Minnesota 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:

Minnesota

2. Program type:

(●) Both Medicaid Expansion CHIP and Separate CHIP

(○) Medicaid Expansion CHIP only

(○) Separate CHIP only

3. CHIP program name(s):

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

4. Contact name:

Patrick Hultman

5. Job title:

Deputy Medicaid DIrector

6. Email:

patrick.hultman@state.mn.us

7. Full mailing address:

Include city, state, and zip code.

540 Cedar Street PO Box 64983 St Paul, MN 55164-0983

8. Phone number:

651-431-4311

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

1. Does your program charge an enrollment fee?

○   Yes

◉   No

2. Does your program charge premiums?

○   Yes

◉   No

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

○   Yes

◉   No

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

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

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

☑   Managed Care

☐   Primary Care Case Management

☑   Fee for Service

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

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

1. Does your program charge an enrollment fee?

○ Yes

◉ No

2. Does your program charge premiums?

○ Yes

◉ 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.

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

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

○ Yes

○ No

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

[   ]

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	619	590	-4.685%
Separate CHIP	2,744	0	-100%

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

Our MCHIP enrollment data submitted in CARTS shows a 5% decrease which is due to a typical small fluctuation in a small program. The 3% increase in SCHIP enrollment is related to continuous coverage under the Public Health Emergency.

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	23,000	4,000	1.7%	0.3%
2017	22,000	3,000	1.6%	0.2%
2018	20,000	3,000	1.5%	0.2%
2019	19,000	4,000	1.4%	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

◉   No

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

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

[ ]

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

[ ]

5. Optional: Attach any additional documents here.

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

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Substitution of Coverage

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

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

○　Yes

●　No

○　N/A

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

○　Yes

●　No

○　N/A

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

%

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

○　Yes

●　No

○　N/A

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

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

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

> | 3 | % |
> |---|---|

> 1b. Of the children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program (upon completion of the full eligibility determination)?

> | 34 | % |
> |---|---|

○   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

○ No

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

data for renewals is not relevant during a mandated continuous enrollment period; and that retention data would not be accurate

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

See above

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

See #4

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

Noncitizen mothers of unborn children have no other basis of eligibility; infants born to noncitizen mothers are enrolled in Medicaid.

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.

6280

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.

508

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.

310

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?

5462

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

Accurate totals are not possible due to COVID adjustments and the new METS system. The denials for other reasons is a figure that includes all child denials (i.e. MA + CHIP_, as well as other figures

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	8.09%
Denied for eligibility reasons	4.94%
Denials for other reasons	86.97%

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?

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

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

[ ]

4. How many children were disenrolled in CHIP after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

[ ]

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

173

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.

629

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

52492

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

> Accurate totals are not possible because of the COVID adjustments and METS system

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	
Children retained after redetermination	
Children disenrolled after redetermination	

Table: Disenrollment in CHIP after Redetermination

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

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew

in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

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

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

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

4. How many children were disenrolled in Medicaid after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

> 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?

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

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	
Children retained after redetermination	
Children disenrolled after redetermination	

Table: Disenrollment in Medicaid after Redetermination

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

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
9413	8059	8177	2908

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
8763	7534	7707	2723

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

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

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

650	525	470	185

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

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

Accurate totals are not possible because of the COVID adjustments and METS system.

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
8724 | 7487 | 7645 | 2708

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

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

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

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

13. How many children were no longer enrolled in CHIP 12 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
39	47	62	15

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	Ages 1-5	Ages 6-12	Ages 13-16
8323	7325	7484	2661

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

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

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
401	162	161	47

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

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

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

Part 6: Tracking a Medicaid (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
10984	7250	8127	2579

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
10452	6919	7801	2460

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

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
532	331	326	119

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

[   ]   [   ]   [   ]   [   ]

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

Accurate totals are not possible because of the COVID adjustments and METS system.

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

[   ]   [   ]   [   ]   [   ]

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

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

[   ]   [   ]   [   ]   [   ]

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

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

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:• Transferred to another health insurance program other than Medicaid• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

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

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

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

July - September of 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

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

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

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

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

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

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

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

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

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

Accurate totals are not possible because of the COVID adjustments and METS system.

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?

The state's plan is related to fraud and abuse is found in state law. Referrals of possible fraud are made to the state's attorney general's office

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?

```
0
```

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?

```
552
```

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

```
93
```

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?

3835

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

52

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?

we cannot separately identify eligibility appeals; so the numbers are all appeals, Medicaid & CHIP combined.

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?

2a. Total for all ages (0-18)

[   ]

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?

3a. Total for all ages (0-18)

[   ]

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?

4a. Total for all ages (0-18)

> [ ]

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.

5a. Total for all ages (0-18)

> [ ]

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?

```
0
```

Sealant codes and definitions

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

7. Do you provide supplemental dental coverage?

○   Yes

◉   No

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

```

```

9. Optional: Attach any additional documents here.

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

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 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

⦿ No

Part 2: You collected the CAHPS survey

Part 3: You didn't collect the CAHPS survey

Since you didn't collect the CAHPS survey, please complete Part 3.

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

☐ Entire population wasn't included in the survey

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

☐ Data wasn't available due to budget constraints

☐ Data wasn't available due to staff constraints

☐ Data wasn't consistent or accurate

☐ Data source wasn't easily accessible

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

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

☐ Data wasn't collected by a provider

☐ Sample size was too small (fewer than 30)

☑ Other

2. Explain in more detail why you weren't able to collect the CAHPS survey.

This type of data collection is not possible from Minnesota's CHIP populations. The CHIP MA expansion group is less than 1000/year. The separate CHIP group of unborn children cannot respond to a 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?

Postpartum Care

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

⦿ Yes

○ No

3. Which populations does the HSI program serve?

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

160

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

160

Computed: 100%

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.

we do not measure any impacts in this small of a population

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

See above

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

N/A

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.

[   ]

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.

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start
mm/yyyy

| 01 | **/** | 2021 |

End
mm/yyyy

| 12 | **/** | 2021 |

8. 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?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Assure access to prenatal and postpartum 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%.

[   ]

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.

[Mothers accessing pregnancy and/or postpartum care in Medicaid and Chip]

4. Numerator (total number)

[1866]

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.

Mothers receiving pregnancy and postpartum care in Medicaid and CHIP

6. Denominator (total number)

2728

Computed: 68.4%

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?

Due to challenges with hybrid data collection as a result of COVID, we are reusing the FFY2019 hybrid data for public reporting

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.

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)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start
mm/yyyy

| 01 | **/** | 2021 |

End
mm/yyyy

| 12 | **/** | 2021 |

8. 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...   ]

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

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?

Increase enrollment of children under age two with income above 275% up to 288% FPL.

1. Briefly describe your goal for this objective.

Assure health care for infants in the first years of life

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?

Number of infants meeting criteria for any period during measurement year

4. Numerator (total number)

589

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Estimated number of uninsured infants with income between 275 and 280% in 1998

6. Denominator (total number)

100

Computed: 589%

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?

[We plan to maintain   ]

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

[Due to challenges with hybrid data collection as a result of COVID, we are reusing the FFY2020 hybrid data for public reporting]

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?

Increase enrollment of children under age 19

1. Briefly describe your goal for this objective.

Continue to increase enrollment of children under age 19

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?

Average enrollment of children under 19 in report year

4. Numerator (total number)

551630

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Average enrollment of children under 19 (baseline)

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

Do you have another objective in your State Plan?

Part 2: Additional questions

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

[   ]

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

[   ]

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?

[   ]

4. Optional: Attach any additional documents here.
For example: studies, analyses, or any other documents that address your performance goals.

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

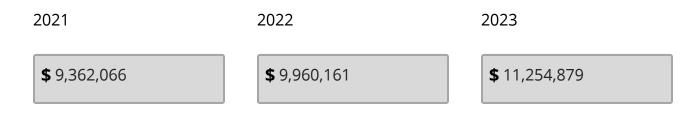[Browse...   ]

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	2022	2023
$ 9,362,066	$ 9,960,161	$ 11,254,879

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
$ 6,133,554	$ 6,082,326	$ 6,715,867

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
$	$	$

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

$

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	9362066	9960161	11254879
Fee for Service	6133554	6082326	6715867
Other benefit costs			
Cost sharing payments from beneficiaries			
Total benefit costs	15495620	16042487	17970746

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

$

$

$

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

$ 751,107

$ 500,000

$ 340,000

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

$

$

$

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
$	$	$

5. How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$	$	$

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

2021	2022	2023
$ 99,995	$ 110,000	$ 150,000

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?

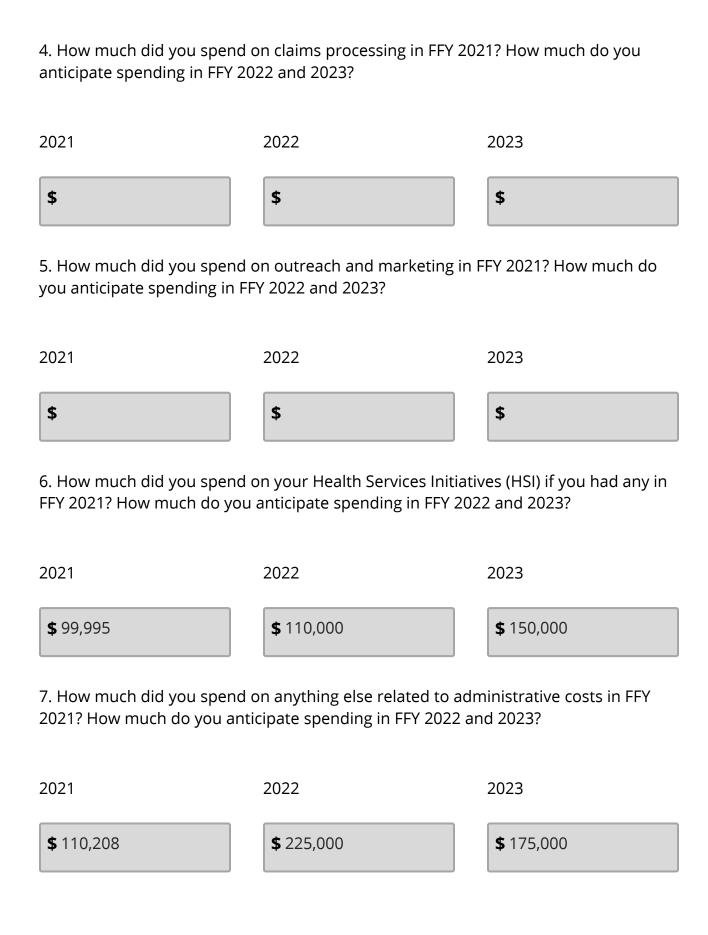| 2021	2022	2023
$ 110,208	$ 225,000	$ 175,000

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			
General administration	751107	500000	340000
Contractors and brokers			
Claims processing			
Outreach and marketing			
Health Services Initiatives (HSI)	99995	110000	150000
Other administrative costs	110208	225000	175000
Total administrative costs	961310	835000	665000
10% administrative cap	1721735.56	1782498.56	1996749.56

Table 3: Federal and State Shares
CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 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	16456930	16877487	18635746
eFMAP	65	65.36	65.55
Federal share	10697004.5	11031125.5	12215731.5
State share	5759925.5	5846361.5	6420014.5

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

877

2022

834

2023

853

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

$ 889

2022

$ 995

2023

$ 1,100

	FFY 2021	**FFY 2022**	**FFY 2023**
PMPM cost	889	995	1100

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

693

2022

736

2023

909

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

$ 738

2022

$ 689

2023

$ 616

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	738	689	616

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

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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?

> Health care for these populations has remained relatively stable, and we expect that to continue.

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

> Handling all of the program differences during the COVID19 PHE

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

> There are none to report. We have simply tried to keep up with the PHE challenges

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?

> None

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

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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