Mississippi 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:

Mississippi

2. Program type:

- (●) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

Mississippi Health Benefits

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

4. Contact name:

Margaret Culpepper

5. Job title:

Deputy Administrator for Eligibility

6. Email:

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7. Full mailing address:

Include city, state, and zip code.

550 High Street Walter Sillers Building Suite 1000 Jackson MS 39202

8. Phone number:

601 359-6066

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.

The Medicaid Expansion CHIP population has a managed care delivery system. Members are placed into managed care based on their assigned category of eligibility. Family income, household size, age are the primary factors considered in the eligibility process for category assignment.

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

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

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

- ○ Yes
- ○ No

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

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

- [x] 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.

The Separate CHIP population has a managed care delivery system. Members are placed into managed care based on their assigned category of eligibility. Family income, household size, age are the primary factors considered in the eligibility process for category assignment.

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.

Temporary adjustments related to timely application and renewal processing, implemented as a state flexibility, with CMS concurrence, continued to be utilized, as needed, during the Public Health Emergency. The state resumed mailing pre-populated renewal forms for benefit month June 2021; however, the state also continued the maintenance of effort provision for eligibility and enrollment in Medicaid to meet requirements for the 6.2% FMAP increase. If Medicaid eligibility can be extended as the result of renewal, either administratively using electronic data sources or based on the information provided on the pre-populated renewal, Medicaid eligibility is extended. Otherwise, eligibility is continued in accordance with enrollment requirements and exceptions in 42 CFR 433.400.

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ○ No
- ◉ N/A

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

- ○ Yes
- ○ No
- ◉ N/A

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

- ○ Yes
- ○ No
- ◉ N/A

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

- ○ Yes
- ○ No
- ◉ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No

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

Temporary adjustments related to timely application and renewal processing implemented via disaster SPA (MS-SP-20-0014, effective March 18, 2020) continued to be utilized, as needed, during the public health emergency. The state resumed mailing pre-populated renewals for benefit month June 2021. Prior to this, CHIP renewals were largely limited to administrative reviews which could be completed with available electronic data sources to extend eligibility.

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	16,293	37,065	127.49%
Separate CHIP	18,296	42,993	134.986%

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

The Medicaid Expansion percentage increase is primarily driven by the 6.2% FMAP continuous eligibility provision in effect for the entire FFY. The state resumed renewals for benefit month June 2021 maintaining continuous eligibility requirements for Medicaid. The percentage decrease in CHIP is primarily due to resumption of normal renewal processes. Prior to this, CHIP renewals were approved administratively based on available electronic data sources. Pre-populated renewals were temporarily suspended.

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	22,000	3,000	3%	0.5%
2017	21,000	4,000	2.8%	0.5%
2018	21,000	3,000	2.9%	0.4%
2019	26,000	4,000	3.5%	0.5%
2020	Not Available	Not Available	Not Available	Not Available

Percent change between 2019 and 2020
Not Available

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ◉ No

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

No

5. Optional: Attach any additional documents here.

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

Browse...

Program Outreach

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

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

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

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

A combination of outreach efforts implemented during the public health emergency remained in place during last FFY. The state continued to utilize a combination of strategies to reach all audiences. Program and service information was shared using the agency's social media channels, in addition to using traditional press releases, issuing notifications to list serve, and posting information on the agency's external website.

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

The agency website provides information on available programs, basic eligibility requirements, services and contact information for further assistance. In FFY 2021, there was an average of 4,000 visits monthly to the website for program information.

5. Optional: Attach any additional documents here.

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

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Substitution of Coverage

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

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ◉ Yes

  2a. Which database do you use?

  > Prospective CHIP enrollees are automatically checked against the Third Party Liability (TPL) subsystem within MMIS. This subsystem contains private insurance information and insured status collected by the TPL contractor. The database check is completed prior to the eligibility determination and allows caseworkers to resolve discrepancies with creditable coverage before taking action to approve or deny CHIP.

- ○ No
- ○ N/A

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

13 %

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

- ○ Yes
- ◉ No
- ○ N/A

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

No

6. Optional: Attach any additional documents here.

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

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?
This question should only be answered in respect to Separate CHIP.

- ○ Yes
- ◉ No
- ○ N/A

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ◉ Yes
- ○ No

3. Do you send renewal reminder notices to families?

- ○ Yes
- ◉ No

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

Passive renewals, multiple access points for renewal, use of electronic data sources, expanded reinstatement periods, etc., continue to facilitate and simplify the renewal process for families.

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

When there has been no response by the renewal due date, the casework attempts a follow-up telephone contact to encourage completion of the process. If an incomplete renewal has been submitted, a follow-up contact is made to attempt to facilitate completion.

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

Retention is tracked through analysis reports generated from eligibility data. The number of months a previously eligible individual was without coverage from month of termination to month of new opening is tracked from 0, or no break in coverage, up to 12 months.

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

No

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2021?
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

2512

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.

0

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.

2512

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?

0

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

MS uses the streamlined application to assess Medicaid first. An application is denied for Separate CHIP when eligibility is prohibited for reasons of creditable health coverage, excess income, etc., not for procedural reasons.

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	0%
Denied for eligibility reasons	100%
Denials for other reasons	0%

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?

6484

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

6484

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

5209

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.

1275

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

902

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.

201

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

172

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

CHIP annual reviews otherwise were largely delayed during the Public Health Emergency for the majority of the FFY. Delayed reviews are not included in the numbers reported above.

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	80.34%
Children disenrolled after redetermination	19.66%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	70.75%
Children disenrolled for eligibility reasons	15.76%
Children disenrolled for other reasons	13.49%

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?

66151

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

66151

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

65673

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.

479

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

0

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.

321

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

158

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

Medicaid renewals were delayed for the majority of the FFY. Reasons for Medicaid disenrollment at annual review were those allowed under the 6.2% FMAP continuous coverage requirement. Delayed renewals are not included in the numbers reported above.

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

	Percent
Children screened for redetermination	100%
Children retained after redetermination	99.28%
Children disenrolled after redetermination	0.72%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0%
Children disenrolled for eligibility reasons	67.01%
Children disenrolled for other reasons	32.99%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly

enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

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

○ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

◉ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- (●) Yes
- ( ) No

January - March 2020 (start of the cohort): included in 2020 report.
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
20	1763	2222	1096

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

4. How many children were continuously enrolled in CHIP six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
19	1722	2175	1079

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	<11	<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
<11	39	46	17

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
0	17	32	11

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

No

January - March 2021 (12 months later): to be completed this year.
This year, please report data about your cohort for this section

10. How many children were continuously enrolled in CHIP 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18	1657	2108	1060

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	<11	<11	<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	Ages 1-5	Ages 6-12	Ages 13-16
0	<11	<11	<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	Ages 1-5	Ages 6-12	Ages 13-16
<11	104	113	35

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	75	87	28

July - September of 2021 (18 months later): to be completed this year
This year, please report data about your cohort for this section.

15. How many children were continuously enrolled in CHIP 18 months later? Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
18	1558	1987	1023

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	<11	<11	0

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	0

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	201	232	73

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
0	133	169	54

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

No

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2021. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

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

○ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

◉ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- (●) Yes
- ( ) No

January - March 2020 (start of the cohort): included in 2020 report
You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6313	4332	5186	2329

July - September 2020 (6 months later): included in 2020 report
You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

4. How many children were continuously enrolled in Medicaid six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6209	4259	5140	2306

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

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

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

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

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
102	63	42	20

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	19	11	<11

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

No

January - March 2021 (12 months later): to be completed this year
This year, please report data about your cohort for this section.

10. How many children were continuously enrolled in Medicaid 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6134	4201	5086	2284

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
12	17	<11	<11

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

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

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
167	114	93	42

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	30	11	<11

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
5906	4158	5050	2270

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
27	23	19	<11

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	<11	<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
380	151	117	55

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
190	42	17	<11

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

No

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

- (●) Yes
- ( ) No

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

- ○ Families ("the shoebox method")
- ◉ Health plans
- ○ States
- ○ Third party administrator
- ○ Other

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

Molina's policy is to send a letter to the member and the primary care physician notifying them the cap has been reached. The member is instructed to show the letter to any provider which instructs them not to collect a copay during the specified timeframe (Calendar Year). Once cost-sharing limits are reached, United Healthcare's policy is to reimburse providers with no copay reduction. Notification occurs through the provider remittance advice.

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

0

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

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

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

No

9. Optional: Attach any additional documents here.

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

Browse...

Employer Sponsored Insurance and Premium Assistance

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

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

- ○ Yes
- ◉ No

Program Integrity

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

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

- ◉ Yes
- ○ No

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

- ◉ Yes
- ○ No

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

- (●) Yes
- ( ) No

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

The MS Division of Medicaid Program Integrity Standard Operating Procedures are attached. United HealthCare (UHC) has an anti-fraud, waste and abuse compliance program with oversight provided by the Health Plan Compliance Officer. This program includes a robust FWA special investigations unit for the MS CHIP program and a payment integrity department responsible for reviewing and incorporating the latest research available regarding detection of new and emerging FWA schemes and practices. A high prescription utilization program is in place to identify members found to have high prescription utilization patterns to determine if potential misuse or abuse is occurring. All new cases, prepayment reviews, and credible allegations of fraud are reported to the DOM Program Integrity Department as required. Monthly and quarterly reports are provided to DOM for oversight of FWA. UHC has a Compliance Oversight Committee that meets quarterly. This committee was established as an internal control mechanism with the goal of preventing, detecting and correcting legal and regulatory risks. This committee is comprised of key leadership from the health plan. UHC has an ongoing compliance training and education program to ensure that all employees know and understand the provisions of the FWA compliance program. Please note, this is not all-encompassing of UHC's Anti-FWA Compliance program but mentions some of the key procedures that are in place to combat potential FWA for MSCHIP. UHC has multiple policies related to the anti-FWA compliance program. Please see attached documents. Molina has attached documents in response to Question #1 and #4. The FWA Plan has been developed to comply with all standards set forth by the regulations and laws of the United States Department of Health and Human Services Centers for Medicare and Medicaid Services and the State of Mississippi Division of Medicaid Office of Program Integrity. The FWA Plan is reviewed annually. The FWA plan and related fraud, waste, and abuse policies and procedures are submitted to the Office of Program Integrity for written approval within 30 days before these plans and procedures are implemented. Failure to implement an approved plan within 60 days may result in liquidated damages or imposition of other available remedies by the Division. The Office of Program Integrity may reassess the implementation of the FWA Plan every 60 days until Program Integrity deems the plan to be in compliance. Molina shall meet with the Office of Program Integrity quarterly or more frequently as needed, to discuss areas of interest for past, current, and future investigations and to improve the

effectiveness of fraud, waste, and abuse oversight activities. The Division of Medicaid shall establish performance measures to monitor Molina's compliance with the Program Integrity requirements set forth in the MississippiCAN contract. Further, Molina shall be subject to onsite reviews and comply with requests from the Division of Medicaid to supply documentation and records.

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?

  While UHC does not have specific policies related to the CHIP line of business, UHC and Molina have policies and implemented safeguards for both Medicaid products (MSCAN and CHIP FWA). See attachments.

- ( ) No

- ( ) N/A

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

<11

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?

2

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?

131

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

10

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?

0

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

- (●) CHIP only
- ( ) Medicaid and CHIP combined

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

◉ Yes

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

The Office of Program Integrity meets monthly with the Contractors to discuss cases and DOM requires approval of all investigations that are initiated by the Contractors and requires reports for ongoing investigations. It is the policy of the UnitedHealthcare Payment Integrity Fraud, Waste and Abuse Oversight Program to ensure there are structures and processes in place for the oversight of Optum Payment Integrity (Contractor). ⏐ Identification of new delegated services to onboard ⏐ Provide feedback from monitoring outcomes for updates to business expectations ⏐ Adding, removing, or updating metrics to measure OPI performance ⏐ OPI will perform the services in accordance with the service requirements, and only as approved by UPI, some services to support OPI may be performed by external vendors ⏐ Review performance metrics, reporting obligations and standards that apply to performance of the services ⏐ Quarterly review and feedback with all Value Streams and Oversight partners ⏐ Identify remediation plans for non-satisfactory performance (Get to Green Plans), as needed o Get to Green plan will be in alignment with ISR/SLA, if applicable. o If the ISR/SLA does not include a remediation plan for non-satisfactory performance, a Get to Green plan will be initiated after 4 months of a metric not meeting performance expectations o A Get to Green plan will be considered completed/closed after 4 consecutive months of meeting performance expectations ⏐ Reviewing and response to escalations, including Compliance & Ethics FWAE Case inquiries ⏐ ISR Delegated Services o Monitor for appropriate actions, summarizing the results of the monitoring, outline any areas of concern that require process change(s) or enhancement(s) and provide recommendation(s) for improvement. ⏐ Compliance to state, federal and contractual requirements o Preliminary Investigations o Referrals to state and federal agencies o Fraud Activity Reporting and Anti -Fraud Plans

○ No

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

◉ Yes

16a. What specifically are the contractors responsible for in terms of oversight?

UHC does not contract for oversight. Molina has vendors that review dental and vision claims. The Department of Provider Contracts provides oversight of contractors.

○ No

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

Molina's data for item #14 was reported for Medicaid and CHIP.

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	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
32	1995	6165	10316	14881	11795

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	639	3542	6914	9534	6526

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	559	3375	6668	9057	5794

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	40	996	2988	4216	3473

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?

1472

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

7. Do you provide supplemental dental coverage?

- ○ Yes
- ◉ No

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

No

9. Optional: Attach any additional documents here.

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

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1. Did you collect the CAHPS survey?

- (●) Yes
  - 1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?
    - ( ) Yes
    - (●) No
- ( ) No

Part 2: You collected the CAHPS survey

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

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

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

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
- [x] Children with Chronic Conditions
- [ ] Other

5. Which administrative protocol did you use to administer the survey?
Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

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

The above responses #3-#6 are for UHC. For Molina: CAHPS5.1H was the version used. For Molina: No supplemental item sets were included. For Molina: HRQ CAHPS was the protocol.

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?

Mississippi CHIP Vision HSI

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

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

The qualified provider will target Mississippi's low-income children by identifying Title I schools in which at least 51% of the student body qualifies to receive free or reduced price meals. In Mississippi, this includes 83% of schools statewide. The qualified provider will provide to the Division of Medicaid the list of schools where vision services will be provided. The Division of Medicaid's CHIP CCO will verify that each school on the list meets the 51% threshold for free or reduced price meals. The qualified provider will initially implement this HSI program in schools with the largest schools with the highest percentage of students eligible for free/reduced lunch (FRL) program first and then expand to additional schools in the state who meet the HSI criteria.

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

0

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.

About a quarter of all school-aged children have a significant vision problem and too few children receive the vision screening services that they need. This will be measured through claims and the increase in eye exams for children. The agency or its contractor will monitor the number of increased eye exams and direct contractors to send communications to members with health information regarding the importance of obtaining these eye exams.

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

No children are being served at this time and there are no outcomes to report.

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

No

9. Optional: Attach any additional documents.

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

Browse...

Do you have another HSI Program in this list?

Optional

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year.

The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different. Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

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

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or an increase in enrollment of eligible children in Medicaid and Separate CHIP compared to the prior year.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The results of the monthly average of eligible children enrolled in Medicaid and CHIP in FFY 2021 minus the same in FFY 2020

4. Numerator (total number)

45669

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The monthly average number of eligible children enrolled in Medicaid and CHIP FFY 2021.

6. Denominator (total number)

435089

Computed: 10.5%

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 prior year was 1.84%. The current year is 10.50%.

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

Continued emphasis on program access streamlined processes and timely, accurate determinations.

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

The 6.2% FMAP continuous eligibility provision and other temporary provisions in place during the public health emergency for both Medicaid and CHIP are impacting factors on enrollment data.

12. Do you have any supporting documentation?
Optional

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

Browse...

1. Briefly describe your goal for this objective.

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

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or an increase in enrollment of eligible children in Medicaid compared to the prior year.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The results of the monthly average of eligible children enrolled in Medicaid in FFY 2021 minus the same in FFY 2020

4. Numerator (total number)

45141

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The monthly average number of eligible children enrolled in Medicaid and CHIP FFY 2021.

6. Denominator (total number)

387563

Computed: 11.65%

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 prior year was 1.84%. The current year is 11.65%.

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

Continued emphasis on program access streamlined processes and timely, accurate determinations.

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

The 6.2% FMAP continuous eligibility provision and other temporary provisions in place during the public health emergency are impacting factors on enrollment data.

12. Do you have any supporting documentation?
Optional

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

Browse...

1. Briefly describe your goal for this objective.

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

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or an increase in enrollment of eligible children in Separate CHIP compared to the prior year.

2. What type of goal is it?

- ( ) New goal
- (•) Continuing goal
- ( ) Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The results of the monthly average of eligible children enrolled in Separate CHIP in FFY 2021 minus the same in FFY 2020

4. Numerator (total number)

528

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The monthly average number of eligible children enrolled in Separate CHIP FFY 2021.

6. Denominator (total number)

47526

Computed: 1.11%

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 prior year was 1.93%. The current year is 1.11%

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

Continued emphasis on program access streamlined processes and timely, accurate determinations.

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

Temporary adjustments related to timely application and renewal processing implemented via CHIP disaster SPA in place during the public health emergency impact enrollment data.

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.

To ensure the health plan maintains an active Primary Care, Hospital and Pharmacy network ensuring 85% of children enrolled in CHIP have access to primary care, hospital and pharmacy services.

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%.

-At least 85% of children enrolled in CHIP will have access to a primary care physician within 15 miles in urban/suburban areas and 30 miles in rural areas. -At least 85% of children enrolled in CHIP will have access to a hospital within 30 miles in urban/suburban areas and 60 miles in rural areas. -At least 85% of children in CHIP will have access to a pharmacy within 30 miles in urban/ suburban areas and 60 miles in rural areas.

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.

UHC - The number of children with and without access to primary care, hospital, and pharmacy services during third quarter 2021, July 2021 - September 2021. Molina - The number of CHIP enrollees for Molina Healthcare who have access to primary care, inpatient care, and pharmacy services during the fiscal year October 2020 - September 2021.

4. Numerator (total number)

40576

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.

UHC - The total number of children enrolled in CHIP. Molina - The total number of CHIP enrollees for Molina Healthcare during the fiscal year October 2020 - September 2021.

6. Denominator (total number)

40626

Computed: 99.88%

7. What is the date range of your data?

Start

mm/yyyy

07 / 2021

End

mm/yyyy

09 / 2021

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

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

UHC - the health plan has successfully maintained a strong primary care provider, hospital and pharmacy network exceeding the goal of 85% of children having access to primary care, hospital and pharmacy. Molina - progress was made on this goal.

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

UHC - The health plan monitors the primary care, hospital, and pharmacy network quarterly to ensure we are exceeding the 85% goal as well as meet the medical needs of our members. Molina - The health plan plans to continue to add qualified and eligible providers to our existing networks, as well as, continuously monitor Geo Access reports of provider, hospital, pharmacy networks to ensure CHIP enrollees have adequate access to services.

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

This will continue to be a goal we monitor ensuring we stay in compliance by exceeding the target of 85% of children enrolled in CHIP with access to care to have their medical needs met.

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.

At least 85% of children 2 years of age enrolled in CHIP will receive all immunizations as recommended by ACIP as follows, at least 85% of CHIP enrollees between 2 to 6 years of age will receive at least one (1) preventive or primary care visit during the year and at least 85% of children in CHIP will receive required screenings.

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%.

UHC - Our health plan goals align with the goals listed in the objective. Current performance is as follows for each: - At least 85% of children 2 years of age enrolled in CHIP will receive all immunizations as recommended by ACIP o calendar year HEDIS® 2020 for MSCHIP for UHC rate = 68.14% - At least 85% of CHIP enrollees between 2 to 6 years of age will receive at least one (1) preventive or primary care visit during the year. o CHIP enrollees Ages 2-6 during 10/1/20-9/30/21= 7834 o CHIP Members at least 1 PCP visit during review period- 5,551 o Compliance Rate- 70.8% o #11 below includes current activities in place to educate and motivate members to complete a wellness visit. - At least 85% of children in CHIP will receive required screenings - UHC rate for October 2020-September 2021- 41%. This rate is increased from previous FFY year rate which was during the heart of the pandemic. Below includes a list of interventions currently in place to improve annual child wellness rates. This compliance rate is based off of the CMS 417 report for the review period. Molina - At least 85% of children 2 years of age enrolled in CHIP will receive all immunizations as recommended by ACIP - At least 85% of CHIP enrollees between 2 to 6 years of age will receive at least one (1) preventive or primary care visit during the year. - At least 85% of children in CHIP will receive required screenings

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.

UHC - To determine the compliance rate of wellness exams for this population, we used the number of expected screenings of children ages 0-18 enrolled in CHIP who received one or more well child visits in the federal fiscal year 2021 according to CMS 416. Molina - The number of children who received one or more well child visits in the last federal fiscal year (all ages) and the number of children between the ages of 2-6 who have had well child visits. Also, CHIP enrollees who have received 100% of recommended immunizations by age 2.

4. Numerator (total number)

22886

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.

UHC - The total number of expected screenings for children enrolled in CHIP according to the CMS 416 for this reporting period (FFY20). Molina - The total number of children enrolled in CHIP (all ages), number of CHIP enrollees ages 2-6 years old, and number of CHIP enrollees age 2 years old.

6. Denominator (total number)

27930

Computed: 81.94%

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?

UHC - Yes, numbers improved over previous Fiscal Year. However, we are still working to get our numbers back to our pre pandemic rates. We saw a large drop in wellness exams during the COVID- 19 pandemic. Molina - Yes, the percent of CHIP enrollees (all ages) who had at least one or more wellness visits was 73.41%. For CHIP enrollees ages 2-6 years old, 81.64% had at least one or more wellness visits. Also, 52.6% of CHIP enrollees age 2 years old had needed 100% of the recommended immunization for that age group.

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

UHC - The list below includes current interventions in place for the CHIP program to improve the compliance rates of children who receive wellness exams and immunizations. • Live and automated calls encouraging completion of wellness exams - All ages • Wellness Incentive Reward for completion of wellness/EPSDT exam ages 5-18. • Monthly Missed Immunizations and 1st Birthday Wellness Visit Reminder Postcard Mailouts • Quarterly Mailout targeting non-compliant members to complete wellness exams • Immunizations for Adolescents Mailout targeting non-compliant members to complete adolescent vaccines/wellness exams for additional wellness rewards (member incentive). • Provider incentives offering bonus payments to participating providers who meet target performance benchmarks of their attributed membership for completion of annual wellness exams and immunizations. • Wellness Pop Up Clinics - Partnership with multiple providers targeting noncompliant members. Members are called and given appointments for wellness exams occurring on weekdays, after hours, and weekends. Molina - Molina plans to continue and/or increase member initiatives that target CHIP enrollees who are non-compliant for wellness exams and immunizations and promote provider initiatives such as the Value Based Reimbursement to increase provider participation to close gaps in care for health services.

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

We did see some significant decreases in number of wellness exams completed during this time due to COVID. Many offices closed for an extended period and were only offering sick visits via telemedicine. Once offices opened, many offered a limited number of wellness visits each day. Rationales given for this was to decrease the number of patients in the clinic at any given time and allow more time for providers to focus on sick visits. Compliance rates are improving from the previous fiscal year which was in the heart of the pandemic. We will continue to monitor progress quarterly and we plan to continue to improve our year over year performance on this goal and improve our compliance rate in those age categories that have lower performance such as our teens.

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?

At least 70% of families responding to the member satisfaction survey will express satisfaction with customer service and provider access.

1. Briefly describe your goal for this objective.

a. Customer Service- Current performance for UHC exceeds the current goal based on members who responded to the annual CAHPS survey for 2021. i. For 2021 87.8% of members were "Always" and "Usually" satisfied with Customer Service. Denominator = 45. ii. The results for the attributed questions for this category are: 1. Provided Information or Help - 80% were satisfied with the info given. Numerator- 36 Denominator = 45 2. Treated with Courtesy and Respect - 95.6% were satisfied with how they were treated. Numerator- 43 Denominator = 45 b. Provider Access- for this objective UHC also exceeded the goal. The attributed questions to assess this goal are as follows: i. Getting Needed Care - 92.6% denominator - 120 1. Getting Care Test or Treatment - 94.9% Numerator- 168 denominator = 177 2. Getting Specialist Appointment - 90.3% Numerator- 56 denominator = 62 ii. Getting Care Quickly - 92.7% Denominator = 192 1. Getting Urgent Care - 98.5% Numerator- 66 denominator = 67 2. Getting Routine Care - 86.9% Numerator- 146 denominator = 168

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?

UHC - The numerator is determined by the number of eligible members who responded to each question on the 2021 Child CAHPS survey. The numerator differs as every member does not always answer every question if the question does not apply. Molina - The number/percent of CAHPS survey participants who responded always or usually for customer service and getting needed care survey questions.

4. Numerator (total number)

180

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

UHC - The total number of members who responded to selected questions on the 2020 Child CAHPS survey. Molina - The number of participants who responded to the CAHPS survey question for customer service and getting needed care.

6. Denominator (total number)

197

Computed: 91.37%

7. What is the date range of your data?

Start

mm/yyyy

02 / 2021

End

mm/yyyy

05 / 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?

UHC - Yes, there was improvement in the Getting Needed Care section. There was not improvement in the customer service and the getting care quickly sections. These areas are included in our improvement plan discussed in the CAHPS task force meeting. Molina - Yes, CAHPS Survey results show that 92.2% of respondents reported "always or usually" for getting needed care and 88.9% reported "always or usually" for customer service. These two rates are higher than the 70% benchmark/goal.

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

UHC has a CAHPS task force that meets on a quarterly basis. This multidisciplinary team analyzes rates and determines if interventions can be implemented to improve the overall scores. For customer service there has been training provided to call center staff to ensure that members' needs are addressed in a single call. For provider access, there is member and provider education provided to ensure that each party is aware of the appointment scheduling requirements for various types of visits. We typically put articles in the member and provider newsletter to share those details. We also perform a quarterly assessment on appointment availability. When providers do not meet the appointment criteria, a letter is sent describing the appointment criteria for each category and they are reassessed during the next review period. Molina - Molina will continue to ensure that CHIP enrollees have adequate access to services for their healthcare needs. Molina will continue to make customer service a top priority by ensuring customer service representatives a trained, resourceful, and respond quickly to any customer service questions and/or needs.

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

Regarding item 8 above: Molina used survey data and UHC used Symphony Performance Health Analytics (SPH) to conduct the 2021 CAPHS 5.0 Surveys.

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?

UHC - Our strategy for measuring and reporting on performance goals does vary for different reporting databases. For monitoring of our compliance rates of annual wellness exams, we utilize the CMS 416 reporting following CMS rules. This report generates on a quarterly basis and compliance is analyzed by overall population as well as individual age categories. This report determines what age groups we need to focus our outreach efforts on, and it will show if there has been any improvement from the previous quarter to determine if current outreach efforts are working. We also use HEDIS® data to monitor performance of the CHIP population. This data is updated twice a month and compliance rates are monitored to determine if programs or outreach efforts are successful or what programs need to be revised if rates are not improving. Lastly, we monitor the CMS Child Core Set measures for this population. This data set is monitored monthly and is used to determine what areas require intervention and to monitor progress of the effect of current programs on the rates.

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?

There are no plans to add new strategies around reporting at this time.

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?

Yes, UHC currently has four performance improvement projects for the MSCHIP population. Below is a summary of each project and what we have discovered through this research. Results and what we have learned from each study is detailed in the uploaded attachments. Adolescent Well Child PIP Study Question: Do interventions targeted at providers and members by UnitedHealthcare Community Plan of Mississippi improve and sustain adolescent well care visits with a PCP or OB/GYN practitioner during the measurement year. Quantifiable Measure (Monitor): The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. -monitoring monthly AWC rates of 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year-monitoring health disparities UHC and Health Equity Services partnered to conduct a demographic and disparities study. The study will identify populations, ethnic groups by age or gender to target for pilot studies and performance improvement opportunities. Member Satisfaction PIP Study Question: Do Plan imposed interventions increase the percentage of members who answer the CAHPS® Child survey question Getting Needed Care with a score of 8, 9 or 10.Question 46: Easy to see a specialist Quantifiable Measure: The number of parents of members 17 years or under as of December 31 of the measurement year who provided a valid response to the CAHPS® child survey question #4 with a score of 8, 9 or 10. -monitoring response rates and key drivers of the survey such as provider and member education regarding the survey. Follow Up After Hospitalization for Mental Illness PIP Study Question: Do Plan and OPTUM Behavioral Health imposed interventions improve the number of post hospitalization follow-up visits 7days post discharge and 30 days post discharge. Quantifiable Measure: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. -monitoring interim rates of members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health

practitioner within 7 and 30 days of discharge- monitoring BH case management of discharged members. PIP under current review. Obesity PIP Study Questions: The percentage of members 3- 17 years of age who had an outpatient visit with a PCP or OB/GYN with evidence of BMI percentile documentation. The percentage of members 3- 17 years of age who had an outpatient visit with a PCP or OB/GYN with evidence of counseling for nutrition. The percentage of members 3- 17 years of age who had an outpatient visit with a PCP or OB/GYN with evidence of counseling for physical activity documentation. - monitoring interim WCC rates - monitoring impact of community outreach and provider education. Molina - Molina also uses HEDIS® data to monitor performance of the CHIP population. This data is updated and compliance rates are monitored to determine whether programs or outreach efforts are successful or what programs need to be revised if rates are not improving. Molina also monitors the CMS Child Core Set measures for this population. This data set is monitored monthly and is used to determine what areas require intervention and to monitor progress of the effect of current programs on the rates Molina has four performance improvement projects for the MSCHIP population. Below is a listing of these PIPs and the attached update report. • Obesity • Mental Health Follow-up after hospitalization • Medication Management for People with Asthma (MMA), Annual 2020 • Well Child Care

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).

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

Part 1: Benefit Costs

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

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 151,276,809	**$** 127,080,530	**$** 149,804,035

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

2021	2022	2023
$ 6,273,006	**$** 2,700,000	**$** 2,700,000

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

2021	2022	2023
$ 0	**$** 0	**$** 0

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

2021	2022	2023
$ 0	**$** 0	**$** 0

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

	FFY 2021	FFY 2022	FFY 2023
Managed Care	151276809	127080530	149804035
Fee for Service	6273006	2700000	2700000
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	157549815	129780530	152504035

Part 2: Administrative Costs

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

1. How much did you spend on personnel in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?
This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 1,815,602	**$** 3,996,801	**$** 3,996,801

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
$ 455,717	**$** 1,003,199	**$** 1,003,199

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
$ 0	**$** 0	**$** 0

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

2021	2022	2023
$ 0	**$** 0	**$** 0

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

	FFY 2021	FFY 2022	FFY 2023
Personnel	1815602	3996801	3996801
General administration	455717	1003199	1003199
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	2271319	5000000	5000000
10% administrative cap	17505535	14420058.89	16944892.78

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	159821134	134780530	157504035
eFMAP	84.43	84.82	84.5
Federal share	134936983.44	114320845.55	133090909.58
State share	24884150.56	20459684.45	24413125.42

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

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [ ] Other

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

- ( ) Yes
- (•) No

Part 3: Managed Care Costs

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

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

2021	2022	2023
573734	573498	555290

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
$ 264	**$** 222	**$** 270

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	264	222	270

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
573734	573498	555290

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
$ 11	**$** 5	**$** 5

	FFY 2021	**FFY 2022**	**FFY 2023**
PMPM cost	11	5	5

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

NA

2. Optional: Attach any additional documents here.

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

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

The state continued to operate under the maintenance of effort provision and within the confines of budgetary constraints during this reporting period.

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

A challenge to the program overall was the reduction in the number of patients visiting medical offices and receiving preventive care during the pandemic. In addition, the pandemic created significant internal challenges in the areas of staffing and program operations.

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

A significant accomplishment was in the area of streamlining processes and continuity of care by aligning the CHIP program more with the Medicaid program. In addition, this effort also required significant interagency review, interaction and coordination.

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?

Combining the managed care procurement and managed care contracts for Medicaid (MIssissippiCAN) and CHIP (MS CHIP) to reduce administrative burden and streamline operations for greater efficiency.

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

No

6. Optional: Attach any additional documents here.

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

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