



North Carolina CARTS FY2020 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the [CARTS Help Desk](#).

1. State or territory name:

North Carolina

2. Program type:

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

3. CHIP program name(s):

North Carolina Health Choice

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

4. Contact name:

Ivy J. Jones

5. Job title:

CHIP Program Manager II

6. Email:

Ivy.Jones@dhhs.nc.gov

7. Full mailing address:

Include city, state, and zip code.

2501 Mail Service Center Raleigh, NC 27699-2501

8. Phone number:

919-527-7680

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

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

Maximum premiums for a family, tiered by FPL

FPL starts at

196



FPL ends at

210

Premium starts at

\$



Premium ends at

\$

FPL starts at

141



FPL ends at

210

Premium starts at

\$



Premium ends at

\$

FPL starts at

107



FPL ends at

133

Premium starts at

\$



Premium ends at

\$



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.

N/A

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.

Can receive PCCM or FFS

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

1. Does your program charge an enrollment fee?

☒ Yes

1a. How much is your enrollment fee?

\$ 50

☐ No

2. Does your program charge premiums?

☒ Yes

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

☒ Yes

☐ No

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

Premiums for one child, tiered by FPL

FPL starts at

133



FPL ends at

211

Premium starts at

\$



Premium ends at

\$

☐ No

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

☐ Yes

☒ No

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

\$

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

N/A

5. Which delivery system(s) do you use?

Select all that apply.

☐ Managed Care

☒ Primary Care Case Management

☒ Fee for Service

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

Can receive PCCM or FFS

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.

SPA # 18-007-Implemented provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor declared or federally declared disaster areas in North Carolina. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

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

- ☒ Yes
- ☐ No
- ☐ N/A

Part 4: Separate CHIP Program and Policy Changes

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

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

☒ Yes

☐ No

☐ N/A

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

☒ Yes

☐ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

4. Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

☒ Yes

☐ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

For example: removing a waiting period.

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to premium assistance?

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

SPA # 18-007: Implemented provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor declared or federally declared disaster areas in North Carolina. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

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

- ☐ Yes
- ☐ No

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 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	181,187	185,361	2.304%
Separate CHIP	136,139	123,906	-8.986%

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

The decrease in CHIP enrollment, The State reviewed changes in CHIP Enrollment are a result of the COVID-19 Public Health Emergency. First, this population is sensitive to changes in the unemployment rate. Typically, as unemployment decreases our CHIP program population increases and, when there are increases in unemployment our CHIP population decreases. There was a surge in unemployment during this time as a result of COVID-19 and, it is highly likely that this impacted our CHIP population. Typically, when this occurs they do not disenroll completely but rather become eligible for Medicaid (and are enrolled). Furthermore, as a direct result of the PHE (and under the guidance of CMS) changes have been made to the way the State of North Carolina determines eligibility for Medicaid and CHIP. For the duration of the Public Health Emergency, when a recipient's eligibility period concludes they are no longer allowed to have their benefits terminated (with a few exceptions which I will list*) or transfer to another coverage group where they will receive lesser benefits. Therefore, a beneficiary who would ordinarily move from Medicaid to CHIP would be prevented from doing so by these measures and, they would remain in Medicaid. *The only way a member may lose eligibility would be; the death of the member, voluntarily asking to terminate benefits or, members moving their residence outside of North Carolina. In addition, as of June 2021, CHIP beneficiaries may lose eligibility if they are found to be ineligible (aging out of the program, etc.) at the end of their eligibility certification period when they re-determined.

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.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	70,000	6,000	3%	0.3%
2016	67,000	5,000	2.8%	0.2%
2017	66,000	7,000	2.8%	0.3%
2018	67,000	8,000	2.8%	0.3%
2019	69,000	7,000	2.9%	0.3%

Percent change between 2018 and 2019
NaN%

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?

N/A

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.

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Program Outreach

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



Yes

1a. What are you doing differently?

A new Minority Outreach Coordinator was hired in mid-December 2019 filling the vacancy created by previous staff's retirement. Her direct experience in local outreach for ACA enrollment, especially with Latino populations and rural community resource networks was an added asset for new collaborations and strategies. She also began networking with state and local service agencies, shadowing the CYSHCN Help Line coordinator regarding meetings and presentations to deepen her knowledge and expertise about NC's children's health insurance resources. By February, she was independently scheduling and attending targeted outreach events. The outreach team comprised of the Minority Outreach Coordinator, Help Line Coordinator and the CYSHCN Access to Care Specialist traditionally use a health equity lens to target outreach efforts in low resource geographic areas, in addition to marginalized, disenfranchised populations that would benefit from accessing NC's public health insurance options. The outreach team met monthly with the Best Practice Unit manager to discuss optimal outreach strategies, using state Medicaid enrollment data to target county populations for stakeholder engagement and outreach, and to develop updated outreach materials. A total of 137 outreach activities occurred in FFY 19-20 [Table 1], impacting an estimated 7,683 participants. Another 40 scheduled outreach events (exhibits and presentations) were cancelled due to the COVID19 pandemic in NC. Forty-three percent (43%) of these cancelled events exclusively targeted the Latino, refugee and tribal communities. In order to continue outreach efforts during COVID19 quarantine and social distancing requirements, the Outreach staff developed revised strategies to continue promoting the value of NC Medicaid/Health Choice. Staff participated in more collaborative and consultative opportunities (ex. Stakeholder meetings to share and promote NC Medicaid/Health Choice information). Staff reached out to various stakeholder organizations or agencies to participate and present in their virtual community meetings. Group examples include: Wayne County Latino Council, Cone Health Latinx Health Network, Episcopal Farmworker Ministries, TRIAD Refugee Meeting, NC Down Syndrome Alliance, and the Cherokee County Local Interagency Coordinating Council. During the pandemic travel curtailment,

Outreach staff also prepared information packets which were mailed to site contacts for inclusion in their distribution efforts (ex. food distribution to rural or Latino populations, back to school events). A total of 4,381 English/Spanish NC Medicaid/NC Health informational flyers were distributed in FFY 19-20. The 2018 version of the "Does Your Child Have Health Insurance" flyer for NC Medicaid/NC Health Choice was updated during this report cycle. Two new flyers were developed. One entitled "Health Insurance is Important for Your Child" was written in a more family-centered approach explaining why health insurance is important for their child's health. This flyer was developed in cooperation with the Children and Youth Branch's Family Partner Steering Committee - vetted parents of children and youth with special needs, many who also receive Medicaid. A second flyer targeting stakeholders who serve families, was also developed to promote awareness of NC's health insurance resources for children. Both flyers have been translated into Spanish and will be posted to the DPH website with print copies for distribution. Additionally, the outreach team staff are exploring external messaging options (twitter, electronic agency signage) to promote the awareness Medicaid/Health Choice as a resource for families. The outreach team is also networking with six federally qualified health centers (serving 21 counties) via the NC Community Health Center Association's HEALTHY KIDS Connecting Kids to Coverage Outreach and Enrollment program grant to mutually target applicable population groups. *Table 1 attached*

☐ No

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

☒ Yes

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

Of NC children under age 19 with insurance coverage, 42% are covered via Medicaid/CHIP with 53% insured with other private/public insurance options, leaving an estimated 5% still uninsured <https://kidshealthcarereport.ccf.georgetown.edu/states/north-carolina>. However, this data does indicate that 13% of uninsured are Latino with 6% tribal. Sixty-eight (68%) of FFY19-20 cancelled local community outreach events specifically targeted these two population groups. Past outreach event experience shows these groups are more responsive to in-person, culturally relatable outreach experiences. Further in NC, these two populations are typically located in rural, low-resource communities, which includes sparse or no internet connectivity options.

☐ No

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

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

Eighty-two events (60%) of outreach activities held between mid- March 2020 and September 30, 2020 were conducted via a virtual or electronic platform (email, phone, virtual meeting) as a result of travel discontinuation impacted by COVID19. This compares to 55 in person, community level events conducted October 2019 through mid-March 2020. Among the total 137 events, it is estimated that 7,683 were recipients of outreach materials. Outreach staff still affirm that being in the field at local community activities/events demonstrates more authentic engagement and dialogue among potential beneficiaries of NC Medicaid and Health Choice resources. Revised materials reflect family-driven development and convey messaging in a more family-centered approach, including visual accommodation. The Outreach team continues to apply evidenced-based engagement strategies which also utilize data driven and family-centered approaches.

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

The CYSHCN Help Line serves as a statewide resource to assist families in identifying applicable information and services for their child with special needs, especially in their community. Help Line callers consistently report Medicaid/NC Health Choice as their primary insurance source (74% in FFY 19-20). Eighty-three (83%) percent of callers requested resources to access community supports, medical or health care services applicable to their child's reported needs. Sixty-nine (69%) of callers represent families/caregivers. One hundred percent (100%) of responding callers report the helpfulness and how well their questions were addressed. Further, 100% of callers reported they would use the Help Line again or refer others for use. Outreach staff, in cooperation with the NC Pediatric Society, continue to facilitate the quarterly NC Coalition to Promote Children's Health Insurance. The Coalition continues as a forum for statewide stakeholders to address topics that can directly impact marginalized or vulnerable populations who would most benefit from enrollment and services available via NC Medicaid and Health Choice. Regular attendees represent: NC Division of Public Health - Children and Youth Branch, Fostering NC project via the NC Pediatric Society, Office of Rural Health, Office on Refugee Health, NC Association of Community Health Centers, and NC Child. Coalition meeting topics have included: updates on NC's Medicaid managed care transformation, strategies to support community census participation in under-represented populations, and health inequity/access to essential health care resources - in disenfranchised populations especially during the COVID pandemic. The Outreach team also undertook a new initiative in cooperation with the NC Commission on Children with Special Needs and the Division of Public Health's Children and Youth Branch to promote a dental home for children with special needs. The initiative includes two trainings targeting dental providers and families addressing how a dental home is as beneficial as a medical home, in addition to dental care accommodations for special needs children. Eighty-six outreach efforts to promote or present this project occurred during FFY 19-20.

5. Optional: Attach any additional documents here.

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

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

Browse...

Substitution of Coverage

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

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

%

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

N/A

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?

NC conducts full exparte renewals, utilizing agency records, other programs and all available electronic sources to avoid making any contact with the household to determine continued eligibility.

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

Exparte renewals

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

N/A

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 2020?

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

1079

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.

673

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.

404

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

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

<11

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

N/A

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	62.37%
Denied for eligibility reasons	37.44%
Denials for other reasons	0.37%

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 2020?

0

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

48191

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

47225

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.

966

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

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

260

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.

263

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

443

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

Question 1: Is "N/A" due to the current State's system (NCFAST) not able to produce this indicator due to system limitations.

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	98%
Children disenrolled after redetermination	2%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	26.92%
Children disenrolled for eligibility reasons	27.23%
Children disenrolled for other reasons	45.86%

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 2020?

0

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

476225

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

472361

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.

3864

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

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

2348

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.

857

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

659

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

Question 1: Is "N/A" due to the current State's system (NCFAST) not able to produce this indicator due to system limitations.

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	99.19%
Children disenrolled after redetermination	0.81%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	60.77%
Children disenrolled for eligibility reasons	22.18%
Children disenrolled for other reasons	17.05%

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 year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next 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 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)

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

1871

10319

15095

4643

July - September 2020 (6 months later)

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

1748

9639

14292

4419

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

<11

44

82

19

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

12

<11

<11

7. How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

120

636

721

205

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

93

475

500

131

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

N/A

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

10. How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

N/A

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 year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next 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 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 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)

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

Ages 0-1

18723

Ages 1-5

15742

Ages 6-12

17868

Ages 13-16

7581

July - September 2020 (6 months later)

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

18290

Ages 1-5

14802

Ages 6-12

16855

Ages 13-16

7186

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

47

113

178

65

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

30

79

27

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

386

827

835

330

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

68

416

447

159

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

N/A

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

N/A

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

☐ Yes

☒ No

Employer Sponsored Insurance and Premium Assistance

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

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

☐ Yes

☒ No

Program Integrity

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

In accordance with 45 CFR 455 and 457, North Carolina has various safeguards to prevent, investigate, and refer cases of Medicaid fraud, waste, and abuse. Written processes are in place to conduct investigations, provider self-audits, recoupments, and referral of credible allegations of fraud to law enforcement. The state uses automated prepayment edits and audits in the MMIS system; robust data analytics to detect aberrant billing patterns; mechanisms for reporting fraud, waste, and abuse electronically and telephonically; prepayment claims review; and targeted post-payment audits.

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

☐ Yes

☐ No

☒ N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2020?

<11

7. How many cases have been found in favor of the beneficiary in FFY 2020?

0

8. How many cases related to provider credentialing were investigated in FFY 2020?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10. How many cases related to provider billing were investigated in FFY 2020?

334

11. How many cases were referred to appropriate law enforcement officials in FFY 2020?

48

12. How many cases related to beneficiary eligibility were investigated in FFY 2020?

2887

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

25

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?

NC Medicaid staff are responsible for prevention, investigation and referral of fraud and abuse case. Provider credentialing is completed within MMIS. Vendors support the work of State staff through provider prepayment and post payment audits as a response to allegations of fraud, waste and abuse. Vendor responsibilities, processes and protocols are detailed in state contracts. Quality assurance activities and monitoring of the contracted vendors are performed by State staff by looking at contractor deliverables. Corrective Action Plans (CAPs) are required when contract performance standards are not met.

☐ No

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

☐ Yes

☒ No

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

The Division of Health Benefits has oversight responsibilities for seven (7) Behavioral Health Managed Care Organizations.

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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	<11	51	38639	57468	40232

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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	<11	26	25009	35561	21464

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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	<11	25	24032	33817	19230

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 2020?

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
<11	0	<11	11213	13833	10197

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 2020?

29

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.

N/A

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.

1. Did you collect the CAHPS survey?

☐

Yes

☒

No

Part 2: You collected the CAHPS survey

Part 3: You didn't collect the CAHPS survey

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

1. Why didn't you collect the CAHPS survey?

Check all that apply.

- ☐ Entire population wasn't included in the survey
- ☐ Part of the population wasn't included in the survey
- ☐ Data wasn't available due to budget constraints
- ☐ Data wasn't available due to staff constraints
- ☐ Data wasn't consistent or accurate
- ☐ Data source wasn't easily accessible
- ☐ Data source wasn't easily accessible: requires medical records
- ☐ Data source wasn't easily accessible: requires data linkage that doesn't currently exist
- ☐ Data wasn't collected by a provider
- ☐ Sample size was too small (fewer than 30)
- ☒ Other

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

CAPHS was not conducted for NC Health Choice in 2020. NC opted to include only Medicaid beneficiaries and added supplemental questions related to beneficiary experience with telehealth during the Covid-19 pandemic. Of note, no CAPHS survey was initiated in 2020.

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?

Support Reach Out and Read in North Carolina

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

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Children birth to age 6.

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

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

Computed:

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

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

NC Medicaid plans to look at key child health indicators that align with NC Medicaid's Quality Strategy and CMS' Medicaid and CHIP Child Core Measure Set in practices that offer Reach Out and Read, and practices that do not. Metrics to be measured include: 1. Well-child visits (Phase 1-3), 2. Pediatric immunization rates (Phase 3), and 3. Depression screenings (Phase 3).

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

NC DHHS is still in the process of developing the contract to implement the program.

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

Additional information will be provided on the 2021 CARTS report as more data is obtained.

9. Optional: Attach any additional documents.

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

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

Browse...

Do you have another HSI Program in this list?

Optional

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them

are different.

Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

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

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

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

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

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

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

The State of North Carolina is currently developing goals to align with our upcoming Manage Care Transformation launch that will begin July 1, 2021. NC Medicaid will have developed goals and objectives in our 2021 reporting.

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

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

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

1. Briefly describe your goal for this objective.

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

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

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

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

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

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

The State of North Carolina is currently developing goals to align with our upcoming Manage Care Transformation launch that will begin July 1, 2021. NC Medicaid will have developed goals and objectives in our 2021 reporting.

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

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

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

Increase the use of preventative care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

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

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

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

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

The State of North Carolina is currently developing goals to align with our upcoming Manage Care Transformation launch that will begin July 1, 2021. NC Medicaid will have developed goals and objectives in our 2021 reporting.

12. Do you have any supporting documentation?

Optional

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


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

Browse...



Do you have another Goal in this list?

Optional



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

1. Briefly describe your goal for this objective.

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

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1. Briefly describe your goal for this objective.

2. What type of goal is it?

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- ☐ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

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Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

The State of North Carolina is currently developing goals to align with our upcoming Manage Care Transformation launch that will begin July 1, 2021. NC Medicaid will have developed goals and objectives in our 2021 reporting.

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?

N/A

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?

N/A

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 2020, and how much you anticipate spending in FFY 2021 and 2022.

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 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

\$ 76,177,881

2021

\$ 76,177,881

2022

\$ 76,177,881

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 489,319,804

\$ 489,319,804

\$ 489,319,804

3. How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

Table 1: Benefits Costs

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

	FFY 2020	FFY 2021	FFY 2022
Managed Care	76177881	76177881	76177881
Fee for Service	489319804	489319804	489319804
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	565497685	565497685	565497685

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 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020

\$ 5,943,530

2021

\$ 5,943,530

2022

\$ 5,943,530

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 4,624,810

\$ 4,624,810

\$ 4,624,810

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 701,824

\$ 701,824

\$ 701,824

5. How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 0

\$ 0

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 0

\$ 1,622,000

\$ 1,391,000

7. How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 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 2020	FFY 2021	FFY 2022
Personnel	5943530	5943530	5943530
General administration	4624810	4624810	4624810
Contractors and brokers	0	0	0
Claims processing	701824	701824	701824
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	1622000	1391000
Other administrative costs	0	0	0
Total administrative costs	11270164	12892164	12661164
10% administrative cap	62833076.11	62833076.11	62833076.11

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 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2020	FFY 2021	FFY 2022
Total program costs	576767849	578389849	578158849
eFMAP	88.42	77.18	77.36
Federal share	509978132.09	446401285.46	447263685.59
State share	66789716.91	131988563.54	130895163.41

8. What were your state funding sources in FFY 2020?

Select all that apply.

☒

State appropriations

☐

County/local funds

☐

Employer contributions

☐

Foundation grants

☐

Private donations

☐

Tobacco settlement

☐

Other

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

☐

Yes

☒

No

Part 3: Managed Care Costs

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

1. How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

2021

2022

154663

154663

154663

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020

2021

2022

\$ 41

\$ 41

\$ 41

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	41	41	41

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 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

284248

2021

284248

2022

284248

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

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.

2020

\$ 143

2021

\$ 143

2022

\$ 143

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	143	143	143

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

NO

2. Optional: Attach any additional documents here.

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

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

The North Carolina General Assembly continues to remain supportive of the CHIP program but maintains its opposition to Medicaid expansion. Due to COVID-19, the state implemented several provisions to assist with the pandemic. There was no projected fiscal shortfall for FY 2020.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

The greatest challenge that the NC Health Choice program experienced was implementing enormous amount of COVID-19 related services to ensure North Carolinians had access to all Medicaid and NC Health Choice services during the pandemic. In addition, the Department is continuing to aggressively address opioid addiction throughout the state, with Medicaid introducing tactics to reduce the oversupply of prescription opioids, the diversion of prescription drugs, and increasing community awareness and prevention.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

The State of North Carolina met several key milestones in SFY 2020 on its journey with implementing several COVID-19 related federal & State executive orders, and preparing for Manage Care Launch. North Carolina also implemented their first Health Service Initiative. North Carolina is continuing to improve our consumer-directed care model to provide families and beneficiaries with greater flexibility and autonomy to obtain services within managed care and in home-and community-based care.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

NC Medicaid is currently integrating social determinants of health, also known as "Healthy Opportunities," throughout its work generally, and into the managed care program specifically. This will enhance our community-based interventions for children and target the highest risk and highest cost children for care management. In addition, North Carolina will continue to collaborate with stakeholders across North Carolina and throughout the department as we move towards our Managed Care delivery, and with implementing new services that relates to COVID-19. This will allow the State the opportunity to gather additional feedback and provide detail needed to refine the state's medical and non-medical drivers of health.

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

N/A

6. Optional: Attach any additional documents here.

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