



Missouri 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:

Missouri

2. Program type:

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

3. CHIP program name(s):

Children's Health Insurance Program

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

4. Contact name:

Todd Richardson

5. Job title:

MO HealthNet Director

6. Email:

Kimberly.D.Morgan@dss.mo.gov

7. Full mailing address:

Include city, state, and zip code.

Missouri DSS - MO HealthNet Division P.O. Box 6500 Jefferson City, MO
65102-6564

8. Phone number:

(573)526-2885

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

1. Does your program charge an enrollment fee?

☐

Yes

☒

No

2. Does your program charge premiums?

☐ Yes

☒ No

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

☐ Yes

☐ No

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.

Children eligible for CHIP are enrolled into Managed Care but may opt out to Fee-for-Service under certain conditions.

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

1. Does your program charge an enrollment fee?

☐ Yes

☒ No

2. Does your program charge premiums?

☒ Yes

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

☒ Yes

☐ No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at

151



FPL ends at

185

Premium starts at

\$ 15



Premium ends at

\$ 71

FPL starts at

186



FPL ends at

225

Premium starts at

\$ 48



Premium ends at

\$ 234

FPL starts at

226



FPL ends at

300

Premium starts at

\$ 117



Premium ends at

\$ 573



No

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

☒ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

151



FPL ends at

185

Premium starts at

\$ 15



Premium ends at

\$ 71

FPL starts at

186



FPL ends at

225

Premium starts at

\$ 48



Premium ends at

\$ 234

FPL starts at

226



FPL ends at

300

Premium starts at

\$ 117



Premium ends at

\$ 573

☐ 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.

PREMIUM: Reduced Premium: Gross income 150%-185% FPL; Reduced Premium: Gross income 185%-225% FPL. Full Premium: Gross income 225%-300% FPL. Section 208.640, RSMO: Parents and guardians of eligible uninsured children pursuant to this section are responsible for a monthly premium as required by annual state appropriation; provided that the total aggregate cost sharing for a family covered by these sections shall not exceed 5% of such family's income. Premiums are calculated as follows: Families with gross income above 150% up to and including 185% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% of the FPL for the family size. Families with gross income above 185% up to and including 225% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% of the FPL for the family size plus 8% of monthly income between 185% and 225% of the FPL for the family size. Families with gross income above 225% up to and including 300% of the FPL are responsible for a monthly premium equal to: 4% of monthly income between 150% and 185% of the FPL for the family size plus 8% of monthly income between 185% and 225% of the FPL for the family size plus 14% of monthly income between 225% and 300% of the FPL for the family size, but the total monthly premium is not to exceed 5% of the family's gross income.

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.

Children eligible for CHIP are enrolled into Managed Care but may opt out to Fee-for-Service under certain conditions.

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

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

In reference to question #18: MO plans to submit an Application SPA in order to update and simplify our IM-1SSL MO HealthNet single streamlined application

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

- ☐ Yes
- ☒ No
- ☐ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☒ Yes

☐ No

☐ N/A

9. Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

12. Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?
For example: expanding eligibility or changing this population's benefit package.

☐ Yes

☒ No

☐ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant women?

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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.

In reference to question #20: MO plans to submit an Application SPA in order to update and simplify our IM-1SSL MO HealthNet single streamlined application

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	20,806	21,192	1.855%
Separate CHIP	67,234	17,572	-73.864%

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

The Families First Coronavirus Response Act (FFCRA) (HR 6201, Section 6008) has the requirement to maintain coverage at the same benefit level as of March 18th, 2020 and to only close coverage due to a voluntary request, participant is deceased, CHIP participant ages out of the program, or a participant moves out of state.

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	42,000	4,000	2.9%	0.3%
2017	46,000	5,000	3.3%	0.3%
2018	44,000	5,000	3.1%	0.4%
2019	56,000	6,000	4%	0.4%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

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

Due to CMS not doing the ACS for 2020 due to COVID, the state is not able to answer the question.

2. Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

☐ Yes

☒ No

3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

☐ Yes

☒ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

5. Optional: Attach any additional documents here.

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

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

Browse...

Program Outreach

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

☐ Yes

☒ No

2. Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

☒ Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

Yes. Increased MO HealthNet application options and application assistance at Missouri FQHCs, which target multiple special populations, including: minorities, immigrants, children, inner city, and rural patients has resulted in more applications received from these areas.

☐ No

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

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

Agencies/organizations working on eligibility with families, and school outreach continue to be effective methods of reaching low-income, uninsured children. The Department of Social Services (DSS), Family Support Division (FSD) continues to be successful with Back-to-School efforts. FQHC staff assist parents with MO HealthNet applications. Memorandums of Understanding were created between some organizations in an effort to reach more children. One of these organizations is targeting children between ages 13 to 18. The effectiveness of outreach is measured by increases and decreases in participation.

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).

Browse...

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).

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?

0.06

%

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)?

78.79

%

☐ 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?

Two notices are sent, the review form and an adverse action notice if the review form is not returned.

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

The initial review is sent a minimum of 45 days prior to the end of the eligibility period. The adverse action notice is sent 10 days prior to eligibility ending.

☐ No

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

Missouri sends renewal forms and reminders but also utilizes any change in circumstance reported that involves a change in income or in household composition as an annual renewal. All eligibility factors are also verified when one of these qualifying change in circumstances is reported.

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

Missouri also utilizes different avenues to alert customers to the importance of returning their reviews including postcard reminders, robo calls/texts, and social media notifications.

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

Since the additional avenues have been explored, Missouri has seen more renewals that are returned within the allotted time that allows us to use the reviews as an application instead of the customer having to reapply with a new application. During FFY21 Missouri did not close cases that did not meet the criteria for closure due to the public health emergency.

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

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2021?

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

12718

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.

12027

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.

691

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?

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

Table: CHIP Eligibility Denials (Not Redetermination)

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

	Percent
Total denials	100%
Denied for procedural reasons	94.57%
Denied for eligibility reasons	5.43%
Denials for other reasons	

Part 3: Redetermination in CHIP

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

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

59919

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

0

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

0

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.

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

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

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

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

The Families First Coronavirus Response Act (FFCRA) (HR 6201, Section 6008) has the requirement to maintain coverage at the same benefit level as of March 18th, 2020 and to only close coverage due to a voluntary request, participant is deceased, CHIP participant ages out of the program, or a participant moves out of state. Missouri's Governor's Executive Order 20-02 suspends certain agency regulations to address the current state of emergency and The Department of Social Services Director's Order dated 3/19/2020 suspends 208.147 RSMo which states an annual income and eligibility review must be completed for each recipient of medical assistance.

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?

654556

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

0

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?

The Families First Coronavirus Response Act (FFCRA) (HR 6201, Section 6008) has the requirement to maintain coverage at the same benefit level as of March 18th, 2020 and to only close coverage due to a voluntary request, participant is deceased, CHIP participant ages out of the program, or a participant moves out of state. Missouri's Governor's Executive Order 20-02 suspends certain agency regulations to address the current state of emergency and The Department of Social Services Director's Order dated 3/19/2020 suspends 208.147 RSMo which states an annual income and eligibility review must be completed for each recipient of medical assistance.

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

283

Ages 1-5

1255

Ages 6-12

1487

Ages 13-16

632

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

245

Ages 1-5

897

Ages 6-12

1113

Ages 13-16

497

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

Ages 0-1

<11

Ages 1-5

<11

Ages 6-12

11

Ages 13-16

<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

<11

<11

<11

0

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

36

350

363

134

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

32

322

334

122

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

Numbers are impacted by the prohibition of discontinuing coverage during the Public Health Emergency.

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

233

Ages 1-5

776

Ages 6-12

972

Ages 13-16

441

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

Ages 0-1

<11

Ages 1-5

19

Ages 6-12

23

Ages 13-16

<11

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

<11

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

<11

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

46

Ages 1-5

460

Ages 6-12

492

Ages 13-16

182

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

42

Ages 1-5

425

Ages 6-12

452

Ages 13-16

166

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

215

Ages 1-5

699

Ages 6-12

885

Ages 13-16

404

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

17

29

<11

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

<11

<11

<11

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

66

539

573

220

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

57

487

509

199

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

9233

Ages 1-5

8364

Ages 6-12

8718

Ages 13-16

3678

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

8981

Ages 1-5

8031

Ages 6-12

8457

Ages 13-16

3530

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

Ages 0-1

32

Ages 1-5

135

Ages 6-12

125

Ages 13-16

48

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

19

16

<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

220

198

136

100

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

26

36

25

21

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

Numbers are impacted by the prohibition of discontinuing coverage during the Public Health Emergency.

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

8834

Ages 1-5

7761

Ages 6-12

8276

Ages 13-16

3462

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

Ages 0-1

54

Ages 1-5

215

Ages 6-12

170

Ages 13-16

72

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

<11

Ages 1-5

25

Ages 6-12

22

Ages 13-16

<11

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

346

245

208

119

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

25

31

24

20

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

8646

7651

8158

3419

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

110

247

191

82

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

<11

29

22

<11

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

478

323

305

152

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

48

28

28

20

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

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

☒

Yes

☐

No

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- ☐ Families ("the shoebox method")
- ☐ Health plans
- ☐ States
- ☐ Third party administrator
- ☒ Other

2b. Who tracks cost sharing?

CHIP participants under the age of one (1) with a family income between 185% and 300% FPL and uninsured children ages one (1) through eighteen (18) with a family income between 151% and 300% FPL pay a premium. The premium invoicing system is designed to not invoice a monthly premium in excess of 5% of the family's gross annual income divided by twelve (12).

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

Not applicable

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

Not applicable

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

☐ Yes

☒ No

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

☐ Yes

☒ No

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

Not applicable

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

MO-21-0011 SPA was approved on September 1, 2021 with an effective date of July 1, 2021. This removed the cost-sharing requirement for deductibles, co-insurance or co-payments to individuals covered under MO HealthNet Program. This however does not eliminate CHIP Premiums, which are still effective.

9. Optional: Attach any additional documents here.

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

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

Browse...

Employer Sponsored Insurance and Premium Assistance

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

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

☒

Yes

☐

No

1. Under which authority and statutes does your state offer premium assistance? Check all that apply.

☒

Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]

☐

Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]

☐

Section 1115 Demonstration (Title XXI)

2. Does your premium assistance program include coverage for adults?

☒ Yes

☐ No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

Not applicable

4. Does your premium assistance program provide wrap-around coverage for gaps in coverage?

This only applies to states operating an 1115 demo.

☐ Yes

☐ No

☒ N/A

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?

This only applies to states operating an 1115 demo.

☐ Yes

☐ No

☒ N/A

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?

This only applies to states operating an 1115 demo.

☐ Yes

☐ No

☒ N/A

6a. How do you track cost sharing to ensure families don't pay more than 5% of the aggregate household income in a year?

7. How many children were enrolled in the premium assistance program on average each month in FFY 2021?

41

8. What's the average monthly contribution the state pays towards coverage of a child?

\$ 414

9. What's the average monthly contribution the employer pays towards coverage of a child?

\$

10. What's the average monthly contribution the employee pays towards coverage of a child?

\$

Table: Coverage breakdown

Child

State	Employer	Employee
414		

11. What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at

\$ 327



Ends at

\$ 530

12. What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at

\$ 327



Ends at

\$ 530

13. What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at

0



Ends at

0

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

The use of electronic communications allows for ease of communication with participants in the program.

15. What challenges did you experience with your premium assistance program in FFY 2021?

Timely notification from participants to our staff when there are changes to their insurance policies.

16. What accomplishments did you experience with your premium assistance program in FFY 2021?

We have continued to adjust to changes during the public health emergency to provide services to our participants.

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

Nothing further to add.

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).

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 Department of Social Services (DSS) has written policies and procedures concerning fraud and abuse of MO HealthNet services delivered through the fee-for-service and managed care delivery systems. The Missouri Medicaid Audit and Compliance (MMAC) Unit within DSS establishes a culture that promotes prevention, coordination, detection, investigation, enforcement and reporting of instances of provider and participant conduct that do not conform to Federal and State law. In addition, the MO HealthNet Managed Care health plans have contractual requirements pertaining to fraud and abuse and written in accordance with 42 CFR Part 438. These contractual requirements ensure that the health plans comply with the contract and policy statements regarding fraud and abuse. Prevention procedures include a review of provider exclusion data bases by the Provider Enrollment Unit prior to enrolling a provider as a MO HealthNet provider. MO HealthNet Managed Care health plans are also required to review these data bases on a periodic basis and report to MO HealthNet any of their subcontracted providers that are found on exclusion lists. MMAC conducts post-payment reviews of MO HealthNet claims to assure that appropriate payments were made and that providers are billing and providing services in accordance with federal and state regulations and MO HealthNet requirements. If needed, MMAC determines what enforcement activities to pursue including education, demand of repayment, payment suspension, participation suspension, closed-end agreements, prepayment review, participant lock-in, termination, or referral to the Medicaid Fraud Control Unit (MFCU) within the State Office of Attorney General. When recoupment is not possible and repayment is not made by the provider, MMAC may terminate the provider number as well as complete a bad debt referral to the Attorney General's Financial Services Unit. Participant eligibility is determined by the Family Support Division. MMAC monitors claims pertaining to health care and responds to referrals when fraud or abuse is attributed to a participant. Referrals are made to the DSS Welfare Investigative Unit (WIU) for determination of eligibility termination.

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?

The health plans are required by contract to submit a written Fraud and Abuse Plan and their lock-in policies to the state agency for approval prior to implementation. The health plans must designate a compliance officer and compliance committee responsible for fraud and abuse activities. When a member or provider is suspected of fraud or abuse, the health plan notifies the state agency of the suspected activity as well as includes the information in their quarterly reporting.

☐ 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?

32254

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?

11237

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

61

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

<11

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

<11

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

15a. How do you provide oversight of the contractors?

The MO HealthNet Fee-for-Service Program contracts with a contractor to collect and process third party liability health insurance payments, recoupments and to perform cost avoidance efforts. These processes are monitored through regular internal auditing. Managed care health plans perform fraud and abuse functions as described in questions one and two. Once fraud and abuse has been detected, the health plans provide that information to MMAC which conducts investigations, referrals to law enforcement and other necessary actions. The state agency provides oversight of the Managed Care health plans through the contractually required, written fraud and abuse plan submitted to the State agency; monthly, quarterly and annual submissions of billing information and provider exclusionary status; state and external organization reviews of the health plans' compliance with laws, regulations, and contracts. In addition to the Managed Care health plans and the Third Party Liability contractor, MMAC also contracts with a Unified Program Integrity Contractor (UPIC), an electronic records incentive payment audit contractor and a Recovery Audit Contractor (RAC). In 2016, the RAC contract ended and DSS applied to CMS for a waiver (exemption) for RAC services. MMAC is currently utilizing another contractor to complete credit balance audits. MMAC also oversees a CMS contract with a Medicaid Integrity Contractor (MIC). These auditors conduct provider audits and credit balance transfer audits. MMAC provides direct oversight to these contractors' activities by devoting full-time personnel to design, monitor, and approve the contractors' processes.

☐ 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?

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).

Browse...

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

☒ Yes

☐ No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2021?

Ages 0-1

21

Ages 1-2

152

Ages 3-5

370

Ages 6-9

511

Ages
10-14

625

Ages
15-18

487

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

20

Ages 1-2

104

Ages 3-5

185

Ages 6-9

189

Ages
10-14

228

Ages
15-18

163

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	32	120	223	280	192

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	<11	30	107	135	102

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?

63

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 AHRQ.

1. Did you collect the CAHPS survey?

☒ Yes

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

☐ Yes

☒ No

☐ No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1. Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

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

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

Browse...

2. Which CHIP population did you survey?

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

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

- ☐ CAHPS 5.0
- ☒ CAHPS 5.0H
- ☐ Other

4. Which supplemental item sets did you include in your survey?

Select all that apply.



None



Children with Chronic Conditions



Other

5. Which administrative protocol did you use to administer the survey?

Select all that apply.



NCQA HEDIS CAHPS 5.0H



HRQ CAHPS



Other

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

Part 3: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section. States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1. Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

☒ Yes

☐ No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Immunization Program

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Children 0-18 years of age visiting a Local Public Health Agency.

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

132200

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

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Make vaccines available to low-income Missourians age 0-18.

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

132,200 dosages were administered by Local Public Health Agencies for children 0-19.

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

9. Optional: Attach any additional documents.

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

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

Browse...

1. What is the name of your HSI program?

Lead Testing and Prevention Program

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Children 0-18 years of age.

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

42333

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

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Administer elevated blood lead tests to children age 0-18 and accelerate care management when results are 10-19ug/dL

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

47,452 lead tests were provided in FFY20 (some children had multiple tests).

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

9. Optional: Attach any additional documents.

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

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

Browse...

1. What is the name of your HSI program?

Newborn Home Visiting Programs

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

At-risk, low-income pregnant and postpartum women and their children up to five years of age.

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

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

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Increase healthy pregnancies and positive births outcomes, as well as decrease child abuse and neglect through home-based services.

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

Preliminary Data - 74.4% - This data is preliminary, as conversion to a new data system has delayed the ability to retrieve results for the entire DHSS Home visiting program. In addition, it is anticipated that the final result may be much lower than previous years due to the challenge of completing ASQ-3 screenings virtually during COVID. The conversion has not been completed yet.

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

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).

1. What is the name of your HSI program?

School Health Programs

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Children ages 0-18 in-school.

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

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

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Utilize Local Public Health Agencies in Missouri to provide in-school health education to children age 0-18.

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

The state of Missouri, Department of Health and Senior Services DHSS are in the planning stages of working with our LPHAs to figure out how to track the number of children that are being served through the School Health Program. The plan has not been tested yet as LPHAs are still inundated with COVID mitigation. DHSS are hoping to start on that testing phase in the new year.

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

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).

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.

Reduce the number of uninsured children by 0.02% annually.

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.

Total number of children in Missouri ages 0 to 18 years of age without health insurance coverage.

4. Numerator (total number)

176002

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Total number of children in Missouri ages 0 to 18 years of age.

6. Denominator (total number)

1444163

Computed: 12.19%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2020

End

mm/yyyy

12

/

2020

8. Which data source did you use?

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

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

There was an increase in the rate of uninsured children in Missouri from 11.5% in CY2019 to 12.1% in CY2020.

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

The following initiatives continue: -CHIP Affordability Test-CHIP Combination Program - CHIP Affordable Insurance and Pre-Existing conditions Outreach: Outreach is being coordinated with several state agencies in Missouri to assist in reaching families regarding healthcare coverage opportunities available through MO HealthNet programs.

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

The Civilla project will revise the current eligibility application process to enhance enrollment into Medicaid, reducing the number of uninsured children in Missouri. Enrollment totals were all impacted by the prohibition of discontinuing coverage during the Public Health Emergency.

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

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

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

Increase Access to Care

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

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 2%.

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.

The net difference in the number of primary care providers enrolled in MO HealthNet between FFY 2020 and FFY 2021.

4. Numerator (total number)

303

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.

The number of primary care providers enrolled in MO HealthNet in FFY 2020.

6. Denominator (total number)

13179

Computed: 2.3%

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?

There was an increase of 303 providers from FFY 2020 to FFY 2021, resulting in a 2.3% increase.

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

MO HealthNet implemented Quality Improvement Strategies in 2018 that required all Managed Care in-network providers to be licensed by the state. In addition, all network providers must be enrolled with MHD as a Medicaid provider as of January 1, 2018 per CFR 438.602(b) and 438.608(b).

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

MO HealthNet will continue to maintain this goal to increase the enrollment of MO HealthNet primary care providers by 2% annually.

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.

Increasing the use of preventative care.

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%.

In an effort to increase the use of preventative care, our goal is to increase the number of children who receive EPSDT screening by 2%.

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.

CMS HCFA-416: Total eligibles receiving at least one initial or periodic service.

4. Numerator (total number)

283163

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.

CMS HCFA-416: Total eligibles who should receive at least one initial or periodic screening.

6. Denominator (total number)

648458

Computed: 43.67%

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?

MO HealthNet has not met the objective for FFY 2021, which was to increase the rate by 2%. The FFY 2021 rate was 13.2% lower than the FFY 2020 rate (43.7% versus 56.9%).

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

The WIC fluoride initiative was expanded to include 5 more WIC programs in the Spring of 2019. Fluoride varnish and dental education is provided to children in WIC programs. Children that participate in the MO HealthNet program are billed for service. This program was responsible for the increase in children that received preventive services from a non-dental source in 2018. The Dental Quality Alliance Institute is working with MO HealthNet to improve the access to care for Pregnant Women. Educational materials will be sent to all pregnant women advising them of their qualification for benefits while they are pregnant and 6 weeks post-partum. A pilot project in Cole County has been started.

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

MO HealthNet will continue to maintain this goal to increase the EPSDT screening rate by 2% annually.

12. Do you have any supporting documentation?

Optional

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

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

Do you have another Goal in this list?

Optional

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

Increase MO HealthNet participants self-select a PCP at time of enrollment.

1. Briefly describe your goal for this objective.

In an effort to increase access to care, our goal is to increase the number of participants who have self-selected and who have not selected a primary care provider at the time of enrollment 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?

Number of participants who enrolled and chose their PCP in FFY 2021 (count of PCP Confirmation letters received).

4. Numerator (total number)

576

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Total number of children enrolled in CHIP and Medicaid (count of all type Confirmation letters received, PCP and other).

6. Denominator (total number)

3083

Computed: 18.68%

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 percentage of participants who self-selected a primary care provider at enrollment increased by 0.4% between FFY 2020 and FFY 2021 (18.3% vs. 18.7%), which did not meet the goal of a 5% increase.

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

MO HealthNet will continue to maintain this goal to increase the number of participants who self-selected a PCP by 5% annually.

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 number of children who receive annual dental visits.

1. Briefly describe your goal for this objective.

In an effort to increase access to care, our goal is to increase the number of children who receive annual dental visits by 3%.

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?

Per HEDIS technical specifications for this measure.

4. Numerator (total number)

173856

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Includes CHIP and Medicaid

6. Denominator (total number)

410839

Computed: 42.32%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2020

End

mm/yyyy

12

/

2020

8. Which data source did you use?

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

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

The number of children who received annual dental visits decreased by 13.1% (42.3% vs. 55.4%), which has not met the annual goal to increase the rate by at least 3%.

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

The Annual Dental Visit Combined Rate is a Missouri DHSS required measure (10 CSR 10-5.010). A Statewide Performance Improvement Project for Oral Health began in September 2009 and is ongoing. Activities include collaborating with other agencies to facilitate Head Start enrollment, increase access to preventive services, and improve parent health literacy. A wellness and prevention program uses member education, reminders, and financial incentives to increase EPSDT Screening Participation. Other activities include participating in back to school fairs, mobile dentistry, and collaborating with school nurses regarding well-child visits. An effort to educate providers whose members are non-compliant in well-child visits is ongoing. The Missouri Dental Sealant Program started in 2017 and ended in 2019 after placing over 30,000 dental sealants on over 14,000 children. A WIC fluoride varnish pilot program started in 2018 in 3 counties and has increased to 5 more counties in 2019.

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

MO HealthNet will continue to maintain this goal to increase the performance of Annual Dental Visits (combined rate) by 3% annually.

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?

Increasing CHIP enrollment

1. Briefly describe your goal for this objective.

In an effort to increase access to care, our goal is to increase the number of children enrolled in CHIP by 0.02%.

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?

Net difference of CHIP eligible for FFY 2021 compared to FFY 2020

4. Numerator (total number)

4735

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.

Number of CHIP eligible enrolled during FFY 2020.

6. Denominator (total number)

92605

Computed: 5.11%

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 number of CHIP eligible increased from 92,605 in FFY 2020 to 97,340 (preliminary data) in FFY 2021, which represents an increase of 5.1%. MO HealthNet has met the performance objective of an annual increase of at least 0.02%.

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

The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions

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

MO HealthNet will continue to maintain this goal to increase the number of children enrolled in CHIP by at least 0.02% annually.

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?

Increasing Medicaid enrollment

1. Briefly describe your goal for this objective.

In an effort to increase access to care, our goal is to increase the number of children enrolled MO HealthNet program, excluding CHIP, by 2%.

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?

Net difference in the number of children enrolled in Medicaid in FFY 2021 versus FFY 2020, excluding CHIP.

4. Numerator (total number)

51501

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Children enrolled in Medicaid in FFY 2020, excluding CHIP.

6. Denominator (total number)

526877

Computed: 9.77%

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 number of children enrolled in Medicaid, excluding CHIP, increased from 526,877 in FFY 2020 to 578,378 (preliminary data) in FFY 2021, which represents an increase of 9.8%. MO HealthNet has met the performance objective of an annual increase of at least 2%.

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

The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.

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

In reference to question #8: CMS-64EC provisional report for FFY ending 09/30/2021, unduplicated number of children ever enrolled in the FFY 2021 (Title XIX - Traditional Medicaid), Line 7.

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

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

\$ 277,929,854

2022

\$ 361,399,718

2023

\$ 370,434,711

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

\$ 74,639,615

\$ 0

\$ 0

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

\$ 13,219,045

\$ 13,565,533

\$ 13,904,672

Table 1: Benefits Costs

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	277929854	361399718	370434711
Fee for Service	74639615	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	13219045	13565533	13904672
Total benefit costs	365788514	374965251	384339383

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

\$ 0

2022

\$ 0

2023

\$ 0

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

\$ 6,202,028

\$ 6,988,093

\$ 6,489,496

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

\$ 0

\$ 0

\$ 0

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

\$ 10,400,000

\$ 9,341,523

\$ 10,400,000

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

\$ 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	0	0	0
General administration	6202028	6988093	6489496
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	10400000	9341523	10400000
Other administrative costs	0	0	0
Total administrative costs	16602028	16329616	16889496
10% administrative cap	37705602.67	38648242.78	39614448.78

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	382390542	391294867	401228879
eFMAP	75.47	76.45	76.07
Federal share	288590142.05	299144925.82	305214808.26
State share	93800399.95	92149941.18	96014070.74

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

Select all that apply.

☒

State appropriations

☐

County/local funds

☐

Employer contributions

☐

Foundation grants

☐

Private donations

☐

Tobacco settlement

☐

Other

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

☐

Yes

☒

No

Part 3: Managed Care Costs

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

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

2021

2022

2023

94973

105347

105347

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

Round to the nearest whole number.

2021

2022

2023

\$ 244

\$ 286

\$ 293

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	244	286	293

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

2022

2023

10374

0

0

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

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

2021

2022

2023

\$ 600

\$ 0

\$ 0

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	600	0	0

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

CHIP Administration cost for contractors, claims processing and outreach are included as general administration costs and are not broken out

2. Optional: Attach any additional documents here.

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

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

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

The MO HealthNet program is continuing to transform from a payer of services to a model program providing high-quality healthcare focused on wellness. The MO HealthNet program focused resources on prevention, improved health outcomes, individual responsibility, evidence-based practice, technology, and efficient program operation. Budget constraints on both the federal and state systems are a concern when providing healthcare for low-income children and families.

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

The greatest challenge continues to be achieving program goals and the current budget environment. Additionally, the COVID-19 pandemic resulted in a large decline in routine visits for the CHIP population continuing through 2021, due to extension of the PHE.

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

Missouri continues to cover children up to 300% of the FPL. This includes the Show Me Healthy Babies Program, which provides coverage for any low-income unborn children with families with income of up to 300% FPL. During the COVID-19 pandemic, Missouri has been able to obtain waivers to ensure our CHIP participants continue to receive their benefits without risk of losing eligibility. Missouri's CHIP Disaster relief SPA, implemented March 1, 2020, established provisions for allowing modifications to the CHIP eligibility verification process thru self-attestation on some eligibility criteria. Granting extensions of non-citizenship reasonable opportunity periods based on good faith efforts or the agency's inability to meet ninety-day completion timeframes during State or Federally declared disasters or Public Health Emergencies. Missouri also implemented the following provisions related to deterring private insurance crowd out thru the SPA. Waiving any existing waiting period for CHIP coverage for all income levels. Presuming applications for any recipients of CHIP have demonstrated good cause for dropping private or other employer sponsored insurance coverage. Waiving lookback period for establishing availability of private or other employer-sponsored health insurance for CHIP applicants and recipients.

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?

Missouri extended its Managed Care program statewide on May 1, 2017. All children in CHIP are now provided services through Managed Care except for those who opt out. Missouri continues to develop a model program providing high quality healthcare focused on wellness. Missouri is in the process of rebidding our managed care contract, which will become effective on July 1, 2022. We will evaluate the effectiveness of our quality measures and look for ways to improve and strengthen our contract requirements to drive our program forward. To ensure we maintain a meaningful performance withhold devoted to driving quality, MO HealthNet reinstated our pay for performance model in SFY22 with slightly adjusted evaluation criteria to allow for the national impact on HEDIS measures due to the PHE. In addition, MO HealthNet is in the process of implementing a new beneficiary support system that will allow CHIP participants to pay their premium through an online portal, which improves access to care and cuts costs.

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.

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