



Washington 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:

Washington

2. Program type:

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

3. CHIP program name(s):

Apple Health for kids with premiums

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

4. Contact name:

Charissa Fotinos

5. Job title:

Medicaid/CHIP Director

6. Email:

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7. Full mailing address:

Include city, state, and zip code.

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8. Phone number:

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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

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

211

FPL ends at

260



Premium starts at

\$ 20

Premium ends at

\$ 40



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

261

FPL ends at

312



Premium starts at

\$ 30

Premium ends at

\$ 60



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.

Premiums do not differ for different CHIP populations beyond FPL.

5. Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

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

Most children are enrolled in Managed Care. Although rare, some children may be enrolled in Fee-for-service (FFS). AI/AN children have the option of MC, FFS, or Primary Care Case Management (PCCM).

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year.

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

6. Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

Yes

No

N/A

7. Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

Yes

No

N/A

8. Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

Yes

No

N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

Yes

No

N/A

16. Have you made any changes to coverage for your CHIP pregnant individuals eligibility group?

For example: expanding eligibility or changing this population's benefit package.

Yes

No

N/A

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

Yes

No

N/A

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

Question(s) 1&2: Temporary changes were made to both the renewal and redetermination in FFY 2020 and remain in effect due to the continuation of the COVID-19 Public Health Emergency. These changes are reflected in WA-20-0001 and include the following provisions: • Waive requirements related to the timely processing of applications; • Delay processing of renewals and extend deadlines for families to respond to renewal requests; • Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d) 8. Additionally, in continued response to the COVID-19 Public Health Emergency, the state has temporarily suspended premium collection for all CHIP beneficiaries and has suspended the premium lock-out policy. Question 4: Washington's CHIP SPA WA-20-0003 (SUPPORT ACT) was approved in 11/2021, WA-22-1000 (ARP) was approved in 03/2022, and WA-22-2000 (Postpartum) was approved in 6/2022.

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	0	0	-
Separate CHIP	81,870	81,985	0.14%

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	21,000	4,000	1.2%	0.2%
2016	23,000	5,000	1.4%	0.3%
2017	17,000	3,000	1%	0.2%
2018	18,000	3,000	1%	0.2%
2019	23,000	5,000	1.4%	0.3%
2020	Not Available	Not Available	Not Available	Not Available
2021	16,000	3,000	0.9%	0.2%

Percent change between 2019 and 2021
-35.71%

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

The number/percent of uninsured children in the State of Washington has decreased due to efforts to maintain coverage for individuals during the COVID-19 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?

N/A

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Program Outreach

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

- Yes
- No

2. Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

- Yes
- No

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

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

1) Providing continuous training and support to community-based application assisters to help with the application through the state-based exchange. 2) Funding a toll-free phone line through a community-based organization (WithinReach) that provides information, application assistance, and referral services. 3) Working with contracted managed care organizations to facilitate renewal of coverage for their enrollees. 4) Assisting callers through our agency customer service center to facilitate problem resolution with the state-based exchange application. 5) Utilization of social media to communicate important updates.

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

N/A

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?

- Yes
- No
- N/A

2. Do you match prospective CHIP enrollees to a database that details private insurance status?

- Yes
- No
- N/A

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

2.5

%

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?

N/A

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

Yes

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

0

%

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)?

0

%

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?

2

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

60/20

No

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

Administrative (Auto) Renewals utilize electronic income data sources to verify income-based eligibility. This practice has resulted in an automatic renewal rate of over 75% of eligible households.

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

A combination of outreach and the administrative renewal process results in effective retention.

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

The state utilizes available enrollment data to determine reasonable effectiveness of retention strategies.

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

N/A

Part 2: CHIP Eligibility Denials (Not Redetermination)

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

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

14169

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.

0

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.

14169

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?

Our data does not distinguish between procedural and eligibility denials. We do not calculate a denial rate for CHIP when a child is approved for Medicaid.

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	0%
Denied for eligibility reasons	100%
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?

46494

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

46494

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

45495

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.

999

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.

999

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

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

Our data does not distinguish between procedural terminations and eligibility terminations.

Table: Redetermination in CHIP

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	97.85%
Children disenrolled after redetermination	2.15%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	
Children disenrolled for eligibility reasons	100%
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?

570387

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

570387

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

558556

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.

11831

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

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

0

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.

11831

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

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

Our data does not distinguish between terminations for procedural and eligibility reasons.

Table: Redetermination in Medicaid

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	97.93%
Children disenrolled after redetermination	2.07%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0%
Children disenrolled for eligibility reasons	100%
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

443

Ages 1-5

1530

Ages 6-12

2200

Ages 13-16

1065

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

349

Ages 1-5

1062

Ages 6-12

1597

Ages 13-16

778

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

Ages 0-1

<11

Ages 1-5

15

Ages 6-12

<11

Ages 13-16

<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

<11

Ages 1-5

15

Ages 6-12

<11

Ages 13-16

<11

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

93

Ages 1-5

453

Ages 6-12

596

Ages 13-16

282

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

67

Ages 1-5

408

Ages 6-12

527

Ages 13-16

259

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

N/A

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

Next year you'll report data about your cohort for this section.

10. How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in CHIP 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

N/A

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

10131

Ages 1-5

4753

Ages 6-12

5395

Ages 13-16

2601

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

9952

Ages 1-5

4558

Ages 6-12

5200

Ages 13-16

2518

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

Ages 0-1

<11

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

<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

<11

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

<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

177

Ages 1-5

192

Ages 6-12

192

Ages 13-16

82

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

<11

Ages 1-5

16

Ages 6-12

22

Ages 13-16

15

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

N/A

January - March 2023 (12 months later): to be completed next year
Next year, you'll report data about your cohort for this section.

10. How many children were continuously enrolled in 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?

N/A

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?

Cost sharing is limited to premiums, not to exceed \$40-\$60/month based on income, which is approximately 1% of household income. Cost-sharing is currently waived due to the COVID-19 Public Health Emergency.

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

N/A

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

0

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

- Yes
- No

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

- Yes
- No

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

N/A

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- Yes
- No

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

Washington has written procedures and methods to conduct program integrity activities including, prevention, investigation, and referral on all medical assistance programs (Medicaid/CHIP/State-funded).

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?

Managed Care plans are contractually obligated to designate assigned staff to perform program integrity activities. They are also required to refer all fraud to state officials.

- No
- N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2022?

182

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

0

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

192

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

0

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

153

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

8

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

0

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

0

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

- CHIP only
- Medicaid and CHIP combined

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

- Yes
- No

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

Yes

16a. What specifically are the contractors responsible for in terms of oversight?

The Managed Care contract requires that the plan have designated Program Integrity (PI) staff to perform PI-related activities. This team is required to refer all fraud to the appropriate state officials.

No

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

N/A

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Dental Benefits

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

Note on age groups

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

1. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

Yes

No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2022?

Ages 0-1

1048

Ages 1-2

4858

Ages 3-5

11203

Ages 6-9

17887

Ages
10-14

23764

Ages
15-18

18565

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

58

Ages 1-2

1910

Ages 3-5

6898

Ages 6-9

12380

Ages
10-14

15384

Ages
15-18

9652

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
20	1806	6661	11878	14421	8481

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
43	1340	4751	6066	6766	4908

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?

3119

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.

N/A

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

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?

Washington Poison Center

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

- Yes
- No

3. Which populations does the HSI program serve?

Washington residents experiencing a poison exposure event.

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

30795

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

16726

Computed: 54.31%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Reduction in Emergency Department (ED) visits or other emergency services.

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

91% of home callers would have gone to the ED or sought other emergency services. Assuming 54% of 30,795 calls were for low-income children = 16,629 calls x 91% = 15,132 ED visits were avoided.

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

In 2021, 42% of call cases concerned a child under the age of six (6) years old.

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).

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 percentage of uninsured children between 210% and 312% FPL.

2. What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

N/A

4. Numerator (total number)

0

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.

N/A

6. Denominator (total number)

0

Computed:

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?

Due to the COVID-19 Public Health Emergency, an accurate determination of progress is unavailable as many are currently covered who would not otherwise be eligible.

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

Continuous outreach efforts are maintained in order to keep eligible households connected to coverage.

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

We continue to expand the scope of our outreach contract with WithinReach to include outreach to families that have let their Medicaid coverage go unrenewed and to families where an individual has been identified as newly eligible and may need assistance updating their application.

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).

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 below 210% FPL.

2. What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

N/A

4. Numerator (total number)

0

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.

N/A

6. Denominator (total number)

Computed:

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?

Due to the COVID-19 Public Health Emergency, an accurate determination of progress is unavailable as many are currently covered who would not otherwise be eligible.

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

Continuous outreach efforts are maintained in an effort to keep eligible households connected to care.

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

We continue to expand the scope of our outreach contract with WithinReach to include outreach to families that have let their Medicaid coverage go unrenewed and to families where an individual has been identified as newly eligible and may need assistance updating their application.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Do you have another Goal in this list?

Optional

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 the number of children who have health care coverage.

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).

Increase the number of children between 210% and 312% of FPL who have health care coverage.

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.

N/A

4. Numerator (total number)

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.

N/A

6. Denominator (total number)

Computed:

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?

In the FFY19, there was a notable decrease in CHIP enrollment. This decrease was partially attributed to the impacts of the COVID-19 Public Health Emergency as it relates to churn from CHIP to Medicaid due to decreased household income, as well as the possibility of households relocating out of Washington. This trend did not continue into FFY21 as enrollment increased. In FFY22, Washington saw an even further decrease in uninsured children and continues to maintain a less than 3% enrollment fluctuation year over year.

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

The state continues to develop enhanced outreach strategies to implement at the conclusion of the PHE in an effort to facilitate this goal.

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

N/A

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

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).

Increase the number children below 210% FPL who have health care coverage.

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.

N/A

4. Numerator (total number)

0

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.

N/A

6. Denominator (total number)

Computed:

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?

Washington continues to work toward the objective to increase enrollment.

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

Enhanced outreach efforts at the conclusion of the PHE in an effort to facilitate this goal.

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

N/A

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Do you have another Goal in this list?

Optional

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.

Track the satisfaction and health care of CHIP children compared to Medicaid and non-Medicaid children.

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.

No goals reported here. Access measurements are reported within Washington's Child Core Set reporting.

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.

N/A

4. Numerator (total number)

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.

N/A

6. Denominator (total number)

Computed:

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?

Washington continues to make progress toward this goal.

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

Training and outreach to stakeholders, clients, and providers.

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

N/A

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

N/A

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will these data become available?

N/A

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

N/A

4. Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

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

Part 1: Benefit Costs

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

2022

\$ 156,730,080

2023

\$ 149,071,616

2024

\$ 139,021,717

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

\$ 15,138,140

2023

\$ 14,367,805

2024

\$ 14,125,438

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

\$ 20,438,386

2023

\$ 35,706,319

2024

\$ 24,774,228

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

2022

\$ 0

2023

\$ -6,257,529

2024

\$ -12,805,988

Table 1: Benefits Costs

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

	FFY 2022	FFY 2023	FFY 2024
Managed Care	156730080	149071616	139021717
Fee for Service	15138140	14367805	14125438
Other benefit costs	20438386	35706319	24774228
Cost sharing payments from beneficiaries	0	-6,257,529	-12,805,988
Total benefit costs	192306606	Not Available	Not Available

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

\$ 2,165,756

\$ 2,274,044

\$ 2,387,746

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

2022

\$ 192,999

2023

\$ 202,649

2024

\$ 212,781

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

\$ 4,759,470

2023

\$ 4,997,443

2024

\$ 5,247,315

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

2022

\$ 2,529

2023

\$ 2,655

2024

\$ 2,788

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

2022

\$ 0

2023

\$ 0

2024

\$ 0

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

2022

\$ 1,944,007

2023

\$ 1,944,016

2024

\$ 1,944,016

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

\$ 0

2023

\$ 0

2024

\$ 0

Table 2: Administrative Costs

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

Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2022	FFY 2023	FFY 2024
Personnel	2165756	2274044	2387746
General administration	192999	202649	212781
Contractors and brokers	4759470	4997443	5247315
Claims processing	2529	2655	2788
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1944007	1944016	1944016
Other administrative costs	0	0	0
Total administrative costs	9064761	9420807	9794646
10% administrative cap	21367400.67	22127304.44	19769042.56

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	201371367	208566547	187716029
eFMAP	65	65	65
Federal share	130891388.55	135568255.55	122015418.85
State share	70479978.45	72998291.45	65700610.15

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

Select all that apply.

State appropriations

County/local funds

Employer contributions

Foundation grants

Private donations

Tobacco settlement

Other

9. Did you experience a shortfall in federal CHIP funds this year?

Yes

No

Part 3: Managed Care Costs

Complete this section only if you have a managed care delivery system.

1. How many children were eligible for managed care in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

\$ 64,950

2023

\$ 62,606

2024

\$ 60,788

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

\$ 201

2023

\$ 198

2024

\$ 191

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	201	198	191

Part 4: Fee for Service Costs

Complete this section only if you have a fee for service delivery system.

1. How many children were eligible for fee for service in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

\$ 1,953

2023

\$ 1,802

2024

\$ 1,749

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

\$ 646

2023

\$ 664

2024

\$ 673

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	646	664	673

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

N/A

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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

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

The COVID-19 PHE has continued to have impacts on Washington's political and fiscal environments. The state, however, remains focused on ensuring broad access to healthcare and services to low-income children and families.

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

The greatest challenge Washington's CHIP program has faced in FFY 2022 has been analyzing impacts of the PHE and determining the best path forward when the time comes to resume normal eligibility determination work.

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

The state has approved multiple CHIP SPAs during FFY 2022, most notably work around the postpartum extension.

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?

N/A

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

N/A

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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