



Indiana CARTS FY2021 Report

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

1. State or territory name:

Indiana

2. Program type:

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

3. CHIP program name(s):

All, Indiana

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

4. Contact name:

Clarissa Loveall

5. Job title:

CHIP Manager

6. Email:

clarissa.loveall@fssa.IN.gov

7. Full mailing address:

Include city, state, and zip code.

402 W. Washington St. Indianapolis, IN 46204

8. Phone number:

(317) 233-4200

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.

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?

\$ 0

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.

Not applicable.

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.

Managed Care and Fee-for-Service are available to the CHIP population. Depending on service requirements listed in the State's contracts with the Managed Care Entities (MCEs) some services may be covered under fee-for-service.

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

158



FPL ends at

175

Premium starts at

\$ 22



Premium ends at

\$ 33

FPL starts at

175



FPL ends at

200

Premium starts at

\$ 33



Premium ends at

\$ 50

FPL starts at

200



FPL ends at

225

Premium starts at

\$ 42



Premium ends at

\$ 53

FPL starts at

225



FPL ends at

250

Premium starts at

\$ 53



Premium ends at

\$ 70

☐ No

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

☐ Yes

☒ No

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

\$ 840

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

If a family has one child enrolled in S-CHIP, the premium amounts are \$22, \$33, \$42, \$52 at each level. For families that have two or more children enrolled in S-CHIP, the premium amounts are \$33, \$50, \$53, and \$70 at each level.

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.

Managed Care and Fee-for-Service are available to the CHIP population. Depending on service requirements listed in the State's contracts with the Managed Care Entities (MCEs) some services may be covered under fee-for-service.

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?

☐ 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 women?

☐ 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

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. 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?

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?

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 women?

☐ 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

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	81,501	64,250	-21.167%
Separate CHIP	13,935	38,130	173.628%

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

Possible reasons for enrollment number changes include children aging out of the program as a result of the PHE rules. In 2020, Indiana was not ending coverage for children who aged out of the program. This changed at the start of 2021 with CMS guidance stating that enrollment would end if a child aged out of the program.

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	55,000	5,000	3.4%	0.3%
2017	59,000	7,000	3.6%	0.4%
2018	56,000	7,000	3.5%	0.4%
2019	58,000	7,000	3.6%	0.4%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

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

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?

No

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.

Indiana relies on its contracted MCOs for television, billboard, and radio advertisements that promote CHIP as part of the Hoosier Healthwise program. In addition to television, billboard, and radio advertisements, MCOs and the State team attend community-based events where families and children are present. Booths with Hoosier Healthwise materials are a way to reach significant numbers of members directly. Community events can include health fairs, school based events, and the State Fair. It is difficult to measure effectiveness of any one advertisement or event. Members may see an advertisement sponsored by one MCO but then enroll in another MCO.

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

No

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

4a. How long is the waiting period?

3 months

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

Children who qualify for S-CHIP between 158% and 250% FPL that had previous private coverage.

4c. What exemptions apply to the waiting period?

(i) The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income; (ii) The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Exchange because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v). (iii) The cost of family coverage that includes the child exceeds 9.5 percent of the household income. (iv) The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan; (v) A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA); (vi) The child has special health care needs; and (vii) The child lost coverage due to the death or divorce of a parent.

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

☐ No

☐ N/A

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

No

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?

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

☐ 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, The renewal notice and the reminder notice.

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

The reminder notice is sent approximately 2 to 4 weeks before current eligibility period would expire.

☐ No

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

MCOs are encouraged to remind families to complete their annual redetermination.

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

Although there has not been any evaluation over effectiveness of strategies, Indiana believes it helps that MCOs are engaged with families to remind them the need to complete annual redetermination so that health coverage continues.

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

Although there has not been any evaluation over effectiveness of strategies, Indiana believes it helps that MCOs are engaged with families to remind them the need to complete annual redetermination so that health coverage continues.

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

No

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.

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.

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.

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?

Table: CHIP Eligibility Denials (Not Redetermination)

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

	Percent
Total denials	
Denied for procedural reasons	
Denied for eligibility reasons	
Denials for other reasons	

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2021?

12691

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

12691

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

12648

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.

43

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

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

4b. How many children were disenrolled for eligibility reasons?

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

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

43

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

The reason for disenrollment is not captured.

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	99.66%
Children disenrolled after redetermination	0.34%

Table: Disenrollment in CHIP after Redetermination

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

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?

95216

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

95216

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

94865

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.

351

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

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

4b. How many children were disenrolled for eligibility reasons?

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

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

351

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

The reason for disenrollment is not captured.

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	99.63%
Children disenrolled after redetermination	0.37%

Table: Disenrollment in Medicaid after Redetermination

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

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.

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 2020 weren'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

☐ 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

61

Ages 1-5

1965

Ages 6-12

3954

Ages 13-16

1668

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

55

Ages 1-5

1571

Ages 6-12

3268

Ages 13-16

1423

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

<11

19

<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

14

<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

<11

391

667

237

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

382

653

228

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

No

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

24

726

1828

795

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

24

528

876

422

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 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

21

Ages 1-5

654

Ages 6-12

1613

Ages 13-16

696

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

Ages 0-1

19

Ages 1-5

457

Ages 6-12

760

Ages 13-16

369

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

70

Ages 6-12

74

Ages 13-16

31

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

21

Ages 1-5

855

Ages 6-12

1581

Ages 13-16

603

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

17

Ages 1-5

809

Ages 6-12

1500

Ages 13-16

567

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

No

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 Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 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

11567

8572

10342

4497

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

11217

7855

9517

4068

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

Ages 0-1

11

Ages 1-5

157

Ages 6-12

159

Ages 13-16

81

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

Ages 0-1

<11

Ages 1-5

59

Ages 6-12

69

Ages 13-16

36

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

339

Ages 1-5

560

Ages 6-12

666

Ages 13-16

348

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

13

152

233

110

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

No.

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

10996

7689

9287

3976

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

35

278

314

163

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

<11

121

143

64

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

542

611

738

363

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

17

136

243

124

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

10791

Ages 1-5

7544

Ages 6-12

9113

Ages 13-16

3886

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

Ages 0-1

76

Ages 1-5

339

Ages 6-12

422

Ages 13-16

228

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

<11

Ages 1-5

147

Ages 6-12

189

Ages 13-16

98

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

706

Ages 1-5

695

Ages 6-12

804

Ages 13-16

388

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

18

Ages 1-5

119

Ages 6-12

216

Ages 13-16

111

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

No

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")

2a. What information or tools do you provide families with so they can track cost sharing?

When enrolled in the program, members are informed of the 5% cap. The member is given necessary contact information to notify the state if they believe they have reached the cap.

☐ Health plans

☐ States

☐ Third party administrator

☐ Other

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

Providers are given information on cost sharing cap through the child's managed care entity (MCE).

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

0

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

No

9. Optional: Attach any additional documents here.

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

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

Browse...

Employer Sponsored Insurance and Premium Assistance

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

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

☐ Yes

☒ No

Program Integrity

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

☐ N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2021?

7. How many cases have been found in favor of the beneficiary in FFY 2021?

8. How many cases related to provider credentialing were investigated in FFY 2021?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0

10. How many cases related to provider billing were investigated in FFY 2021?

0

11. How many cases were referred to appropriate law enforcement officials in FFY 2021?

0

12. How many cases related to beneficiary eligibility were investigated in FFY 2021?

0

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

0

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

- ☐ CHIP only
- ☐ Medicaid and CHIP combined

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

18. Optional: Attach any additional documents here.

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

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

Browse...

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 2021?

Ages 0-1

0

Ages 1-2

896

Ages 3-5

3881

Ages 6-9

14664

Ages
10-14

24154

Ages
15-18

17295

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	482	4113	11897	16432	10249

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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	434	3850	11316	15753	9303

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 2021?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	83	1071	4672	5470	4163

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 2021?

8936

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.

No

9. Optional: Attach any additional documents here.

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

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

Browse...

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

1. Did you collect the CAHPS survey?

☒ Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?

☐ Yes

☒ No

☐ 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).

CAHPS Report 2020.docx

Browse...

2. Which CHIP population did you survey?

- ☐ Medicaid Expansion CHIP
- ☐ Separate CHIP
- ☒ Both Separate CHIP and Medicaid Expansion CHIP
- ☐ Other

3. Which version of the CAHPS survey did you use?

- ☐ CAHPS 5.0
- ☒ 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

6. Is there anything else you'd like to add about your CAHPS survey results?

No

Part 3: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section. States can use up to 10% of 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

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Poison Treatment Advice And Prevention

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Hoosier children under 19 years of age

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

13557

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

79

Computed: 0.58%

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.

2% of all callers will be contacted and asked: if caller was: a. pleased, with the advice given, and b. would qualify for Medicaid/CHIP.

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

From April 2020 - September 2020, there were 13557 pediatric(0-19 years) patients managed outside of a health care facility. 351 responded to survey requests: a) Approximately 243 of those answered "Strongly Agree" to all case management questions. 2) 100% of those responding would call the poison center again and recommend others to call it. b)79 of the 351 respondents confirmed that they received State Medical Assistance.

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

No

9. Optional: Attach any additional documents.

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

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

Browse...

1. What is the name of your HSI program?

Lead Testing, Prevention Programs, and Abatement

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Medicaid or CHIP-eligible individual, under the age of 19, or Medicaid pregnant woman is currently residing or visited regularly.

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

286

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

126

Computed: 44.06%

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.

•Number of houses identified with high levels of lead hazards in each of the targeted area(s) •The number of homes in each of the targeted areas scheduled for lead hazard abatement. •The number of homes in each of the targeted areas in which lead hazard abatement has occurred. •Number of houses abated for pregnant women. •Number of houses abated for CHIP or Medicaid children under the age of 19. •Record of actual services provided in each house. •Clearance testing results. •Percentage of children receiving blood lead testing under EPSDT statewide and in the areas targeted by this health services initiative. •Percentage of children with elevated blood lead levels statewide and in the areas by this health services initiative.

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

Currently reporting to CMS on the listed measures.

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

No

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 this objective.

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.

Maintain state's uninsured rate for population at or below 200% FPL below the 25th percentile of states nationally.

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.

Children in Indiana and all other states in families at or below 200% FPL who are uninsured during the CPS reporting period. Number is three-year average from 2018, 2019 and 2020 experience.

4. Numerator (total number)

30000

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.

Children in Indiana and all other states in families at or below 200% FPL during the CPS reporting period. Number is three-year average from 2018, 2019 and 2020 experience

6. Denominator (total number)

554000

Computed: 5.42%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2018

End

mm/yyyy

12

/

2020

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?

No, Indiana's rate is 5.49%. The 25th percentile rate among all states for this period is 4.84%.

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

Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

No

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 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%.

Meet or exceed the HEDIS Medicaid 90th percentile rate for the HEDIS measure Follow-up Care for Children Newly Prescribed ADHD Medication, Initiation Phase This is the goal related to HEDIS ADD, so not populating this section since it is a Child Core 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 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)

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).

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.

Related to CHIP enrollment

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%.

By September 30, 2016, increase by 13,500 the number of children in families with incomes between 200% and 300% of the FPL in the Title XXI program.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

N/A

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

09 / 2021

End

mm/yyyy

09 / 2021

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

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

The results reported last year for 09/2020 were 17,063. This year, for 09/2021, the total is 16,514.

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

Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

No

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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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?

- ☐ 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 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
- ☐ 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

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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?

Related to Medicaid enrollment

1. Briefly describe your goal for this objective.

Reduce the churn rate 5% annually among Medicaid 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?

The number of Medicaid children in a study month defined as having a lapse in coverage.

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

All children enrolled in Medicaid in the study month.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

10 / 2019

End

mm/yyyy

09 / 2020

8. Which data source did you use?

- ☒ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

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

The results reported last was an annual churn rate of 0.59%. This year, the rate is 0.07%. This is a 89% reduction from the prior year.

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

Ensure ease of eligibility process.

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

No

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?

Increasing the use of preventative care

1. Briefly describe your goal for this objective.

Meet or exceed the HEDIS Medicaid 50th percentile for Childhood Immunization Status and Meet or exceed the HEDIS Medicaid 75th percentile for Well Child Visits and Adolescent Well Care Visits These are the goals related to CIS, W15, W34 and AWC so not populating this section since CIS, W30 and WVC are Child Core Measures.

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

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

Do you have another Goal in this list?

Optional

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

Preventative Care

1. Briefly describe your goal for this objective.

By FFY14, meet or exceed an overall EPDST screening ratio of 85%.

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?

Total screens received for CHIP population only as defined by the CMS-416 report.

4. Numerator (total number)

51280

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.

Total expected number of screenings for CHIP population only as defined by the CMS-416 report.

6. Denominator (total number)

59738

Computed: 85.84%

7. What is the date range of your data?

Start

mm/yyyy

10

/

2020

End

mm/yyyy

09

/

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?

In this year's report, the screening rate is 86%, the highest rate reported thus far.

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

Continual improvement on capturing screenings for reporting.

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

No

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

For 21 years, the Office of Medicaid Policy and Planning (OMPP) has contracted with an outside vendor to conduct an independent evaluation of the CHIP program. The findings from this evaluation are presented in a report to the Indiana Legislature. The 2020 evaluation was submitted to the Legislature on April 1, 2021 and has been included in this report. Refer to Question #3 below for findings.

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?

The Office of Medicaid Policy and Planning will continue to utilize its current strategies for measuring and reporting on goals and objectives.

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?

Key findings from the report to the Legislature on Indiana's CHIP for the experience year CY2020 include the following: CAHPS Survey results, ranges shown are for the four health plans that enroll CHIP members. The results are composite ratings showing the percentage of time each health plan was scored 8, 9, or 10 on a 10-point scale. • For Rating of Health Plan, 85 to 92 percent (last year 83 to 89 percent) • For Rating of Health Care, 88 to 91 percent (last year 86 to 89 percent) • For Rating of Personal Doctor, 90 to 92 percent (last year 88 to 90 percent) • For Rating of Specialist, 84 to 93 percent (last year 87 to 93 percent) Families are also asked to rate how often they "usually" or "always" receive certain aspects of their care. Across the health plans, the percentage of members giving these scores are: • For Getting Needed Care, 85 to 91 percent (last year 84 to 88 percent) • For Getting Care Quickly, 93 to 94 percent (last year 89 to 93 percent) • For How Well Doctors Communicate, 95 to 97 percent (last year 94 to 96 percent) • For MCE Customer Service, 87 to 92 percent (last year 85 to 91 percent) For Access to Care, the access to primary care doctors and dentists were examined. • Only 0.3 percent of all CHIP members live more than 10 miles from an available primary medical provider. • There are 1.0 percent of CHIP members who live more than 10 miles from an available dentist. • For primary care, there are four counties where members, on average, travelled more than 30 miles (the county with the maximum distance was 34 miles). • For dental care, there are 10 counties where members, on average, travelled more than 30 miles (the county with the maximum distance is 39 miles). A study was conducted of service utilization. The findings in this past year's study are similar to what has been found in the last five years in CHIP. • Primary care visits o The percent of SCHIP (CHIP Package C and CHIP C Expansion) children in the study sample that had a primary care visit each year was higher (89% of total) than for children in MCHIP (CHIP Package A) (81% of total). o Primary care visits are used more by children ages 5 and younger (93% of total) each year than the older members enrolled in CHIP (80-83% of total). o When examined by race/ethnicity, the usage rate was lower for Hispanic children than Caucasian children, and African-American children had even lower usage than Hispanic children (Caucasian near 85%, Hispanic 79-84%, African-American 76% each year). o Generally, primary care visits per 1,000 members in the second half of FFY 2020 occurred at two-

thirds of the rate as in the first half of FFY 2020. • Emergency room visits o The percent of children enrolled at least nine months in CHIP that use the ER each year averages to 21%-23% of all members. This is true by CHIP Package and by MCE. o Children ages 5 and younger are more likely to use the ER (31% of total) than older children (closer to 20% of total). Use of the ER by race/ethnicity is similar, although slightly lower for Hispanic children. o ER visits per 1,000 members in the second half of FFY 2020 were at 50-57% of the rate that they were pre-pandemic. • Preventive dental visits o The percentage of CHIP members that had a preventive dental visit each year was consistent for CHIP C and CHIP C Expansion (66% of total) but lower for CHIP A members (61% of total) in FFYs 2018 and 2019. o Dental usage is much higher for children ages 6 to 12 (near 70% in FFYs 2018 and 2019) than children age 13 and over (near 58% during the same time period) or children age 5 and under (near 50%). o Hispanic children in Indiana's CHIP have traditionally had a higher usage rate for dental services than other race/ethnicities. African-American and Caucasian children have had similar usage rates. o Although utilization did drop for all subgroups, on average the utilization during the pandemic months was 78 percent of the pre-pandemic months of FFY 2020. • Pharmacy scripts o The children in CHIP Package A are less likely to have a pharmacy script (65% of members) than CHIP C or CHIP C Expansion children (69%). o The percentage of children ages 5 and younger have a higher usage rate of pharmacy scripts by far compared to older children. But the older children who do use pharmacy have a much higher number of scripts per 1,000 members than the youngest children. o Hispanic children were found to have the lowest usage rate of pharmacy among CHIP members, but not much lower than other minorities. Caucasian children have much higher usage rates and utilization per 1,000 member rates than minority children for pharmacy scripts.

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.

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Browse...

Dashboard.pdf

Independent Evaluation of Indiana's CHIP for CY 2020_FINAL.pdf

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.

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 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 228,289,545

2022

\$ 242,714,248

2023

\$ 257,277,103

2. How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

\$ 25,921,153

2022

\$ 27,559,007

2023

\$ 29,212,548

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

2021

\$ 0

2022

\$ 0

2023

\$ 0

4. 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

\$ 92,125

2022

\$ 97,982

2023

\$ 103,860

Table 1: Benefits Costs

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	228289545	242714248	257277103
Fee for Service	25921153	27559007	29212548
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	92125	97982	103860
Total benefit costs	254302823	270371237	286593511

Part 2: Administrative Costs

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

1. 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

\$ 145,480

\$ 154,208

\$ 163,461

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

\$ 22,656

\$ 24,016

\$ 25,457

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

\$ 1,249,032

\$ 708,775

\$ 751,302

4. 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

\$ 4,987,114

\$ 5,286,341

\$ 5,603,521

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

\$ 1,768,825

\$ 1,874,954

\$ 1,987,452

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

\$ 876,950

\$ 3,650,000

\$ 3,650,000

7. 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

\$ 5,460,732

\$ 5,788,376

\$ 6,135,679

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 2021	FFY 2022	FFY 2023
Personnel	145480	154208	163461
General administration	22656	24016	25457
Contractors and brokers	1249032	708775	751302
Claims processing	4987114	5286341	5603521
Outreach and marketing	1768825	1874954	1987452
Health Services Initiatives (HSI)	876950	3650000	3650000
Other administrative costs	5460732	5788376	6135679
Total administrative costs	14510789	17486670	18316872
10% administrative cap	28235397	30019474.78	31820643.44

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 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	268813612	287857907	304910383
eFMAP	76.08	76.41	75.96
Federal share	204513396.01	219952226.74	231609926.93
State share	64300215.99	67905680.26	73300456.07

8. What were your state funding sources in FFY 2021?

Select all that apply.

☒

State appropriations

☐

County/local funds

☐

Employer contributions

☐

Foundation grants

☐

Private donations

☒

Tobacco settlement

☐

Other

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

☐

Yes

☒

No

Part 3: Managed Care Costs

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

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

2021

2022

2023

102550

102689

105763

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

\$ 186

\$ 197

\$ 203

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	186	197	203

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

3954

2022

3959

2023

4078

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

\$ 546

2022

\$ 580

2023

\$ 597

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	546	580	597

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

The below question in Part 1: Benefit Costs, should be negative values. 4. 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? FFY 2021 FFY 2022 FFY 2023 -\$92,125 -\$97,982 -\$103,860

2. Optional: Attach any additional documents here.

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

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

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

The State of Indiana continues to operate in a sound fiscal environment and has not experienced budget shortfalls. We have maintained our CHIP program without needing to limit enrollment and have not expended all allocated CHIP funds

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

FFY 2021 was period categorized by transition, evident in the transition between Indiana CHIP Directors. However, the program did not incur any setbacks and member satisfaction remained high.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

Although not astounding, Indiana CHIP program was able to meet all of it's reporting deadlines and timeliness requirements while experiencing staff turnover. In addition to the annual reporting, the CHIP program is enhancing its oversight of the MCOs to continue to make significant strides in advancing compliance efforts.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

Indiana will be extending post partum coverage to 12 months as part of its Medicaid and CHIP program for FFY 2022. This change will positively address health equity and the infant mortality rate of the state.

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

No

6. Optional: Attach any additional documents here.

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

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