reasons</b>	94.84%

## 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 2022?

10241

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

10241

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

10241

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.

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

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.

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

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

N/A

Table: Redetermination in CHIP

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

	<b>Percent</b>
<b>Children screened for redetermination</b>	100%
<b>Children retained after redetermination</b>	100%
<b>Children disenrolled after redetermination</b>	

Table: Disenrollment in CHIP after Redetermination

	<b>Percent</b>
<b>Children disenrolled after redetermination</b>	
<b>Children disenrolled for procedural reasons</b>	
<b>Children disenrolled for eligibility reasons</b>	
<b>Children disenrolled for other reasons</b>	

## 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 2022?

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

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

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.

0

4a. How many children were disenrolled for procedural reasons?

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

[Redacted]

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.

[Redacted]

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

[Redacted]

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

The data are not available for this section due to capacity issues for collecting and analyzing the data. We will work to get this section completed for the FY2023 report.

Table: Redetermination in Medicaid

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

	<b>Percent</b>
<b>Children screened for redetermination</b>	
<b>Children retained after redetermination</b>	
<b>Children disenrolled after redetermination</b>	

Table: Disenrollment in Medicaid after Redetermination

	<b>Percent</b>
<b>Children disenrolled after redetermination</b>	
<b>Children disenrolled for procedural reasons</b>	
<b>Children disenrolled for eligibility reasons</b>	
<b>Children disenrolled for other reasons</b>	

## Part 5: Tracking a CHIP cohort 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 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2022) and six months later (July - Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2023) and 18 months later (July - Sept 2023). If data are unknown or unavailable, leave it blank - don't enter a zero unless these data are 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 2022. 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 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

#### 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 2022 weren't enrolled in CHIP in December 2021.
- 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 2022 weren't enrolled in CHIP or Medicaid in December 2021.

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 2022 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2022?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

25

121

119

89

July - September 2022 (6 months later)

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

15

85

91

76

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

Ages 0-1

<11

Ages 1-5

Ages 6-12

Ages 13-16

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

<11

Ages 1-5

35

Ages 6-12

30

Ages 13-16

15

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

14

Ages 1-5

74

Ages 6-12

80

Ages 13-16

66

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

 0

Ages 6-12

 <11

Ages 13-16

 <11

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

N/A

January - March 2023 (12 months later): to be completed next year  
Next year you'll 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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

- 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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2023 (18 months later): to be completed next year  
Next year you'll 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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

- 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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

## Part 6: Tracking a Medicaid 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 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report the number of

children identified at the start of the cohort (Jan-Mar 2022) and six months later (July-Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2023) and 18 months later (July-Sept 2023). 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 2022. 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 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

#### 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 2022 weren't enrolled in Medicaid in December 2021.
- 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 2022 weren't enrolled in CHIP or Medicaid in December 2021.

#### 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 2022 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2022?

3a. Total for all ages (0-16)

0

July - September 2022 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later?  
Only include children that didn't have a break in coverage during the six-month period.

4a. Total for all ages (0-16)

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

5a. Total for all ages (0-16)

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

6a. Total for all ages (0-16)

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

7a. Total for all ages (0-16)

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

8a. Total for all ages (0-16)

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

The data are not available for this section due to capacity issues for collecting and analyzing the data. We will work to get this section completed for the FY2023 report.

January - March 2023 (12 months later): to be completed next year

Next year, you'll 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.

10a. Total for all ages (0-16)

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

11a. Total for all ages (0-16)

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

12a. Total for all ages (0-16)

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

13a. Total for all ages (0-16)

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

14a. Total for all ages (0-16)

July - September of 2023 (18 months later): to be completed next year  
Next year you'll 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.

15a. Total for all ages (0-16)

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

16a. Total for all ages (0-16)

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

17a. Total for all ages (0-16)

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

18a. Total for all ages (0-16)

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

19a. Total for all ages (0-16)

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

## **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")
- 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?

Maine uses its claims processing system to assess each claim that comes in to see whether the member is responsible to pay a copay and whether the service provided requires a copayment. Because this is claims-based, the only way a provider will know whether a member has been charged a copay or not for their claim is to read the remittance advice they receive along with the claim payment. However, children under 21 are automatically exempt from copayments, so charges for these children are not included in the 5% cap calculation. Maine also requires premiums for the CHIP program, but those amounts are not included in the 5% cap.

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

The data to answer this question is not available at this time.

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?

N/A

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).

## **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

## **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?

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 2022?

7. How many cases have been found in favor of the beneficiary in FFY 2022?

8. How many cases related to provider credentialing were investigated in FFY 2022?

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2022?

10. How many cases related to provider billing were investigated in FFY 2022?

11. How many cases were referred to appropriate law enforcement officials in FFY 2022?

12. How many cases related to beneficiary eligibility were investigated in FFY 2022?

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2022?

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?

N/A

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).

## 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 2022?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

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 2022?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

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 2022?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

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 2022?

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

#### 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 2022?

### 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.

Per 12/13/22 email communication, the data are currently unavailable and updates will be made once the source data are published.

#### 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).

## 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 2022 CARTS report, the only option for reporting CAHPS results will be through the submission of raw data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.

1. Did you collect the CAHPS survey?

Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?  
Please note this is a requirement for FFY 2022.

Yes

No

No

## **Part 2: 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 the total computable amount 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, 42 CFR 457.10 and 457.618.] States may only claim HSI expenditures after funding other costs to administer their CHIP State Plan.

1. Does your state operate Health Services 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?

Lead abatement

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

- Yes
- No

3. Which populations does the HSI program serve?

Children in households with incomes up to 100% of the area median income and prioritizes children living in housing where a child has been determined to be lead poisoned.

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

50

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

**Computed:**

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 decrease in children with elevated blood lead levels

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

For this reporting period, this HSI program is not operating.

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

This HSI program will improve the health and well-being of children by increasing the availability of housing that has been made lead safe, resulting in fewer children needing specific services, including special education services, as a result of lead poisoning. It will also improve the well-being of families with children by maintaining access to affordable housing.

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).

1. What is the name of your HSI program?

Lead testing

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

- Yes
- No

3. Which populations does the HSI program serve?

Children who visit the ten chosen health practices that serve a high percentage of MaineCare and CHIP eligible children in their communities

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

2000

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

**Computed:**

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.

An increase in state lead testing rates

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

For this reporting period, this HSI program is not operating.

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

The HSI will focus on increasing lead testing rates by conducting a quality improvement project between MaineCare and the Maine CDC's Childhood Lead Poisoning Prevention Unit. MaineCare and the Maine CDC will identify primary care practices with both low testing rates and large numbers of children enrolled in MaineCare. HSI funds will allow for the purchase of ten point-of-care lead level testing machines to distribute to these high priority practices.

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).

1. What is the name of your HSI program?

Communication and Media to Promote Tobacco Prevention

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

- Yes
- No

1. What is the name of your HSI program?

Maine Families Home Visiting Program

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

- Yes
- No

1. What is the name of your HSI program?

School Based Health Centers

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

- Yes
- No

## 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 example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

In an effort to reduce the number of uninsured children in Maine, our goal is to enroll 94% of eligible children in the CHIP program.

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.

The number of children enrolled in CHIP in the last federal fiscal year

4. Numerator (total number)

53705

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

The total number of eligible children in the last federal fiscal year

6. Denominator (total number)

59100

**Computed:** 90.87%

7. What is the date range of your data?

## Start

mm/yyyy

01 / 2022

## End

mm/yyyy

12 / 2022

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?

Maine's rate of eligible insured children dropped by 2% from 2021 to 2022. The continuous coverage rule was in effect due to the federal Public Health Emergency during this time period. Because of this, Maine's Office for Family Independence, the office that manages the applications and eligibility for MaineCare members, did not disenroll any members from MaineCare during FFY 2022. This means that any changes in enrollment were due to outside influences, such as members choosing to be disenrolled or changes in population/migration patterns or other types of insurance enrollment rates (i.e. employer or non-group).

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

To make progress towards our goal, Maine has continued to increase outreach efforts for its Medicaid and CHIP programs. As a part of the outreach work, MaineCare has contracted with a marketing vendor to develop resources and materials to be used by partners, such as community-based organizations and providers, to inform their populations about MaineCare. MaineCare will be working with the vendor to develop a campaign to reach eligible children and families with information about MaineCare.

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

N/A

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).

**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?

N/A

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 these data become available?

N/A

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

N/A

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).

Tell us how much you spent on your CHIP program in FFY 2022, and how much you anticipate spending in FFY 2023 and 2024.

## Part 1: Benefit Costs

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 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

2. How much did you spend on Fee for Service in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 48,836,746**

2023

**\$ 47,860,011**

2024

**\$ 46,902,811**

3. How much did you spend on anything else related to benefit costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 0**

2023

**\$ 0**

2024

**\$ 0**

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 0**

2023

**\$ 0**

2024

**\$ 0**

Table 1: Benefits Costs

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

	FFY 2022	FFY 2023	FFY 2024
<b>Managed Care</b>			
<b>Fee for Service</b>	48836746	47860011	46902811
<b>Other benefit costs</b>	0	0	0
<b>Cost sharing payments from beneficiaries</b>	0	0	0
<b>Total benefit costs</b>	48836746	47860011	46902811

## Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

This includes wages, salaries, and other employee costs.

2022

2023

2024

\$ 0

\$ 0

\$ 0

2. How much did you spend on general administration in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 1,297,102**

2023

**\$ 1,271,160**

2024

**\$ 1,245,737**

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 469,411**

2023

**\$ 460,022**

2024

**\$ 450,822**

4. How much did you spend on claims processing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 37,459**

2023

**\$ 36,710**

2024

**\$ 35,976**

5. How much did you spend on outreach and marketing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

**\$ 0**

2023

**\$ 0**

2024

**\$ 0**

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 0

\$ 0

\$ 0

7. How much did you spend on anything else related to administrative costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 0

\$ 0

\$ 0

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 2022	FFY 2023	FFY 2024
<b>Personnel</b>	0	0	0
<b>General administration</b>	1297102	1271160	1245737
<b>Contractors and brokers</b>	469411	460022	450822
<b>Claims processing</b>	37459	36710	35976
<b>Outreach and marketing</b>	0	0	0
<b>Health Services Initiatives (HSI)</b>	0	0	0
<b>Other administrative costs</b>	0	0	0
<b>Total administrative costs</b>	1803972	1767892	1732535
<b>10% administrative cap</b>	5426305.11	5317779	5211423.44

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2022	FFY 2023	FFY 2024
<b>Total program costs</b>	50640718	49627903	48635346
<b>eFMAP</b>	74.8	74.3	74.8
<b>Federal share</b>	37879257.06	36873531.93	36379238.81
<b>State share</b>	12761460.94	12754371.07	12256107.19

8. What were your state funding sources in FFY 2022?

Select all that apply.

State appropriations

County/local funds

Employer contributions

Foundation grants

Private donations

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 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?

Round to the nearest whole number.

2022

2023

2024

\$

\$

\$

	FFY 2022	FFY 2023	FFY 2024
<b>PMPM cost</b>			

## 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 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

**\$ 16,095**

2023

**\$ 15,773**

2024

**\$ 15,458**

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee for service in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?

Round to the nearest whole number.

2022

**\$ 193**

2023

**\$ 189**

2024

**\$ 185**

	<b>FFY 2022</b>	<b>FFY 2023</b>	<b>FFY 2024</b>
<b>PMPM cost</b>	193	189	185

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

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).

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

Maine's current administration has supported the state's DHHS work. • The Maine legislature has funded expansions to the CHIP program to increase eligibility for low-income children and families, and has expanded coverage to new groups (i.e. undocumented children). See Question 4 for more information. • Due to the Public Health Emergency (PHE), there was an increased FMAP and therefore a greater availability of federal funds to support flexibility in programming for children and families. • Maine DHHS invested \$54 million into cost-effective services tied to Medicare reimbursement. With the MaineCare rate system reform law taking effect in August 2022, MaineCare will review and adjust its rates for all services on a regular cycle to determine if they remain current and competitive. Competitive rates ensure providers are incentivized to accept MaineCare as an insurance option, which in turn helps MaineCare members - including children and families - access providers and needed services. • MaineCare revamped the dental benefit for both children and adults, helping increase access to and availability of needed services. • The Office of MaineCare Services (OMS) has launched Primary Care Plus (PCPlus), a new initiative to support primary health care, advance health care quality, and improve the efficiency of health care spending. PCPlus is part of MaineCare's work to continue improving the way it pays for health care services, so the system works better for MaineCare members and providers. With this change, MaineCare is transitioning away from a fee-for-service payment system toward an approach that provides payments tied to cost- and quality-related outcomes and provides greater flexibility and incentives to meet MaineCare members' health care needs. • In April 2022, Maine's governor signed a bipartisan supplemental budget that invests \$522 million in total funding in the programs run by the Maine Department of Health and Human Services (DHHS), including \$12 million to expand the Children's Health Insurance Program that will improve health coverage for thousands of Maine children.

2. What's the greatest challenge your CHIP program has faced in FFY 2022?

The COVID-19 pandemic has been Maine's great challenge in FFY 2022. While the Public Health Emergency extended coverage to more Mainers, the pandemic still prevented any in-person outreach or events from occurring for the majority of the fiscal year, which in turn affected enrollment efforts. The pandemic also made accessing services difficult for children and families due to challenges in provider staffing, getting in-person appointments, adhering to COVID safety protocols, and dealing with COVID-19 outbreaks.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2022?

- Continuing work with an external marketing firm to develop and design outreach plan and materials
- Attending in-person outreach events for the first time since the pandemic began
- Presenting about the CHIP program and EPSDT benefit to various provider and community-based organizations throughout the State
- Partnered with other DHHS agencies to implement the ASQ developmental screening tool
- Maine has led the nation in access to telehealth services for children throughout the pandemic.
- OMS has engaged in initiatives, including rate system reform, to address staffing challenges that were exacerbated by the COVID-19 pandemic - helping to increase access for children and families to needed care.

4. What changes have you made to your CHIP program in FFY 2022 or plan to make in FFY 2023? Why have you decided to make these changes?

In FFY 2022, Maine expanded coverage to undocumented immigrant children under 21, extended post-partum coverage to up to 12 months pursuant to the APRA state plan option, and expanded pregnancy coverage for undocumented people. In FFY 2023, Maine will be expanding CHIP coverage eligibility to up to 300% of the FPL, which will reach many more low-income children and families.

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

N/A

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.**

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