West Virginia 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:

West Virginia

2. Program type:

⦿ Both Medicaid Expansion CHIP and Separate CHIP

◯ Medicaid Expansion CHIP only

◯ Separate CHIP only

3. CHIP program name(s):

WVCHIP

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

4. Contact name:

Stacey Shamblin

5. Job title:

Director

6. Email:

Stacey.L.Shamblin@wv.gov

7. Full mailing address:

Include city, state, and zip code.

350 Capitol St., Room 251 Charleston, WV 25301

8. Phone number:

304-414-5961

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

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

     $

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.

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

| 300 |

Premium starts at

| $ 35 |

→

Premium ends at

| $ 71 |

○ 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
               FPL ends at

| 211 | ➜ | 300 |

Premium starts at
          Premium ends at

| $ 420 | ➜ | $ 852 |

○ 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 start for members in families with FPL > 211%. Families with one child pay $35/month and families with 2 or more children pay $71.

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

☑ Managed Care

☐ Primary Care Case Management

☑ Fee for Service

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

All WVCHIP members are enrolled in managed care. Members are served in FFS for the first 30-45 days of enrollment, while choosing a managed care plan. Pharmacy and Birth-to-Three benefits are delivered by FFS and are carved out of managed care.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

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

○   Yes

●   No

○   N/A

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

○   Yes

●   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

●   No

○   N/A

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

○   Yes

●   No

○   N/A

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

○   Yes

●   No

○   N/A

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

○ Yes

○ No

◉ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

- ○ Yes
- ● No
- ○ N/A

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

- ○ Yes
- ● No
- ○ N/A

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

[   ]

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

- ○ Yes
- ○ No
- ● N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the

past federal fiscal year.

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

4. Have you made any changes to the benefits available to 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.

> Expanded post-partum coverge for pregnant women over 19 to 12 months consistent with the state's Medicaid program.

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	13,161	13,694	4.05%
Separate CHIP	21,256	20,007	-5.876%

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

The separate CHIP has experienced enrollment loss throughout the PHE. Although enrollment is froze throughout the PHE, members who report a change in circumstances that make them eligible for Medicaid are being enrolled in Medicaid.

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	5,000	2,000	1.3%	0.4%
2016	4,000	1,000	1%	0.3%
2017	5,000	1,000	1.3%	0.4%
2018	8,000	3,000	2.2%	0.7%
2019	6,000	2,000	1.6%	0.5%
2020	Not Available	Not Available	Not Available	Not Available
2021	5,000	2,000	1.3%	0.4%

Percent change between 2019 and 2021
-18.75%

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

WVCHIP continues to research uninsured numbers for WV children.

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

◉   No

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

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

> Continued messaging and joint efforts with community partners, MCH programs, through social media or word of mouth.

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).

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Substitution of Coverage

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

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

	%

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

○   Yes

◉   No

○   N/A

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting these data?

> WVCHIP is implementing other insurance checks to take place at the time of application determination. This functionality is expected to be operational in 2023.

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

- ◉ 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?

One notice is sent 60 days prior to the renewal date and one notice is sent 2 weeks prior to closure.

○ No

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

WV performs automatic renewals. Approximately 60 days prior to a member's reneal date, RAPIDS, the eligibility determination system, queries electronic resources, ie the Federal Hub, to verify information on file is still accurate. For members who continue to meet eligibility criteria, for example income is verified within 10% of what is on file. Members are notified by letter that a manual renewal process is required when information from electronic sources indicate the member may no longer be eligible. These letters are sent the 2nd Friday of the month preceding the scheduled closure date. Additional notice is sent 14 days prior to closure.

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

WVCHIP has not measured the effectiveness of retention strategies.

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

> WVCHIP has not evaluated any retention strategies.

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.

> 28976

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.

> 3637

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.

16787

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

13504

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

8552

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

No limitations.

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	12.55%
Denied for eligibility reasons	57.93%
Denials for other reasons	29.51%

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?

12518

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

12499

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

12477

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.

41

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 income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

29

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

12

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

No limitations.

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	99.82%
Children disenrolled after redetermination	0.33%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0%
Children disenrolled for eligibility reasons	70.73%
Children disenrolled for other reasons	29.27%

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?

154333

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

154303

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

154256

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.

77

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

<11

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.

58

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

11

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

No limitations.

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	99.97%
Children disenrolled after redetermination	0.5%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	10.39%
Children disenrolled for eligibility reasons	75.32%
Children disenrolled for other reasons	14.29%

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
2687	1039	1232	490

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
2535	983	1165	450

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
<11	<11	<11	<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
0	<11	<11	<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	Ages 1-5	Ages 6-12	Ages 13-16
144	54	61	38

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	0	<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 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
88	157	192	82

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
80	135	170	75

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
0	<11	0	0

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	21	22	<11

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	13	16	<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?

> MCOs track cost sharing at the family level to ensure families do not pay more than 5% aggregate income. The State also tracks cost share aggregated across all MCO enrollment to provide an additional level of assurance. Families are able to track their out-of-pocket amounts on the member portal and information is also included on their EOBs.

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

> Providers are able to check any cost-share due in the on-line provider portal when checking enrollment for planned visits, or by calling customer service.

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

> No families exceeded the maximum out-of-pocket.

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?

[   ]

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

Program Integrity

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

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

◉   Yes

○   No

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

◉   Yes

○   No

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

◉ Yes

◯ No

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

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

◉ Yes

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

◯ No

◯ N/A

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

0

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?

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

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

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

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

[   ]

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

[   ]

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

◉ CHIP only

◯ Medicaid and CHIP combined

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

◯ Yes

◉ No

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

◯ Yes

◉ No

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

> The WVCHIP transition into BMS allows the Medicaid program integrity unit to also provide oversight and monitoring for fraud waste and abuse in partnership with the Medicaid program.

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
236	1253	2875	4576	6474	5190

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
<11	155	1331	2687	3714	2592

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
<11	155	1331	2687	3714	2592

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
<11	13	301	1117	1569	1242

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?

521

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

◉ No

Part 2: You didn't collect the CAHPS survey

Since you didn't collect the CAHPS survey, please complete Part 2.

1. Why didn't you collect the CAHPS survey?
Check all that apply.

☐ Entire population wasn't included in the survey

☐ Part of the population wasn't included in the survey

☐ Data wasn't available due to budget constraints

☐ Data wasn't available due to staff constraints

☐ Data wasn't consistent or accurate

☐ Data source wasn't easily accessible

☐ Data source wasn't easily accessible: requires medical records

☐ Data source wasn't easily accessible: requires data linkage that doesn't currently exist

☐ Data wasn't collected by a provider

☐ Sample size was too small (fewer than 30)

☐ Other

2. Explain in more detail why you weren't able to 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?

Kids First

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

○ Yes

⦿ No

1. What is the name of your HSI program?

Poison Control

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

⦿ Yes

○ No

3. Which populations does the HSI program serve?

This HSI provides $225,000 annually to the WV Poison Control Center (PCC) to help cover expenses to provide services to children less than 300%FPL.

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

8103

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.

> WVCHIP continues to work with the PCC to develop metrics to measure impacts of the HSI. The current metric measures the number of calls that result in a non-admission to a hospital. Out of 8,103 calls, 1,728 were transported to an acute care facility. 996 of these were treated and released. 223 were admitted to a critical care unit and 412 were admitted to a non-critical care unit.

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

> The vast majority of calls to the poison control center are diverted from hospital care and managed without further intervention.
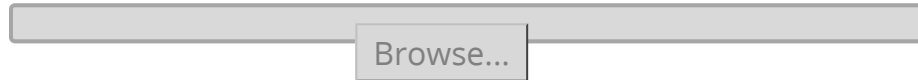
8. Is there anything else you'd like to add about this HSI program?

> Parents and providers find this service invaluable as it provides expert advice promptly diverting many trips to the emergency room, doctor, or hospital.

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.

> WVCHIP seeks to enroll al eligible children into CHIP or Medicaid in an effort to reduce the number of uninsured WV children.

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.

> Combined number of CHIP and Medicaid children under 19 under 200% FPL compared to WV child population under 200% FPL.

4. Numerator (total number)

218919

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The denominator is the estimate of WV children under 200% FPL from the American Community Survey for 2022.

6. Denominator (total number)

166000

Computed: 131.88%

7. What is the date range of your data?

Start
mm/yyyy

01 / 2022

End
mm/yyyy

12 / 2022

8. Which data source did you use?

◉ Eligibility or enrollment data

○ Survey data

○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Measure indicates that Medicaid and CHIP coverage exceeds the WV population for under 200%FPL per the ACS data. The challenges in measuring this goal are the disparate data from different sources. For example, CHIP2021 ACS data indicate that 1.3% of WV children are uninsured.

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

Continuous outreach through WVCHIP partners.

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).

WVCHIP focuses on the number of child and adolescent visits to monitor progress on this measure.

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.

Number of WVCHIP members ages 0 - 18 with a well-child visit during the year.

4. Numerator (total number)

6580

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 WVCHIP members ages 0 - 18 enrolled throughout the year (at least 11 months of enrollment).

6. Denominator (total number)

13446

Computed: 48.94%

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?

Measure results decreased slightly this year compared to the prior year.

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

Continue outreach to members about the importance of well child visits.

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

12. Do you have any supporting documentation?
Optional

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

Browse...

Do you have another Goal in this list?
Optional

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

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase the use of preventative care

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.

> This goal has been discontinued. WVCHIP is determining an informative measure for increasing the use of preventive care.

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.

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.

[   ]

6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start

mm/yyyy

[ ] / [ ]

End

mm/yyyy

[ ] / [ ]

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?

[   ]

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

[   ]

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.
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[Browse...   ]

Do you have another Goal in this list?
Optional

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

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

[   ]

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?

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

☐ / ☐

End

mm/yyyy

☐ / ☐

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?

```
[                                                                    ]
```

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

```
[                                                                    ]
```

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?

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

[   ]

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?

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start
mm/yyyy

☐ / ☐

End
mm/yyyy

☐ / ☐

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?

[   ]

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

[   ]

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?

[   ]

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

[   ]

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?

[   ]

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 eligible children in the last federal fiscal year.

[ ]

6. Denominator (total number)

[ ]

Computed:

7. What is the date range of your data?

Start

mm/yyyy

[ ] / [ ]

End

mm/yyyy

[ ] / [ ]

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?

[   ]

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

[   ]

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).

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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?

[   ]

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?

[   ]

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?

[   ]

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).

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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
$ 35,753,213	$ 39,299,186	$ 41,069,771

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
$ 12,726,551	$ 12,317,082	$ 12,879,550

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
$ 0	$ 0	$ 0

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

2022

$ 47,825

2023

$ 917,576

2024

$ 929,956

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

	FFY 2022	FFY 2023	FFY 2024
Managed Care	35753213	39299186	41069771
Fee for Service	12726551	12317082	12879550
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	47825	917576	929956
Total benefit costs	48527589	52533844	54879277

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
$ 304,185	$ 512,000	$ 515,000

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
$ 52,666	$ 57,386	$ 61,018

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
$ 1,996,165	$ 1,991,288	$ 2,117,311

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
$ 3,399,684	$ 3,177,907	$ 3,408,432

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
$ 0	$ 0	$ 0

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

2022	2023	2024
$ 225,000	$ 225,000	$ 225,000

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
$ 0	$ 0	$ 0

Table 2: Administrative Costs
This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2022	FFY 2023	FFY 2024
Personnel	304185	512000	515000
General administration	52666	57386	61018
Contractors and brokers	1996165	1991288	2117311
Claims processing	3399684	3177907	3408432
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	225000	225000	225000
Other administrative costs	0	0	0
Total administrative costs	5977700	5963581	6326761
10% administrative cap	5381326.56	5633188	5891040.56

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	54409639	56662273	59346126
eFMAP	82.28	81.81	82.28
Federal share	44768250.97	46355405.54	48829992.47
State share	9641388.03	10306867.46	10516133.53

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

$ 17,485

2023

$ 17,485

2024

$ 17,485

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

$ 170

2023

$ 187

2024

$ 196

	FFY 2022	**FFY 2023**	**FFY 2024**
PMPM cost	170	187	196

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

$ 1,530

2023

$ 1,530

2024

$ 1,530

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

$ 694

2023

$ 671

2024

$ 702

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	694	671	702

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

WVCHIP has mandatory MCO enrollment. Members are covered under FFS until enrolled in managed care. Budget estimates do not include any additional costs resulting from changing the WVCHIP benefit from PEIA basis to Medicaid basis. WVCHIP plans to file a SPA for this benefit change in 2023.

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.
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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?

> WV's political and fiscal environment has not affected WVCHIP's ability to provide healthcare to low-income children and families this past year.

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

> The greatest challenge to WVCHIP has been a lack of available resources for member outreach, including the lack of uninsured data available during the COVID-19 public health emergency to target any outreach efforts.

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

> WV passed HB4649 moved WVCHIP under the Bureau for Medical Services which also administers the state's Medicaid program. This move allows WVCHIP access to greater administrative resources. This move was effective July 1, 2022. WVCHIP successfully changed its Pharmacy Benefit Manager in July 2022 to a new vendor.

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?

WVCHIP plans to submit a SPA in 2023 to mirror Medicaid benefits as appropriate for WVCHIP members. This change will support continuity of care for members who transfer back and forth between Medicaid and WVCHIP and also reduce administrative burder by aligning benefit limits and prior authorization requirements.

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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