Missouri 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:

Missouri

2. Program type:

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

3. CHIP program name(s):

Children's Health Insurance Program

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

4. Contact name:

Todd Richardson

5. Job title:

MO HealthNet Director

6. Email:

Amy.Lage@dss.mo.gov

7. Full mailing address:

Include city, state, and zip code.

Missouri DSS - MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102-6564

8. Phone number:

573-526-2885

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
- ◉ 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.

Children eligible for CHIP are enrolled into Managed Care but may opt out to Fee-For-Service under certain conditions.

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 151 → **FPL ends at** 185

Premium starts at $ 15 → **Premium ends at** $ 71

FPL starts at 186 → **FPL ends at** 225

Premium starts at $ 48 → **Premium ends at** $ 234

FPL starts at 226 → **FPL ends at** 330

Premium starts at $ 117 → **Premium ends at** $ 573

- [ ] 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 151 → **FPL ends at** 185

Premium starts at $ 15 → **Premium ends at** $ 71

FPL starts at 186 → **FPL ends at** 225

Premium starts at $ 48 → **Premium ends at** $ 234

FPL starts at 226 → **FPL ends at** 300

Premium starts at $ 117 → **Premium ends at** $ 573

- ○ 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.

PREMIUM: Reduced Premium: Gross income 150%-185% FPL; Reduced Premium: Gross income 185%-225% FPL. Full Premium: Gross income 225%-300% FPL. Section 208.640, RSMO: Parents and guardians of eligible uninsured children pursuant to this section are responsible for a monthly premium as required by annual state appropriation; provided that the total aggregate cost sharing for a family covered by these sections shall not exceed 5% of such family's income. Premiums are calculated as follows: Families with gross income above 150% up to and including 185% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% for the FPL for the family size. Families with gross income above 185% up to and including 225% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% of the FPL for the family size plus 8% of monthly income between 185% and 225% of the FPL for the family size. Families with gross income above 225% up to and including 300% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% of the FPL for the family size plus 8% of monthly income between 185% and 225% of the FPL for the family size plus 14% of monthly income between 225% and 300% of the FPL for the family size, but the total monthly premium is not to exceed 5% of the family's gross income.

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

- [x] Managed Care
- [ ] Primary Care Case Management
- [x] 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.

Children eligible for CHIP are enrolled into Managed Care but may opt out to Fee-for-Service under certain conditions.

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.

Missouri has a new enrollment solution - Missouri Beneficiary Support and Premium Collections (BSPC) that will allow members to access managed care enrollment via a secure web portal. The web portal will allow same day enrollment into a managed care plan as well as the ability to select and change their primary care physician.

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 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 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.

Missouri has a new enrollment solution - Missouri Beneficiary Support and Premium Collections (BSPC) that will allow members to access managed care enrollment via a secure web portal. The web portal will allow same day enrollment into a managed care plan, the ability to select and change their primary care physician upon payment of premium.

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
Medicaid Expansion CHIP	47,785	53,734	12.45%
Separate CHIP	52,173	53,661	2.852%

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

In 10/2021, Missouri began taking applications for the Adult Expansion Group which led to an influx of applications that included children, many of which resulted in coverage for CHIP. Please note that the 2021 numbers are incorrect. The correct numbers are Medicaid Expansion CHIP: 47,785- percent change 12.45% and Separate CHIP: 52,173- percent change 2.85%.

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	58,000	6,000	4.1%	0.4%
2016	42,000	4,000	2.9%	0.3%
2017	46,000	5,000	3.3%	0.3%
2018	44,000	5,000	3.1%	0.4%
2019	56,000	6,000	4%	0.4%
2020	Not Available	Not Available	Not Available	Not Available
2021	45,000	7,000	3.1%	0.5%

Percent change between 2019 and 2021
-22.50%

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

In 10/2021, Missouri began taking applications for the Adult Expansion Group which led to an influx of applications that included children, many of which resulted in coverage for CHIP. Additionally, per Census.gov, private insurance coverage declined by 2% between 2018 and 2020, while public benefits coverages increased by 1.7%. In 2021, the number of children enrolled in public coverage increased by 1.2%. Census.gov attributes these changes to expanded public programs resulting from the public health emergency.

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?

5. Optional: Attach any additional documents here.

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

Browse...

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

  2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

  > Increased MO HealthNet application options and application assistance at Missouri FQHCs, which target multiple special populations, including: minorities, immigrants, children, inner city, and rural patients has resulted in more applications received from these areas.

- ○ No

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

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

Agencies/organizations working on eligibility with families, and school outreach continue to be effective methods of reaching low-income, uninsured children. The Department of Social Services (DSS), Family Support Division (FSD) continues to be successful with Back-to-School efforts. FQHC staff assist parents with MO HealthNet applications. Memorandums of Understanding were created between some organizations in an effort to reach more children. One of these organizations is targeting children between ages 13 to 18. The effectiveness of outreach is measured by increases and decreases in participation

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

5. Optional: Attach any additional documents here.

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

Browse...

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 these data?

Missouri instills basic eligibility rules designed to prevent crowd out. A child must not currently have health insurance or access to affordable health insurance through a parent's employer. In addition, the State will utilize an affordability calculator to determine whether affordable insurance is available to a child in the private marketplace. Lastly, in order for the State to prevent crowd out, children within a CHIP eligible household with a Modified Adjusted Gross Income over 150%, up to but not including 300% of FPL, will be required to pay a premium in exchange for coverage.

6. Optional: Attach any additional documents here.

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

Browse...

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

  1a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination?

  1 %

  1b. Of the children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program (upon completion of the full eligibility determination)?

  75 %

- ( ) 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?

Two notices are sent, the review form and an adverse action notice if the review form is not returned.

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

The initial review is sent a minimum of 45 days prior to the end of the eligibility period. The adverse action notice is sent 10 days prior to eligibility ending.

○ No

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

Missouri sends renewal forms and reminders but also utilizes any change in circumstance reported that involves a change in income or in household composition as an annual renewal. All eligibility factors are also verified when one of these qualifying change in circumstances is reported.

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

Missouri alerts customers to the importance of returning their reviews including postcard reminders, robo calls/texts, and social media notifications.

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

Since the additional avenues have been explored, Missouri has seen more renewals that are returned within the allotted time that allows us to use the reviews as an application instead of the customer having to reapply with a new application. During FFY21 Missouri did not close cases that did not meet the criteria for closure due to the public health emergency.

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

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.

9003

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.

7737

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.

1266

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?

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

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	85.94%
Denied for eligibility reasons	14.06%
Denials for other reasons	

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?

66309

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

0

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

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?

The Families First Coronavirus Response Act (FFCRA) (HR 6201, Section 6008) has the requirement to maintain coverage for active participants as of March 18th, 2020 and to only close coverage due to a voluntary request, participant is deceased, CHIP participant ages out of the program, or a participant moves out of state. Missouri has opted to defer renewals until the end of the PHE.

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

	Percent
Children screened for redetermination	
Children retained after redetermination	
Children disenrolled after redetermination	

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	
Children disenrolled for procedural reasons	
Children disenrolled for eligibility reasons	
Children disenrolled for other reasons	

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?

681805

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

0

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.

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 an income that was too high and/or eligibility in CHIP instead.

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

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

The Families First Coronavirus Response Act (FFCRA) (HR 6201, Section 6008) has the requirement to maintain coverage for active participants as of March 18th, 2020 and to only close coverage due to a voluntary request, participant is deceased, CHIP participant ages out of the program, or a participant moves out of state. Missouri opted to delay renewals until the end of the PHE.

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

	Percent
Children screened for redetermination	
Children retained after redetermination	
Children disenrolled after redetermination	

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	
Children disenrolled for procedural reasons	
Children disenrolled for eligibility reasons	
Children disenrolled for other reasons	

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
299	609	769	370

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
276	512	664	320

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
0	<11		

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

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
23	96	105	50

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
16	86	89	41

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

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?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8788	3563	4061	1807

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.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8610	3414	4001	1757

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
18	25	12	<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
<11	0	0	<11

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
160	124	48	43

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	<11	<11	<11

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

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.

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

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

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

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

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

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

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

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

July - September of 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.

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

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

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

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

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

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

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

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

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

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

2b. Who tracks cost sharing?

CHIP participants under the age of one (1) with a family income between 185% to 300% of the FPL and uninsured children ages one (1) to eighteen (18) with a family income between 151% to 300% of the FPL pay a premium. The premium invoicing system is designed to not invoice a monthly premium in excess of 5% of the family's gross annual income divided by twelve (12).

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

Not applicable.

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

Not applicable.

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

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

Due to the COVID-19 Public Health Emergency (PHE), cost-sharing requirements have not been enforced. As a result, we cannot assess the impact until the PHE has ended since our cost-sharing SPA was effective July 1, 2021.

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

No

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.

NA

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

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?
This only applies to states operating an 1115 demo.

- ( ) Yes
- (●) No
- ( ) N/A

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?
This only applies to states operating an 1115 demo.

- ○ Yes
- ◉ No

7. How many children were enrolled in the premium assistance program on average each month in FFY 2022?

29

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

$ 422

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

$

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

$

Table: Coverage breakdown

Child

State	Employer	Employee
422		

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

Average Monthly Contribution

Starts at **$** 355 → **Ends at** **$** 483

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

Average Monthly Contribution

Starts at **$** 355 → **Ends at** **$** 483

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

Federal Poverty Levels

Starts at → **Ends at**

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

The use of electronic communications allows for ease of communication with participants in the program

15. What challenges did you experience with your premium assistance program in FFY 2022?

Timely notification from participants to our staff when there are changes to their insurance policies.

16. What accomplishments did you experience with your premium assistance program in FFY 2022?

Successfully continuing to work through the public health emergency.

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

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?

The Department of Social Services (DSS) has written policies and procedures concerning fraud and abuse of MO HealthNet services delivered through the fee-for-service and managed care delivery systems. The Missouri Medicaid Audit and Compliance (MMAC) Unit within DSS establishes a culture that promotes prevention, coordination, detection, investigation, enforcement and reporting of instances of provider and participant conduct that do not conform to Federal and State law. In addition, the MO HealthNet Managed Care health plans have contractual requirements pertaining to fraud and abuse and written in accordance with 42 CFR Part 438. These contractual requirements ensure that the health plans comply with the contract and policy statements regarding fraud and abuse. Prevention procedures include a review of provider exclusion data bases by the Provider Enrollment Unit prior to enrolling a provider as a MO HealthNet provider. MO HealthNet Managed Care health plans are also required to review these data bases on a periodic basis and report to MO HealthNet any of their subcontracted providers that are found on exclusion lists. MMAC conducts post-payment reviews of MO HealthNet claims to assure that appropriate payments were made and that providers are billing and providing services in accordance with federal and state regulations and MO HealthNet requirements. If needed, MMAC determines what enforcement activities to pursue including education, demand of repayment, payment suspension, participation suspension, closed-end agreements, prepayment review, participant lock-in, termination, or referral to the Medicaid Fraud Control Unit (MFCU) within the State Office of Attorney General. When recoupment is not possible and repayment is not made by the provider, MMAC may terminate the provider number as well as complete a bad debt referral to the Attorney General's Financial Services Unit. Participant eligibility is determined by the Family Support Division. MMAC monitors claims pertaining to health care and responds to referrals when fraud or abuse is attributed to a participant. Referrals are made to the DSS Welfare Investigative Unit (WIU) for determination of eligibility termination.

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

- (●) Yes

  5a. What safeguards and procedures do the Managed Care plans have in place?

  The health plans are required by contract to submit a written Fraud and Abuse Plan and their lock-in policies to the state agency for approval prior to implementation. The health plans must designate a compliance officer and compliance committee responsible for fraud and abuse activities. When a member or provider is suspected of fraud or abuse, the health plan notifies the state agency of the suspected activity as well as includes the information in their quarterly reporting.

- ( ) 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?

34078

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?

20188

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

46

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

15a. How do you provide oversight of the contractors?

The MO HealthNet Fee-for-Service Program contracts with a contractor to collect and process third party liability health insurance payments, recoupments and to perform cost avoidance efforts. These processes are monitored through regular internal auditing. Managed care health plans perform fraud and abuse functions as described in questions one and two. Once fraud and abuse has been detected, the health plans provide that information to MMAC which conducts investigations, referrals to law enforcement and other necessary actions. The state agency provides oversight of the Managed Care health plans through the contractually required, written fraud and abuse plan submitted to the State agency; monthly, quarterly and annual submissions of billing information and provider exclusionary status; state and external organization reviews of the health plans' compliance with laws, regulations, and contracts. In addition to the Managed Care health plans and the Third Party Liability contractor, MMAC also contracts with a Unified Program Integrity Contractor (UPIC), an electronic records incentive payment audit contractor and a Recovery Audit Contractor (RAC). In 2016, the RAC contract ended and DSS applied to CMS for a waiver (exemption) for RAC services. MMAC is currently utilizing another contractor to complete credit balance audits. These auditors conduct provider audits and credit balance transfer audits. MMAC provides direct oversight to these contractors' activities by devoting full-time personnel to design, monitor, and approve the contractors' processes.

( ) 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?

No

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 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
24	76	181	219	324	263

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
22	58	97	82	123	73

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
0	<11	67	102	129	95

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
0	<11	<11	45	56	42

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?

24

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.

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 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?

Immunization 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?

Children 0-18 years of age visiting a Local Public Health Agency.

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

198577

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.

Make vaccines available to low income Missourians age 0-18

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

198,577 dosages were administered by Local Public Health Agencies for children 0-19

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

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?

Lead Testing and Prevention 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?

Children 0-18 years of age

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

41418

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.

Administer elevated blood lead tests to children age 0-18 and accelerate care management when results are 10-19 ug/dl

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

44,857 lead tests were provided in FFY21 (some children had multiple tests)

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

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?

Newborn Home Visiting Programs

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

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

At risk, low-income pregnant and postpartum women and their children up to five years of age

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

394

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.

Increase healthy pregnancies and positive birth outcomes, as well as decrease child abuse and neglect through home-based services.

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

The Home-Visiting program reports that 97.04% of the ASQ-3 screenings were completed. During the height of COVID, ASQ-3 screenings had to be done virtually, which caused challenges in completing screenings and resulted in a lower amount completed. Due to the decrease in COVID cases in the past year, in-person screenings have resumed, which has caused the number of screenings to increase when compared to the previous year.

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

The Home Visiting program has also moved from the Department of Health and Senior Services (DHSS) to the Department of Elementary and Secondary Education (DESE).

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?

School Health Programs

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 ages 0-18 in school.

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

582203

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.

Utilize local Public Health Agencies in Missouri to provide in-school health education to children age 0-18

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

The state of Missouri, Department of Health and Senior Services (DHSS) are in the planning stages of working with our LPHAs to figure out how to track the number of children that are being serviced through the School Health Program. The plan has not been tested yet as LPHAs are still inundated with COVID mitigation. DHSS are hoping to start on that testing phase in the yew year

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

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 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.

Reduce the number of uninsured children by 0.02% annually.

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.

Total number of children in Missouri ages 0 to 18 years of age without health insurance coverage.

4. Numerator (total number)

168943

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.

Total number of children in Missouri ages 0 to 18 years of age.

6. Denominator (total number)

1440833

Computed: 11.73%

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?

There was a decrease in the rate of uninsured children in Missouri from 12.1% in CY2020 to 11.73% in CY2021.

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

The following initiatives continue: CHIP Affordability Test-CHIP Combination Program- CHIP Affordable Insurance and Pre-Existing conditions Outreach: outreach is being coordinated with several state agencies in Missouri to assist in reaching families regarding healthcare coverage opportunities available through MO HealthNet programs.

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

The Civilla project will revise the current eligibility application process to enhance enrollment into Medicaid, reducing the number of uninsured children in Missouri. Enrollment totals were all impacted by the prohibition of discontinuing coverage during the Public Health Emergency.

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 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.

Increasing CHIP enrollment by 0.02%.

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.

Net difference of CHIP eligible for FFY 2022 compared to FFY 2021.

4. Numerator (total number)

855

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.

Number of CHIP eligible enrolled during FFY 2020.

6. Denominator (total number)

97340

Computed: 0.88%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 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?

The number of CHIP eligible increased from 97,340 in FFY 2021 to 98,195 (preliminary data) in FFY 2022, which represents an increase of 0.9%. MO Healthnet has met the performance objective of an annual increase of at least 0.02%.

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

The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions

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

MO Healthnet will continue to maintain this goal to increase the number of children enrolled in CHIP by at least 0.02% annually.

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 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.

Increasing Medicaid enrollment

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.

In an effort to increase access to care, our goal is to increase the number of children enrolled MO Healthnet program, excluding CHIP, by 2%.

4. Numerator (total number)

45527

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.

Children enrolled in Medicaid in FFY 2020, excluding CHIP.

6. Denominator (total number)

578378

Computed: 7.87%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 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?

The number of children enrolled in Medicaid, excluding CHIP, increased from 578,378 in FFY 2021 to 623,905 (preliminary data) in FFY 2022, which represents an increase of 7.9%. MO HealthNet has met the performance objective of an annual increase of at least 2%.

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

The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.

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

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 access to care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

In an effort to increase access to care, our goal is to Increase enrollment of physicians.

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 of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The net difference in the number of primary care providers enrolled in MO HealthNet between FFY 2021-FFY 2022

4. Numerator (total number)

3121

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The number of primary care providers enrolled in MO HealthNet in FFY 2022.

6. Denominator (total number)

16300

Computed: 19.15%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 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?

There was an increase of 3121 providers from FFY 2021 to FFY 2022, resulting in a 19.1% increase

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

MO HealthNet implemented Quality Improvement Strategies in 2018 that required all Managed Care in-network providers to be license by the state. In addition, all network providers must be enrolled with MHD as a Medicaid provider as of January 1, 2018 per CFR 438.602(b) and 438.608(b).

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

MO HealthNet will continue to maintain this goal to increase the enrollment of MO HealthNet primary care providers by 2% annually.

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 the number of children in Missouri who have access to a regular source of healthcare coverage

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Decrease the percent of children matched to a PCP through auto assignment.

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 rural children who received one or more well child visits in the last federal fiscal year.

Number of participants who enrolled and chose their PCP in FFY 2022 (count of PCP confirmation letters received).

4. Numerator (total number)

182

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

Total number of children enrolled in CHIP and Medicaid (count of all type Confirmation letters received, PCP, and other).

6. Denominator (total number)

2295

Computed: 7.93%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 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?

The percentage of participants who self-selected a primary care provider at enrollment decreased by 10.8% between FFY 2021 and FFY 2022 (7.9% vs. 18.7%), which did not meet the goal of a 5% increase.

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

Missouri has a new enrollment solution - Missouri Beneficiary Support and Premium Collections (BSPC) that will allow members to access managed care enrollment via a secure web portal. The web portal will allow same day enrollment into a managed care plan as well as the ability to select and change their primary care physician.

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

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?

Improve the health of Missouri's medically uninsured children through the use of preventive care.

1. Briefly describe your goal as it relates to this objective.

In an effort to increase the use of preventative care, our goal is to increase the number of children who receive EPSDT screening by 2%

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?

CMS HCFA-416: Total eligible receiving at least one initial or periodic service.

4. Numerator (total number)

284085

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

CMS HCFA-416: Total eligible who should receive at least one initial or periodic screening.

6. Denominator (total number)

702640

Computed: 40.43%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 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?

MHD has not met the objective for FFY 2022, which was to increase the rate by 2%. The FFY 2022 rate was 3.3% lower than the FFY 2020 rate (40.4% versus 43.7%).

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

The Dental Quality Alliance Institute worked with MO HealthNet to improve access to care for Pregnant Women. Educational materials were sent to all pregnant women advising them of their qualification for benefits while they are pregnant and 6 weeks post-partum. Following a successful pilot project conducted in Cole County MCO's were encouraged to participate in a community health initiative on a statewide level for all pregnant women enrolled in their plan.

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

MO HealthNet will continue to maintain this goal to increase the EPSDT screening rate by 2% annually.

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 as it relates to this objective.

Increase the number of children who receive annual dental visits.

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?

Per HEDIS technical specifications for this measure.

4. Numerator (total number)

233919

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Includes CHIP and Medicaid.

6. Denominator (total number)

539470

Computed: 43.36%

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?

The number of children who received annual dental visits increased by 1.1% (43.4% vs. 42.3%), which has not met the annual goal to increase the rate by at least 3%.

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

The Annual Dental Visit Combined Rate is a Missouri DHSS required measure (10 CSR 10-5.010). A Statewide Performance Improvement Project for Oral Health began in September 2009 and will be ending in December 2022. Activities included collaborating with other agencies to facilitate Head Start enrollment, increase access to preventive services, and improve parent health literacy. A wellness and prevention program used member education, reminders, and financial incentives to increase EPSDT Screening Participation. Other activities included participating in back to school fairs, mobile dentistry, and collaborating with school nurses regarding well-child visits, as well as an effort to educate providers whose members were non-compliant in well-child visits. The Missouri Dental Sealant Program started in 2017 and ended in 2019 after placing over 30,000 dental sealants on over 14,000 children. A WIC fluoride varnish pilot program started in 2018 in 3 counties and expanded to 5 more counties in 2019. Additionally, the Annual Dental Visit HEDIS measure is included in MO Healthnet's Performance Withhold program. Health plans must meet performance targets to earn back money tied to the annual dental visit measures portion of the withhold.

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

MO Healthnet will continue to maintain this goal to increase the performance of Annual Dental Visits (combined rate) by 3% annually.

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?

The CHIP program has the following strategic goals: reduce the number of children and unborn children in Missouri without health insurance coverage; ensure appropriate access to care; promote wellness and prevention; ensure cost effective utilization of services; promote member satisfaction with experience of care. The Missouri Department of Social Services, MO HealthNet Division (DSS/MHD) conducts a separate annual evaluation of Missouri's program for health care for uninsured children, the Children's Health Insurance Program (CHIP). This annual report is submitted to the General Assembly as required by Section 208.650, RSMo. The report analyzes the successes of the program and its importance to Missouri's children. The State also utilizes this report to recognize opportunities for improvement in the program and collaborate with our health plans to improve outcomes of care. Missouri also analyzes network adequacy based on the standards established in Missouri's Code of State Regulations (20 CSR 400-7.095). This allows the State to ensure gaps in access to care do not impact our participants. DSS/MHD collaborates with the Missouri Department of Health and Senior Services (DHSS) to monitor preventable hospitalizations for the CHIP population. Providing access to quality care at a young age continues to show a downward trend in hospitalizations and emergency room visits. Since 2009, preventable hospitalizations for all diagnoses in the CHIP population have declined from 10.9 per 1,000 Missouri children to 6.5 per 1,000 Missouri children in 2020. During this same timeframe, emergency room visits have also declined. In 2009, there were 590 Missouri children admitted to the emergency room. In 2020 there were only 274. The DSS/MHD collaborated with our contracted managed care health plans to develop a new performance withhold model based on HEDIS rates. Historically, this program was based on home-grown measures that we found difficult to collect data on and recognize improvement and impact. Beginning in January 2021, this program was based on 15 HEDIS measures, three of which target the CHIP population. These are Well-Child Visits in the First 30 Months of Life (0-15 months) 6+ Visits, Well-Child Visits in the first 30 months of life (15-30 months) two or more visits , and Annual Dental Visits. HEDIS rates from CY21 will be used as a baseline for evaluation of performance in CY22/SFY 2023.By utilizing HEDIS measures, Missouri will be able to better identify opportunities for improvement and highlight successes. CAHPS survey results are also analyzed

annually to ensure CHIP participants have the appropriate access to care. Missouri is above the national average on specialty care measures and is within one percent of the national average for the preventative care access measure. CAHPS is also utilized to monitor the satisfaction with the experience of care received among CHIP participants. Missouri is above the national average with respect to satisfaction related to actual providers and satisfaction with the child's health plan.

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?

The Performance Withhold Program was evaluated for SFY 2022. HEDIS rates and CAHPS survey data are published on MHD's website at https://dss.mo.gov/mhd/mc/pages/dashboard.htm.

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?

Missouri has not conducted any focused quality studies on only the CHIP population.

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 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
$ 222,492,184	**$** 378,305,363	**$** 387,762,997

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	2023	2024
$ 146,579,689	**$**	**$**

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	2023	2024
$	**$**	**$**

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	2023	2024
$ 11,749,380	**$** 12,049,808	**$** 12,351,053

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

	FFY 2022	**FFY 2023**	**FFY 2024**
Managed Care	222492184	378305363	387762997
Fee for Service	146579689		
Other benefit costs			
Cost sharing payments from beneficiaries	11749380	12049808	12351053
Total benefit costs	380821253	390355171	400114050

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
$	**$**	**$**

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

2022	2023	2024
$ 6,489,496	**$** 4,499,172	**$** 4,499,172

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	2023	2024
$	**$**	**$**

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

2022	2023	2024
$	$	$

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	2023	2024
$	$	$

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
$ 10,400,000	$ 10,400,000	$ 10,400,000

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
$	$	$

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
Personnel			
General administration	6489496	4499172	4499172
Contractors and brokers			
Claims processing			
Outreach and marketing			
Health Services Initiatives (HSI)	10400000	10400000	10400000
Other administrative costs			
Total administrative costs	16889496	14899172	14899172
10% administrative cap	39702499.22	40695061.67	41712438.22

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**
Total program costs	Not Available	381154727	390311116
eFMAP	76.45	76.07	76.45
Federal share	Not Available	289944400.83	298392848.18
State share	Not Available	91210326.17	91918267.82

8. What were your state funding sources in FFY 2022?
Select all that apply.

- [x] 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
$ 90,327	**$** 101,481	**$** 101,481

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
$ 205	**$** 311	**$** 318

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	205	311	318

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	2023	2024
$ 11,154	**$**	**$**

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	2023	2024
$ 1,095	**$**	**$**

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	1095		

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

CHIP Administration cost for contractors, claims processing, and outreach are included as general administration costs and are not broken out.

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 MO HealthNet program is continuing to transform from a payer of services to a model program providing high-quality healthcare focused on wellness. The MO HealthNet program focused resources on prevention, improved health outcomes, individual responsibility, evidence-based practice, technology, and efficient program operation. Budget constraints on both the federal and state systems are a concern when providing healthcare for low-income children and families.

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

The greatest challenge continues to be achieving program goals and the current budget environment. Additionally, the COVID-19 pandemic results in a decline in routine visits for the CHIP population continuing through 2022, due to extension of the PHE.

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

Missouri continues to cover children up to 300% of the FPL. This includes the Show Me Healthy Babies Program, which provides coverage for any low-income unborn children with families with income of up to 300% FPL. During the COVID-19 pandemic, Missouri has been able to obtain waivers to ensure our CHIP participants continue to receive their benefits without risk of losing eligibility. Missouri's CHIP Disaster relief SPA, implemented March 1, 2020, established provisions for allowing modifications to the CHIP eligibility verification process thru self-attestation on some eligibility criteria. Granting extensions of non-citizenship reasonable opportunity periods based on good faith efforts or the agency's inability to meet ninety-day completion timeframes during State or Federally declared disasters or Public Health Emergencies. Missouri also implemented the following provisions related to deterring private insurance crowd out thru the SPA. Waiving any existing waiting period for CHIP coverage for all income levels. Presuming applications for any recipients of CHIP have demonstrated good cause for dropping private or other employer sponsored insurance coverage. Waiving lookback period for establishing availability of private or other employer-sponsored health insurance for CHIP applicants and recipients.

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?

Missouri extended its Managed Care program statewide on May 1, 2017. All children in CHIP are now provided services through Managed Care except for those who opt out. Missouri continues to develop a model program providing high quality healthcare focused on wellness. MO HealthNet awarded new managed care contracts effective July1, 2022. Efforts are underway to strengthen quality oversight of the health plans as MHD continues to move towards using standard healthcare quality measures to target performance improvement. We have updated our Quality Improvement Strategy to align with the new Managed Care contract. We are in the process of procuring a new vendor to streamline and automate tracking of contract deliverables. Our Quest (network access) software is being upgraded to provide flexible network monitoring options, added frequency and enhanced data. To ensure we maintain a meaningful performance withhold devoted to driving quality, MO HealthNet adjusted our SFY24 pay for performance model with slightly increased evaluation criteria. In addition, MO HealthNet is in the process of implementing a new beneficiary support system that will allow CHIP participants to pay their premium through an online portal, this enhancement improves access to care and cuts costs.

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

6. Optional: Attach any additional documents here.

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