## **Alaska CARTS FY2021 Report**

#### **Basic State Information**

#### Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the <a href="mailto:mdct\_help@cms.hhs.gov">mdct\_help@cms.hhs.gov</a>.

1. State or territory name:	
Alaska	
2.	
Program type:	
Both Medicaid Expansion CHIP and Separate CHIP	
Medicaid Expansion CHIP only	
Separate CHIP only	
3. CHIP program name(s):	
Denali Kidcare	

Who should we contact if we have any questions about your report?
4. Contact name:
Kate Hudson
5. Job title:
CHIP Administrator
6. Email:
kate.hudson@alaska.gov
7. Full mailing address:
Include city, state, and zip code.
240 Main Street, Suite 202, Juneau AK 99801
8. Phone number:
907-465-5820

#### 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 the 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.

### **Program Fees and Policy Changes**

## Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1.	
Does	s your program charge an enrollment fee?
$\bigcirc$	Yes
	No

2.	
Does	your program charge premiums?
$\bigcirc$	Yes
•	No
3.	
Is the maximum premium a family would be charged each year tiered by FPL?	
$\bigcirc$	Yes
•	No
4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.	
5.	
Which	n delivery system(s) do you use?
Select all that apply.	
	Managed Care
	Primary Care Case Management
<b>✓</b>	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.

Fee for Service is available for all CHIP populations

# Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

# 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. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.	
Have	you made any changes to the eligibility determination process?
$\bigcirc$	Yes
•	No
$\circ$	N/A

2.	
Have	you made any changes to the eligibility redetermination process?
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
3.	
Have	you made any changes to the eligibility levels or target populations?
For e	xample: increasing income eligibility levels.
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
4.	
Have	you made any changes to the benefits available to enrollees?
For e	xample: adding benefits or removing benefit limits.
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A

5.	
Have you made any changes to the single streamlined application?	
$\bigcirc$	Yes
•	No
$\bigcirc$	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.	
$\bigcirc$	Yes
•	No
$\bigcirc$	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.	
O Yes	
<ul><li>No</li></ul>	
O N/A	
8.	
Have you made any changes to your cost sharing requirements?	
For example: changing amounts, populations, or the collection process.	
O Yes	
<ul><li>No</li></ul>	
O N/A	

9.	
Have	you made any changes to the substitution of coverage policies?
For ex	xample: removing a waiting period.
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
10.	
Have you made any changes to the enrollment process for health plan selection?	
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A

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.	
O Yes	
<ul><li>No</li></ul>	
O N/A	
12.	
Have you made any changes to premium assistance?	
For example: adding premium assistance or changing the population that receives premium assistance.	
O Yes	
No	
O N/A	

11.

13.	
Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?	
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
14.	
Have you made any changes to eligibility for "lawfully residing" pregnant women?	
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
15.	
Have you made any changes to eligibility for "lawfully residing" children?	
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A

16.	
Have you made changes to any other policy or program areas?	
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A

### Part 4: Separate CHIP Program and Policy Changes

#### **Enrollment and Uninsured Data**

#### 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 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	7,483	14,787	97.608%
Separate CHIP	0	0	0%

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

Although enrollment numbers in CHIP has declined, overall in 2021 Alaska has seen an increase in child enrollment in Medicaid. The decrease in CHIP enrollment may be due to changes in Medicaid subtypes.

#### 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 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	7,000	1,000	3.5%	0.7%
2017	7,000	2,000	3.5%	0.9%
2018	6,000	2,000	3.4%	0.8%
2019	4,000	1,000	2.1%	0.5%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2	2019 and 2020
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Not Available

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

Data for 2020 is unavailable so we cannot comment.

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
O 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?
O Yes
<ul><li>No</li></ul>
4. Is there anything else you'd like to add about your enrollment and uninsured data?
American Indian/Alaska Native Children are considered uninsured.
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

### **Eligibility, Enrollment, and Operations**

### **Program Outreach**

1.	
Have	you changed your outreach methods in the last federal fiscal year?
$\bigcirc$	Yes
•	No
2.	
Are y	ou targeting specific populations in your outreach efforts?
For e	xample: minorities, immigrants, or children living in rural areas.
$\bigcirc$	Yes
•	No
3. Wh	nat methods have been most effective in reaching low-income, uninsured ren?

The Department of Health and Social Services continues to partner with Tribal Health organizations and Tribes to assist with effective administration of the Medicaid program through outreach and enrollment and other Medicaid administrative claiming activities. Word of mouth continues to be the most effective outreach strategy

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

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

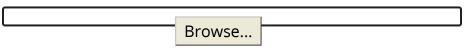
The Department of Health and Social Services conducted an outreach campaign in the summer of 2021 to coincide with the start of the new school year. This campaign targeted Title I schools, and aimed to both provide information about enrollment for Denali Kidcare as well as reminders to catch up on well-child visits and routine immunizations.

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)



#### **Eligibility, Enrollment, and Operations**

#### **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 yo	ou track the number of CHIP enrollees who have access to private insurance?
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
2.	
Do yo statu	ou match prospective CHIP enrollees to a database that details private insurance s?
$\bigcirc$	Yes
•	No
$\bigcirc$	N/A
0	%
5. ls t	there anything else you'd like to add about substitution of coverage that wasn't

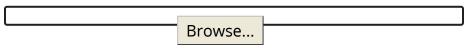
already covered? Did you run into any limitations when collecting data?

The Department pays a contractor to find out if an individual has other coverage that we do not already know about.

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)



## **Eligibility, Enrollment, and Operations**

#### 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?

This question should only be answered in respect to Separate CHIP.

No

O N/A

2.			
In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?			
O Yes			
<ul><li>No</li></ul>			
3.			
Do you send renewal reminder notices to families?			
Yes			
O No			
4. What else have you done to simplify the eligibility renewal process for families?			
If the Division of Public Assistance does not receive the form back from the household, we will attempt to determine continued eligibility using electronic data. ARIES continues to issue Medicaid benefits monthly until an eligibility decision is made.			
5. Which retention strategies have you found to be most effective?			
N/A			
6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?			
N/A			

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

The Department continues to partner with government agencies and local governments such as Tribal Health organizations and Tribes to assist with the effective administration of the Medicaid program through outreach and enrollment and other Medicaid administrative claiming activities.

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

1.

How many applicants were denied CHIP coverage in FFY 2021?

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

0

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.

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.
0
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 this data?

We are unable to collect this data.

3.

Table: CHIP Eligibility Denials (Not Redetermination)

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

Туре	Number	Percent
Total denials	0	Not Answered
Denied for procedural reasons	0	Not Answered
Denied for eligibility reasons	0	Not Answered
Denials for other reasons	Not Answered	Not Answered

#### **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 2021?

_	

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

12050

3.

How many children were retained in CHIP after redetermination?

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

2691

Computed: 2691

4a.

How many children were disenrolled for procedural reasons?

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

165

4b.

How many children were disenrolled for eligibility reasons?

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

4c.

How many children were disenrolled for other reasons?

1403

#### 5. Did you have any limitations in collecting this data?

For question 3, we report the total number of individuals who were on a case where a review was completed and who had continuous benefits from their first benefit month in FFY2021 until the end of FFY2021. For question 4, we report the total number of individuals who were on a case where a review was completed and who did not have continuous benefits from their first benefit month until the end of FFY2021.

Table: Redetermination in CHIP

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

Туре	Number	Percent
Children screened for redetermination	12050	100%
Children retained after redetermination	9359	77.67%
Children disenrolled after redetermination	2691	22.33%

Table: Disenrollment in CHIP after Redetermination

Туре	Number	Percent
Children disenrolled after redetermination	2691	100%
Children disenrolled for procedural reasons	165	6.13%
Children disenrolled for eligibility reasons	1123	41.73%
Children disenrolled for other reasons	1403	52.14%

#### **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 2021?

57935

2.

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

3.

How many children were retained in Medicaid after redetermination?

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

4912

Computed: 4912

4a.

How many children were disenrolled for procedural reasons?

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

405

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

4c.

How many children were disenrolled for other reasons?

2341

- 5. Did you have any limitations in collecting this data?
  - 1. For question 3, we report the total number of individuals who were on a case where a review was completed and who had continuous benefits from their first benefit month in FFY 2021 until the end of FFY 2021. 2. For question 4, we report the total number of individuals who were on a case where a review was completed and who did not have continuous benefits from their first benefit month until the end of FFY 2021

Table: Redetermination in Medicaid

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

Туре	Number	Percent
Children screened for redetermination	47101	100%
Children retained after redetermination	42195	89.58%
Children disenrolled after redetermination	4912	10.43%

Table: Disenrollment in Medicaid after Redetermination

Туре	Number	Percent
Children disenrolled after redetermination	4912	100%
Children disenrolled for procedural reasons	405	8.25%
Children disenrolled for eligibility reasons	2166	44.1%
Children disenrolled for other reasons	2341	47.66%

## Part 5: Tracking a CHIP cohort (Title XXI) 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 2020 (the second quarter of FFY 2020). 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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). 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 2020. 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 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

How does your state define "newly enrolled" for this cohort?

$\bigcirc$	Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title
XXI) d	uring the previous month. For example: Newly enrolled children in January 2020
werer	n't enrolled in CHIP in December 2019.

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 2020 weren't enrolled in CHIP or Medicaid in December 2019.

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

O No

January - March 2020 (start of the cohort): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
32	483	845	309

July - September 2020 (6 months later): included in 2020 report.

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
14	255	459	173



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

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

2 40 56 11

7.

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

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

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

12 165 299 117

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
12	143	266	100

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

There was an issue with the Title 21 January cohort creation done in 2020. The problem has been fixed and the data re-issued.

January - March 2021 (12 months later): to be completed this year.

This year, please 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
13	206	381	143



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
6	59	78	23

#### 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
2	39	55	13

#### 13.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	218	386	143

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
13	191	340	128

July - September of 2021 (18 months later): to be completed this year

This year, please 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
13	151	313	114



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

6 54 65 20

### 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
2	39	50	13

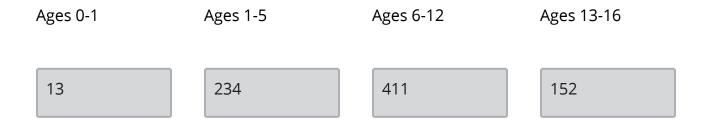
### 18.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	278	467	175

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



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

There was an issue with the Title 21 January cohort creation done in 2020. The problem has been fixed and the data re-issued.

# Part 6: Tracking a Medicaid (Title XIX) 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 2020 (the second quarter of FFY 2020). 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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). 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 2021. 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 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medica (Title XIX) during the previous month. For example: Newly enrolled children in Januar 2020 weren't enrolled in Medicaid in December 2019.	
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 2020 weren't enrolled in CHIP or Medicaid in December 2019.	
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 2020 (start of the cohort): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
192	2074	1250	494

### July - September 2020 (6 months later): included in 2020 report

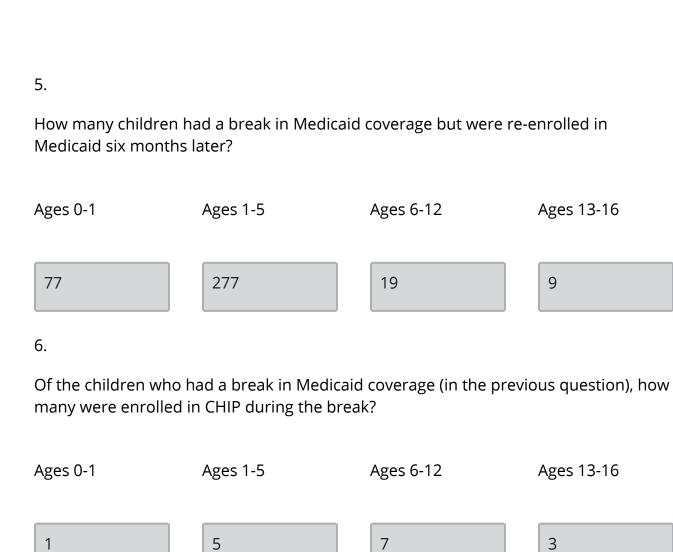
You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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
163	1608	1127	437



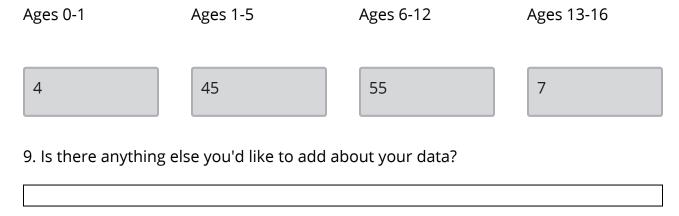
How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
20	189	104	48



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



January - March 2021 (12 months later): to be completed this year

This year, please 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
124	1336	911	380



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
36	445	204	83

### 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
7	319	115	37

### 13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
36	259	145	66

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
22	114	107	43

July - September of 2021 (18 months later): to be completed next year

This year, please 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
115	1274	878	364



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
40	463	220	93

### 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
15	370	151	60

18.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
41	303	162	72

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
12	71	79	37

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

An issue was discovered with the Title 19 January cohort creation done in 2020. The pre-filled data in questions 4-8 is therefore incorrect.

# Eligibility, Enrollment, and Operations

## **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.

## **Eligibility, Enrollment, and Operations**

# 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

paren	
1.	
	your state offer ESI including a premium assistance program under the CHIP Plan or a Section 1115 Title XXI demonstration?
$\bigcirc$	Yes
•	No

# Eligibility, Enrollment, and Operations Program Integrity

Eligibility, Enrollment, and Operations

Dental Benefits

# Eligibility, Enrollment, and Operations 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 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the

ARHQ.
1.
Did you collect the CAHPS survey?
• Yes
O No
Part 2: You collected the CAHPS survey
Since you collected the CAHPS survey, please complete Part 2.
1.
Upload a summary report of your CAHPS survey results.
This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).
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

only option for reporting CAHPS results will be through the submission of raw data to

2.	
Which	n CHIP population did you survey?
•	Medicaid Expansion CHIP
$\bigcirc$	Separate CHIP
$\bigcirc$	Both Separate CHIP and Medicaid Expansion CHIP
$\bigcirc$	Other
3.	
Which	n version of the CAHPS survey did you use?
$\bigcirc$	CAHPS 5.0
$\bigcirc$	CAHPS 5.0H
•	Other

4.
Which supplemental item sets did you include in your survey?
Select all that apply.
None
Children with Chronic Conditions
Other
5.
Which administrative protocol did you use to administer the survey?
Select all that apply.
NCQA HEDIS CAHPS 5.0H
☐ HRQ CAHPS
Other
5a. Which administrative protocol did you use?  NCQA HEDIS CAHPS 5.1
6. Is there anything else you'd like to add about your CAHPS survey results?

## Part 3: You didn't collect the CAHPS survey

## **Eligibility, Enrollment, and Operations**

### **Health Services Initiative (HSI) Programs**

All states with approved HSI program(s) should complete this section. States can use up to 10% 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.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service 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

# **State Plan Goals and Objectives**

### 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.

<ol> <li>Briefly describe your goal for this objective</li> </ol>
---

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Our goal is to increase the number of children enrolled in Medicaid/CHIP per year

2.

What type of goal is it?

- O New goal
- Continuing goal
- O Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The point in time total number of children enrolled in M-CHIP in the final month of the last federal fiscal year (FFY 2020)

4.

Numerator (total number)

13119

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.

The point in time total number of children enrolled in M-CHIP in the final month of the prior federal fiscal year (FFY 2019)

6.

Denominator (total number)

15418

**Computed: 85.09%** 

7.

What is the date range of your data?

### **Start**

mm/yyyy



/

2019

### **End**

mm/yyyy



/

2020

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?

Our numbers enrolled in CHIP declined. However, overall enrollment in Medicaid increased in 2021. It is presumed that children changed eligibility subtype.

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

We continue to look at ways to reach out to our low income population to ensure that eligible children are enrolled.

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

We are embarking on a project to analyze national data on uninsurance levels in Alaska, and to work with our tribal partners to verify the accuracy of these numbers.

1	$\sim$
- 1	

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 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.

1. Briefly describe your goal for this objective.	
For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.	
2.	
What type of goal is it?	
O New goal	
Continuing goal	
O 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 who visited a primary care physician in the last federal fiscal year.	
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 enrolled in CHIP in the last federal fiscal year.
6.
Denominator (total number)
0
Computed:
7.
What is the date range of your data?
Start mm/yyyy
01 / 2021
End mm/yyyy
12 / 2021

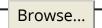
8.	
Whicl	n data source did you use?
$\bigcirc$	Eligibility or enrollment data
$\bigcirc$	Survey data
$\bigcirc$	Another data source
9. How did your progress towards your goal last year compare to your previous year's progress?	
10. W	hat are you doing to continually make progress towards your goal?
11. Aı	nything else you'd like to tell us about this goal?

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 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.

1. Briefly describe your goal for this objective.	
For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.	
2.	
What type of goal is it?	
O New goal	
<ul> <li>Continuing goal</li> </ul>	
O Discontinued goal	
Define the numerator you're measuring	
3. Which population are you measuring in the numerator?	
For example: The number of 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 children enrolled in CHIP in the last federal fiscal year.
6.
Denominator (total number)
Computed:
7.
What is the date range of your data?
Start mm/yyyy
01 / 2021
End mm/yyyy
12 / 2021

8.	
Whicl	n data source did you use?
$\bigcirc$	Eligibility or enrollment data
$\bigcirc$	Survey data
$\bigcirc$	Another data source
9. How did your progress towards your goal last year compare to your previous year's progress?	
10. W	hat are you doing to continually make progress towards your goal?
11. Aı	nything 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	
1. Briefly describe your goal for this objective.	
For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.	
2.	
What type of goal is it?	
O New goal	
Continuing goal	
O Discontinued goal	

Define the numerator you're measuring
3. Which population are you measuring in the numerator?
For example: The number of children who received one or more well child visits in the last federal fiscal year.
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 enrolled in CHIP in the last federal fiscal year.
6.
Denominator (total number)
0
Computed:

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
O Survey data
<ul> <li>Another data source</li> </ul>
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	
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)	
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 in this list?	
your files. Click View Uploaded to see a list of all files attached here.  Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)  Browse	

1. Briefly describe your goal for this objective.	
2.	
What type of goal is it?	
O New goal	
<ul> <li>Continuing goal</li> </ul>	
O 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:	
<b>7</b> .	
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?		
$\bigcirc$	Eligibility or enrollment data	
$\bigcirc$	Survey data	
$\bigcirc$	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 in this list? Optional				
1. What is the next objective listed in your CHIP State Plan?				

1. Briefly describe your goal for this objective.			
2.			
What type of goal is it?			
O New goal			
<ul> <li>Continuing goal</li> </ul>			
O 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:
<b>7</b> .
What is the date range of your data?
Start mm/yyyy
01 / 2021
End mm/yyyy
12 / 2021

8.				
Whicl	n data source did you use?			
$\bigcirc$	Eligibility or enrollment data			
$\bigcirc$	Survey data			
$\bigcirc$	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. Aı	nything 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 in this list? Optional				
1. What is the next objective listed in your CHIP State Plan?				

1. Briefly describe your goal for this objective.			
2.			
What type of goal is it?			
O New goal			
<ul> <li>Continuing goal</li> </ul>			
O 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
01 / 2021
End mm/yyyy
12 / 2021

8.				
Whicl	n data source did you use?			
$\bigcirc$	Eligibility or enrollment data			
$\bigcirc$	Survey data			
$\bigcirc$	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. Aı	nything else you'd like to tell us about this goal?			

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 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	S
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 this data become available?

We are still working on updating our goals and objectives and plan to include those measures in the 2022 CARTS report.

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

l NIA			
No			

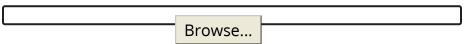
4.

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)

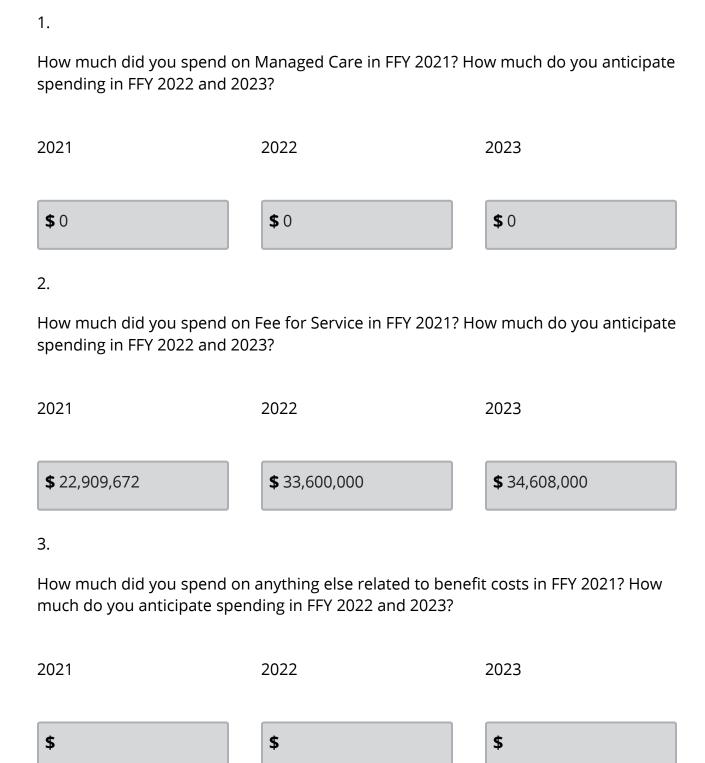


# **Program Financing**

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

### Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.



How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021 2022 2023 **\$** 

Table 1: Benefits Costs

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

Туре	FFY 2021	FFY 2022	FFY 2023
Managed Care	0	0	0
Fee for Service	22909672	33600000	34608000
Other benefit costs	Not Answered	Not Answered	Not Answered
Cost sharing payments from beneficiaries	Not Answered	Not Answered	Not Answered
Total benefit costs	22909672	33600000	34608000

### **Part 2: Administrative Costs**

Please type your answers in only. Do not copy and paste your answers.

How much did you spend on personnel in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021 2022 2023 \$ 1,722,554 \$ 2,265,297 \$ 2,333,256

2.

How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021 2022 2023 \$ 832,423 \$ 1,094,703 \$ 1,127,544

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021 2022 2023 **\$** 

How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?					
2021	2022	2023			
\$	\$	\$			
5.					
How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?					
2021	2022	2023			
\$	\$	\$			
6.					
How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?					
2021	2022	2023			
\$	\$	\$			

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021 2022 2023 **\$** 

#### 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.

Туре	FFY 2021	FFY 2022	FFY 2023
Personnel	1722554	2265297	2333256
General administration	832423	1094703	1127544
Contractors and brokers	Not	Not	Not
	Answered	Answered	Answered
Claims processing	Not	Not	Not
	Answered	Answered	Answered
Outreach and marketing	Not	Not	Not
	Answered	Answered	Answered
Health Services Initiatives	Not	Not	Not
(HSI)	Answered	Answered	Answered
Other administrative costs	Not	Not	Not
	Answered	Answered	Answered
Total administrative costs	2554977	3360000	3460800
10% administrative cap	2545519.11	3733333.33	3845333.33

#### 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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	Not Available	36960000	38068800
eFMAP	65	65	Not Available
Federal share	Not Available	24024000	Not Available
State share	Not Available	12936000	Not Available

8.				
What were your state funding sources in FFY 2021?				
Select	t all that apply.			
<b>✓</b>	State appropriations			
	County/local funds			
	Employer contributions			
	Foundation grants			
	Private donations			
	Tobacco settlement			
	Other			
9.				
Did yo	ou experience a shortfall in federal CHIP funds this year?			
$\bigcirc$	Yes			
•	No			

# **Part 3: Managed Care Costs**

Complete this section only if you have a Managed Care delivery system.

How many children were eligible for Managed Care in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021	2022	2023

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021 2022 2023

\$	\$	\$	

Туре	FFY 2021	FFY 2022	FFY 2023
Eligible children	Not Answered	Not Answered	Not Answered
PMPM cost	Not Answered	Not Answered	Not Answered

### **Part 4: Fee for Service Costs**

Complete this section only if you have a Fee for Service delivery system.

How many children were eligible for Fee for Service in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021 2022 2023

14913 22653

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2021 2022 2023

\$

Туре	FFY 2021	FFY 2022	FFY 2023
Eligible children	14913	21574	22653
PMPM cost	MPM cost Not Answered		Not Answered

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

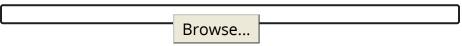
The expenditures for FFY2021 were incurred with the enhanced eFMAP of 69.34% due to covid. This enhancement will continue to the last day of the quarter when the national emergency is ended. Enrollment projections are based on the average % increase. Please note that Table 3 is not auto-populating correctly. This has been reported to the HelpDesk multiple times.

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)



# **Challenges and Accomplishments**

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

The political environment remained stable during the reporting period, and Alaska remains committed to ensuring health coverage for children in low income families.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The greatest challenge to Alaska's CHIP program has been the ongoing Covid-19 public health emergency. This pandemic has continued to impact all aspects of life, including well child visits and immunizations.

experienced in FFY 2021?	
Continuous health coverage for children from low inco	ome families.
4. What changes have you made to your CHIP program FFY 2022? Why have you decided to make these change	-
We are not planning changes in FFY2022. We will conti coverage and access in Medicaid/CHIP for quality of ca using some of the CMS child core set of quality measu	are and patient experience
5. Is there anything else you'd like to add about your sta accomplishments?	ate's challenges and
6.	
Optional: Attach any additional documents here.	
Click Choose Files and make your selection(s) then of files. Click View Uploaded to see a list of all files atta Files must be in one of these formats: PDF, Word, Excel,	ached here.
	Tor a valid image (jpg or prig)
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3. What are some of the greatest accomplishments your CHIP program has