Kentucky 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:

Kentucky

2. Program type:

◉ Both Medicaid Expansion CHIP and Separate CHIP

○ Medicaid Expansion CHIP only

○ Separate CHIP only

3. CHIP program name(s):

CHIP-Medicaid Expansion KCHIP-Kentucky Children's Health Insurance Program

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

4. Contact name:

Lee Guice

5. Job title:

Director, Policy and Operations

6. Email:

Lee.guice@ky.gov

7. Full mailing address:

Include city, state, and zip code.

Department For Medicaid Services 275 East Main Street 6WD Frankfort, KY 40601

8. Phone number:

502-564-4321

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

1. Does your program charge an enrollment fee?

○ Yes

◉ No

2. Does your program charge premiums?

○　Yes

○　No

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

○　Yes

○　No

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

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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.

Recipients in Kentucky's Medicaid Expansion CHIP population are served through the Medicaid service delivery system and are mandatorily enrolled in a Managed Care capitated system served by WellCare of Kentucky, Aetna Better Health, Passport Health Plan, Humana Care Source and Anthem Healthcare Plans.

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

○ No

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

○ Yes

○ No

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

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.

Recipients in Kentucky's CHIP population are served through the Medicaid service delivery system and are mandatorily enrolled in a Managed Care capitated system served by WellCare of Kentucky, Aetna Better Health, Passport Health Plan, Humana Care Source and Anthem Healthcare Plans.

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 enrolees?
For example: adding benefits or removing benefit limits.

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○ Yes

● No

○ N/A

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

○ Yes

● No

○ N/A

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

○ Yes

● No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

● No

○ N/A

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

○ Yes

● No

○ N/A

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

○ Yes

● No

○ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?
For example: expanding eligibility or changing this population's benefit package.

○ Yes

◉ No

○ N/A

16. Have you made any changes to 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	59,872	74,263	24.036%
Separate CHIP	41,403	49,432	19.392%

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

Increased enrollment based on impact of COVID-19 PHE.

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	24,000	4,000	2.3%	0.4%
2017	22,000	4,000	2.1%	0.4%
2018	23,000	4,000	2.2%	0.4%
2019	22,000	3,000	2.2%	0.3%
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?

[   ]

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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Program Outreach

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

○ Yes

◉ No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

◉ Yes

> 2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?
>
> > The Department for Medicaid Services continues to contract with the University of Kentucky Farm Workers Program which successfully provides outreach to Spanish speaking populations throughout the state. The Program provides educational information, training, outreach, technical assistance to KCHIP recipients and the Hispanic population. Effectiveness is measured by Annual reports detailing the enrollment data for Hispanic and Latino recipients.

◯ No

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

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

> The branding of KCHIP at the community level continues to contribute to the success of the program. Many outreach strategies have been used at the grassroots level by a wide variety of health and human services agencies, civic organizations, churches, labor and the business community and other groups The University of Kentucky (UK) Farmworker Program, which provides translation services via a toll-free help line. In addition, the UK Program provides member information, community health fairs and application/re-application assistance. A complaint tracking system identifies customer service related problems and enables the various agencies to troubleshoot before problems become systemic.

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

During the COVID-19 PHE, in person grassroots outreach was halted and the state contracted with DOE Anderson Marketing for statewide media outreach.

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?

1	%

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

○ Yes

◉ No

○ N/A

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

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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?

> | 3 |
> |---|

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

> | 10, 30 and 45 prior to renewal date |
> |---|

○ No

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

> The state conducts a Passive renewal process for all Medicaid recipients including KCHIP. If the information received from the federal data hub is reasonably compatible with the information contained in the eligibility system the case is renewed. If not, a pre-populated form is sent to the head of household at least 45 days prior to recertification end date. If the form is returned and the child/ren is still eligible the case is renewed.

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

> Passive renewal has an overall success rate of 80%.

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

MMIS monthly, quarterly and annual enrollment data is used to track retention.

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

Kentucky submitted SPA, as it applies to the COVID-19 public health emergency (PHE), making the following changes effective March 1, 2020 through the duration of the state or federally-declared PHE, or at state discretion, a shorter period of time: • Waive requirements related to timely processing of applications and renewals; • Provide an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status as long as the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period; and • Delay acting on changes in circumstances for CHIP beneficiaries, other than the required changes in circumstance described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d).

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.

4167

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.

600

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.

509

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

0

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

3058

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

NO

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Percent
Total denials	100%
Denied for procedural reasons	14.4%
Denied for eligibility reasons	12.22%
Denials for other reasons	73.39%

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?

85088

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

85088

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

77211

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.

7877

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

1150

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.

509

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

6218

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

No

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	90.74%
Children disenrolled after redetermination	9.26%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	14.6%
Children disenrolled for eligibility reasons	6.46%
Children disenrolled for other reasons	78.94%

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?

370933

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

370933

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

349501

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.

21432

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

5293

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.

6139

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

11432

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

NO

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	94.22%
Children disenrolled after redetermination	5.78%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	24.7%
Children disenrolled for eligibility reasons	28.64%
Children disenrolled for other reasons	53.34%

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	Ages 1-5	Ages 6-12	Ages 13-16
19	201	468	264

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
<11	128	298	194

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	25	<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	22	<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	64	145	61

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	52	118	50

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

[   ]

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
<11	95	251	156

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
<11	22	39	12

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
<11	20	36	12

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
<11	84	178	96

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
<11	64	128	67

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
<11	82	228	137

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	23	40	16

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	22	38	16

18. How many children were no longer enrolled in CHIP 18 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	96	200	111

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	71	139	73

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

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
19	201	468	264

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
<11	128	298	194

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
	<11	25	<11

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
11	64	145	61

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
11	52	118	50

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
7449	1083	1042	527

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
100	55	72	40

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
27	36	57	32

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
708	293	410	202

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
118	94	18	83

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
6501	978	943	476

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
265	76	97	44

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
139	46	70	32

18. How many children were no longer enrolled in Medicaid 18 months later? Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1491	377	484	249

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
692	127	194	103

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

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

○ Yes

◉ No

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?

There are no special procedures for SCHIP cases as Kentucky's SCHIP Program follows Medicaid guidelines. Program violations are treated the same as Medicaid Fraud cases and children under 19 are exempt from disqualification for Medicaid Intentional program violation. Medicaid Program Integrity uses the following methods and procedures for prevention, investigation and referral of cases of fraud and abuse. The Medicaid agency implemented a statewide surveillance and utilization control program that, (a) Safeguards against unnecessary or inappropriate use of Medicaid services and against excess payments; (b) Assesses the quality of those services; (c) Provides for the control of the utilization of all services provided under the plan. Program Integrity • Investigates and resolves referred billing issues which involve providers erroneously billing Medicaid members for services Medicaid denied, excessive or inappropriate co-pays, or services the member denies receiving. • Terminates Medicaid providers by either provider or department initiated within 30 days notice to the other without cause. 2. for an unacceptable practice. 3. for Medicare or Medicaid conviction through judicial process. 4. for termination or suspension from Medicare. 5. for revocation or suspension of license, certification or registration •Serve as the liaison with Centers for Medicare and Medicaid (CMS) for Federal Investigations Database (FID). •Coordinates Payment Error Rate for Medicaid (PERM) project with Medicaid, CMS and CMS Contractors to measure Medicaid payment errors in an effort to enable CMS to calculate a national error rate average by rolling up state averages. • Oversees and runs SURS (Surveillance and Utilization Review Subsystem) reports that reveal potential patterns of provider (and member) fraud and abuse and are used to target providers and members to audit. • Data mine Medicaid claims through algorithms to probe for potential fraud and abuse which may not be revealed through the SURS reports. • Optum Insight is the primary audit contractor and is used to assist in SURS report analysis to identify post payment review overpayments, making recommendations for on-site and desk reviews and provide the coding expertise, clinical advice and consultation for these reviews. *Third Party Liability receives TPL information from the following sources: Members: Calls in response to questionnaires and letters Providers: Calls, letters, claim submission and audits Insurance Carriers: Data matching in response to questionnaires and letters, claim submission Social Security Administration: (SSA) Receive file from SSA Third Party Contractor: Data matching, credit balance audits, recoupments, and

casualty recovery cases Attorney General's (AG) Office: Mass tort claims (i.e. drug manufacturers) Office of Inspector General (OIG): Hotline calls, and referrals, *Cases are referred to Special Investigations, MFCU, KY Board of Pharmacy, Drug Enforcement

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

◉ Yes

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

Each Kentucky MCO (Passport, WellCare, Humana CareSource, Aetna Blue Cross/Blue Shield and Anthem) is required to established a Program Integrity Unit to detect and investigate possible fraud Each unit is to handle all referrals of fraud and abuse matters, report to and meet regularly with regulatory agencies, and serve as the coordination point for external legal investigations. Each MCO PI unit also works to prevent fraud and abuse by educating staff and providers.

○ No

○ N/A

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

28

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

0

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?

14

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

71

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

193

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

214

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

○   CHIP only

◉   Medicaid and CHIP combined

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

○   Yes

◉   No

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

◉   Yes

> 16a. What specifically are the contractors responsible for in terms of oversight?
>
> Each Kentucky MCO (Passport, WellCare, Humana CareSource, Aetna Blue Cross/Blue Shield and Anthem) is required to established a Program Integrity Unit to detect and investigate possible fraud Each unit is to handle all referrals of fraud and abuse matters, report to and meet regularly with regulatory agencies, and serve as the coordination point for external legal investigations. Each MCO PI unit also works to prevent fraud and abuse by educating staff and providers.

○   No

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

No

18. Optional: Attach any additional documents here.

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

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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	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
46	4347	8468	10555	12847	9563

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	981	4204	6388	7013	4193

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	865	3898	5961	6310	3476

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	981	4204	6388	7013	4193

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?

1313

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

○ Yes

⦿ No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

[   ]

9. Optional: Attach any additional documents here.

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

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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 ARHQ.

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).

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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?

_____

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

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.

> The state will reduce the number of uninsured children by increasing Medicaid/CHIP enrollment one percentage point from the previous FFY.

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.

Measurement is the percentage of increase/decrease of number of insured children in the Medicaid, Medicaid Expansion and the SCHIP Program compared to the previous year. Numerator is the difference of insured children compared to the previous year.

4. Numerator (total number)

18941

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.

Denominator is the unduplicated number of children ever enrolled in FFY 2021.

6. Denominator (total number)

670693

Computed: 2.82%

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?

> Kentucky did not match last year's progress in enrolling 1%+ more children in Medicaid or CHIP, but previous year's increase in enrollment was due to the PHE.

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

> During the COVID-19 PHE, Kentucky continued to focus on outreach and education to reach eligible members as well as retention efforts to ensure that those who remain eligible will continue to be served by the program. Kentucky will work toward the goal of reducing the rate of the uninsured by continuing to collaborate with Federal agencies, schools, advocacy groups and other interested parties to assist with the application process.

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

> Enrollment Data is based on Kentucky's FFY 2021 Annual Medicaid Eligibility System Reports: CMS 64EC, CMS 64EC 21 AND CMS 21E

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.

Improve the health status of Kentucky children with a focus on preventive and early primary 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%.

> Maintain EPSDT screening ratio to within 10 percentage points of the previous year.

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.

> Numerator is the difference of the number of EPSDT screenings for the children enrolled in Medicaid and CHIP Expansion (Title XIX) from the previous year.

4. Numerator (total number)

64874

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.

Denominator is the total number of EPSDT screenings for the children enrolled in Medicaid and CHIP Expansion (Title XIX) for current year.

6. Denominator (total number)

463809

Computed: 13.99%

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 screening ratio for EPSDT well child screenings maintained within the 10 percentage point objective.

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

> During the COVID-19 PHE, Kentucky continued to focus on outreach and education to reach eligible members and ensure that children continued to be served by the program. Kentucky will work toward the goal of increasing the health status by continuing to collaborate with Kentucky's MCO's.

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

> Data is per 416 report-FFY 2020 EPS-5500-A

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...

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%.

Maintain CHIP Separate Program EPSDT screening ratio to within 10 percentage points of the previous year.

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.

> Numerator is the difference of the number of EPSDT screenings for the children enrolled in Kentucky's Separate CHIP Program from the previous year.

4. Numerator (total number)

2035

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.

> Denominator is the total number of EPSDT screenings for the children enrolled in Kentucky's Separate CHIP Program for the current year.

6. Denominator (total number)

57924

Computed: 3.51%

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?

> The screening ratio for Kentucky's Separate CHIP-EPSDT well child screenings maintained within the 10 percentage point objective.

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

> During the COVID-19 PHE, Kentucky continued to focus on outreach and education to reach eligible members and ensure that children continued to be served by the program. Kentucky will work toward the goal of increasing the health status by continuing to collaborate with Kentucky's MCO's.

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

> Data is per 416 report-FFY 2020 EPS-5550-A

12. Do you have any supporting documentation?
Optional

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

[Browse...]
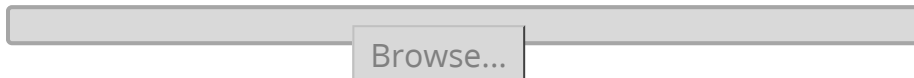
Do you have another Goal in this list?
Optional

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

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

> Reduce financial barriers to affordable health care coverage.

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%.

Goal is to reduce financial barriers to affordable health care coverage.

2. What type of goal is it?

○ New goal

○ Continuing goal

◉ Discontinued goal

2a. Why was this goal discontinued?

SPA KY-18-0002-CHIP submitted on November 30, 2018, removed all cost sharing for children. With Kentucky's next SPA submission, objectives will be updated and financial barriers to affordable health care coverage objective should be removed.

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

| 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?

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

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

12. Do you have any supporting documentation?
Optional

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

Browse...

Do you have another Goal in this list?
Optional

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

The State's objective is to increase the number of children enrolled in the CHIP program.

1. Briefly describe your goal for this objective.

The State's objective is to increase CHIP (Medicaid Expansion enrollment levels by one percentage point from the previous year.

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?

Numerator is the difference of insured CHIP (Medicaid Expansion) children compared to the previous year.

4. Numerator (total number)

14391

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Denominator is the previous year's annual enrollment.

6. Denominator (total number)

59872

Computed: 24.04%

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?

By increasing the number of Kentucky's CHIP children by 14,391

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

Kentucky's KCHIP program maintains a continuing partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System, enables additional outreach partners to assist in maintaining CHIP enrollment.

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

12. Do you have any supporting documentation?
Optional

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

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Do you have another Goal in this list?
Optional

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

To increase the percentage of Medicaid-eligible children enrolled in Medicaid.

1. Briefly describe your goal for this objective.

The State's goal is to increase Medicaid enrollment levels by one percentage point from the previous year.

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?

Numerator is the difference of insured Medicaid children compared to the previous year.

4. Numerator (total number)

3788

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Denominator is the previous year final enrollment.

6. Denominator (total number)

552593

Computed: 0.69%

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?

Kentucky's Medicaid enrollment decreased by 3,788.

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

Kentucky Medicaid continues to increase outreach efforts to focus on extended areas of the state and to minority populations. Kentucky Medicaid will also continue to maintain a partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System also enables additional outreach partners to assist in increasing Medicaid enrollment.

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

12. Do you have any supporting documentation?
Optional

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

NO

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?

NO

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?

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.
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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

$ 278,669,572

2022

$ 345,415,675

2023

$ 362,940,104

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	2022	2023
$ 36,250,457	$ 82,205,201	$ 86,320,591

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	2022	2023
$ 0	$ 0	$ 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	2022	2023
$ 0	$ 0	$ 0

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	278669572	345415675	362940104
Fee for Service	36250457	82205201	86320591
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	314920029	427620876	449260695

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

$ 235,400

2022

$ 335,100

2023

$ 335,100

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
$ 1,065,876	$ 1,071,300	$ 1,071,300

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
$ 3,678,869	$ 8,450,100	$ 8,450,100

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
$ 0	$ 0	$ 0

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
$ 0	$ 0	$ 0

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

$ 0

$ 0

$ 0

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

$ 0

$ 0

$ 0

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

	FFY 2021	FFY 2022	FFY 2023
Personnel	235400	335100	335100
General administration	1065876	1071300	1071300
Contractors and brokers	3678869	8450100	8450100
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	4980145	9856500	9856500
10% administrative cap	34991114.33	47513430.67	49917855

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	319900174	437477376	459117195
eFMAP	80.44	80.93	80.52
Federal share	257327699.97	354050440.4	369681165.41
State share	62572474.03	83426935.6	89436029.59

8. What were your state funding sources in FFY 2021?
Select all that apply.

- [x] State appropriations

- [ ] County/local funds

- [ ] Employer contributions

- [ ] Foundation grants

- [ ] Private donations

- [ ] Tobacco settlement

- [ ] Other

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

- ( ) Yes

- (•) No

Part 3: Managed Care Costs

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

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

2021

100978

2022

107807

2023

110687

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

$ 230

2022

$ 267

2023

$ 274

	FFY 2021	**FFY 2022**	**FFY 2023**
PMPM cost	230	267	274

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

100695

2022

107038

2023

110667

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

$ 30

2022

$ 64

2023

$ 65

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	30	64	65

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

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

> With the continuance of the COVID-19 Public Health Emergency during this reporting period, Kentucky Children's Health Insurance Program (KCHIP) continues to operate on an Emergency SPA which allows temporary adjustments in response to disaster events. Kentucky operated within its forecasted expenditures and averted the elimination of any services. Due to the continuing PHE and current economic condition, Kentucky's CHIP enrollment levels decreased throughout the reporting period. As in previous years, both federal and state budgetary issues were of great concern during this reporting period. During the reporting period, KCHIP continued to coordinate with with state wide Managed Care Organizations to expand outreach efforts as well as to increase awareness of the program at the community level. Therefore, increases in enrollment are expected to increase after the PHE ends and the economy recovers when additional funds will be necessary in order to accommodate the increase in enrollment. Based on budget projections developed by the Cabinet for Health Services, funding to cover KCHIP expenditures will be available until September, 2023.

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

> Enrolling all Medicaid eligible children during the COVID-19 PHE.

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

Responding to the PHE by temporary adjustments to state policies.

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?

The Department is considering consolidating Kentucky's two KCHIP benefit plans into one single Medicaid Expansion benefit plan, effective October 1, 2021. Benefits of Consolidation: • All children enrolled in KCHIP will have the same benefits, including EPSDT, NEMT, school based services and access to free vaccines through the VFC program, that are currently not available to children enrolled in the separate program.

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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