

# Oregon CARTS FY2020 Report

## Basic State Information

### 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:

Oregon

2.

Program type:

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

3. CHIP program name(s):

Oregon Health Plan (OHP)

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

4. Contact name:

Jesse Anderson

5. Job title:

State Plan manager

6. Email:

jesse.anderson@dhsosha.state.or.us

7. Full mailing address:

Include city, state, and zip code.

500 Summer st NE Salem Oregon 97301

8. Phone number:

5033853215

## 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.

## **Program Fees and Policy Changes**

### **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.

All populations can be enrolled in a MCO/CCO but certain members, such as American Indians/Alaska Natives must opt into a MCO whereas other population groups are automatically enrolled. Some members are served via FFS due to their medical conditions, access or continuity of care or are part of the conception to birth population which are FFS only.

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

1.

Does your program charge an enrollment fee?

Yes

No

2.

Does your program charge premiums?

Yes

No

3.

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

Yes

No

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

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

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

All populations can be enrolled in a MCO/CCO but certain members, such as American Indians/Alaska Natives must opt into a MCO whereas other population groups are automatically enrolled. Some members are served via FFS due to their medical conditions, access or continuity of care or are part of the conception to birth population which are FFS only.

## Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- Yes
- No
- N/A

2.

Have you made any changes to the eligibility redetermination process?

- Yes
- No
- N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

Yes

No

N/A

4.

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

For example: adding benefits or removing benefit limits.

Yes

No

N/A

5.

Have you made any changes to the single streamlined application?

Yes

No

N/A



6.

Have you made any changes to your outreach efforts?

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

Yes

No

N/A

7.

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

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

Yes

No

N/A

8.

Have you made any changes to your cost sharing requirements?

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

Yes

No

N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

Yes

No

N/A

10.

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

Yes

No

N/A

11.

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

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

Yes

No

N/A

12.

Have you made any changes to premium assistance?

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

Yes

No

N/A

13.

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

- Yes
- No
- N/A

14.

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

- Yes
- No
- N/A

15.

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

- Yes
- No
- N/A

16.

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

Yes

No

N/A

## **Part 4: Separate CHIP Program and Policy Changes**

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

1.

Have you made any changes to the eligibility determination process?

Yes

No

N/A

2.

Have you made any changes to the eligibility redetermination process?

- Yes
- No
- N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

- Yes
- No
- N/A

4.

Have you made any changes to the benefits available to 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.

Not really program changes but required SPAs that were not part of SP prior.  
19-0130 Managed care provisions, 19-0131 ELE removed from SP and 20-0132 Behavioral Health provisions included in SPA (still pending approvals).

21.

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

- Yes
- No

## Enrollment and Uninsured Data

### 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.

| <b>Program</b>          | <b>Number of children enrolled in FFY 2019</b> | <b>Number of children enrolled in FFY 2020</b> | <b>Percent change</b> |
|-------------------------|--|--|-----------------------|
| Medicaid Expansion CHIP | 62,838   | 58,813   | -6.405%               |
| Separate CHIP           | 134,146  | 128,472  | -4.23%                |

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

Oregon has retro eligibility so the final numbers will changes from those preliminary numbers. There is also an error in the reports that we are currently working to correct. There should not be a reduction in our numbers as reflected in these SEDS #.

## **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 | 18,000                       | 3,000           | 2.1%  | 0.3%            |
| 2016 | 15,000                       | 3,000           | 1.7%  | 0.3%            |
| 2017 | 18,000                       | 3,000           | 2%  | 0.3%            |
| 2018 | 17,000                       | 3,000           | 1.9%  | 0.4%            |
| 2019 | 16,000                       | 4,000           | 1.8%  | 0.4%            |

| Percent change between 2018 and 2019 |
|--------------------------------------|
| Not Available                        |

2.

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

- Yes
- No

3.

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

Yes

No

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

5.

Optional: Attach any additional documents here.

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

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



# Eligibility, Enrollment, and Operations

## 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.

The Community Partner Outreach Program succeeded by coupling expansion of eligibility and simplified enrollment procedures with aggressive grassroots marketing and outreach initiatives. First, the community partner program awarded grants, ranging from \$25,000 to \$200,000 to community-based organizations to conduct outreach and provide assistance to families in applying for coverage. The CPOP also invites other types of organizations to be part of its robust community-based network. Healthcare providers can become outreach sites and receive training certifying them to provide application assistance. Additionally, other organizations signed up to enter in Volunteer agreements with the Oregon Health Authority to provide application assistance, following the same training and certification process to provide application assistance on a voluntary basis. Moreover, other types of community-based organizations can simply help spread the word about Healthy Kids/OHP for kids and medical coverage by referring families to the various application assistance sites. This community-based approach helped the CPOP create a strong and diverse network of partners in every county in the state, spanning from schools to health care centers to community action agencies. With a robust network of partners operating on the ground like field staff, the CPOP was also able to greatly expand its reach. Since June 2009, partners have distributed materials (fliers, newsletters, brochures) in all 36 counties. Partners sent more than 500,000 back-to-school fliers home in kids' backpacks in all 197 Oregon school districts. More than 75% of those fliers included contact information for a local partner to assist families with the application. During the back-to-school drive in 2014, the outreach grantees collaborated with more than 1,000 schools in 29 counties, building relationships with the staff and creating referral networks for uninsured families. All our partners play a significant role in reaching people across the state and providing them not only with information about affordable, accessible coverage and care but also on how to maintain health coverage beyond the initial 12-month enrollment. However, these relationships were not cultivated overnight. It took time to build networks in communities and to coordinate these efforts. We credit three essential strategies to their plan, which include: b"Building an effective education, outreach and enrollment infrastructure b"Using multiple channels and vehicles to reach the

uninsured b"Providing comprehensive technical assistance to outreach and enrollment "partners." The Community Partner Outreach Program nurtured and built local partnerships across the state to ensure partners were engaged; allowing for families to have consistent statewide messages about the program reinforced by trusted and familiar sources in their schools, their health centers, through their employers, or local nonprofit organizations. As a result, enrollment numbers increased across every demographic throughout every county in the state. Today, most counties have at least one entity available to provide application assistance and answer questions about the medical coverage offered through the Healthy Kids Program/OHP for kids.

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

The OHA Community Partner Program continues to lead OHA's community outreach, engagement, and education efforts. Especially, during the current pandemic it continues to show the effectiveness of our approach to community work of working and contracting with Community Partner Organizations across the state. Our work serving minorities, migrant seasonal farmworkers, and rural areas has been highlighted at the national level, due to its effectiveness in identifying needs and connecting community members with resources.

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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# Eligibility, Enrollment, and Operations

## 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

%

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?

Yes, some data such as #3 above is not captured in our system currently.

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)

  

## Eligibility, Enrollment, and Operations

### 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?

Working on the ONE eligibility system, making on line portal access available to look at status of applications. making the paper application the same as the on line system, etc

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

have not evaluated

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

have not evaluated

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

## Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

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

35492

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.

3352

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.

33548

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?

1173

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

Yes our system does not track applications that move to Medicaid from CHIP.



Table: CHIP Eligibility Denials (Not Redetermination)

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

| Type                           | Number | Percent |
|--------------------------------|--------|---------|
| Total denials                  | 35492  | 100%    |
| Denied for procedural reasons  | 3352   | 9.44%   |
| Denied for eligibility reasons | 33548  | 94.52%  |
| Denials for other reasons      | 1173   | 3.3%    |

### 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?

86528

2.

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

83963

3.

How many children were retained in CHIP after redetermination?

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

**Computed:**

4a.

How many children were disenrolled for procedural reasons?

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

4b.

How many children were disenrolled for eligibility reasons?

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

4c.

How many children were disenrolled for other reasons?

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

For questions 3&4 we did not track due to the ongoing Public Health Emergency, Oregon's CHIP and Medicaid systems utilize the same information. Medicaid required an MOE so terminations were frozen effective March 1, 2020.

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

| Type                                       | Number       | Percent      |
|--|--------------|--------------|
| Children screened for redetermination      | 83963        | 100%         |
| Children retained after redetermination    | Not Answered | Not Answered |
| Children disenrolled after redetermination | Not Answered | Not Answered |

Table: Disenrollment in CHIP after Redetermination

| Type   | Number       | Percent      |
|--|--------------|--------------|
| Children disenrolled after redetermination   | Not Answered | Not Answered |
| Children disenrolled for procedural reasons  | Not Answered | Not Answered |
| Children disenrolled for eligibility reasons | Not Answered | Not Answered |
| Children disenrolled for other reasons       | Not Answered | Not Answered |

## 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?

304634

2.

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

304023

3.

How many children were retained in Medicaid after redetermination?

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

**Computed:**

4a.

How many children were disenrolled for procedural reasons?

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

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

4c.

How many children were disenrolled for other reasons?

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

For 3&4, numbers are not tracked due to the PHE and MOE requirements. Starting 3/1/20 we accepted self-attestation for eligibility criteria and froze all disenrollments with limited exceptions (death, moving out of state, etc)

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

| Type                                       | Number       | Percent      |
|--|--------------|--------------|
| Children screened for redetermination      | 304023       | 100%         |
| Children retained after redetermination    | Not Answered | Not Answered |
| Children disenrolled after redetermination | Not Answered | Not Answered |



Table: Disenrollment in Medicaid after Redetermination

| Type   | Number       | Percent      |
|--|--------------|--------------|
| Children disenrolled after redetermination   | Not Answered | Not Answered |
| Children disenrolled for procedural reasons  | Not Answered | Not Answered |
| Children disenrolled for eligibility reasons | Not Answered | Not Answered |
| Children disenrolled for other reasons       | Not Answered | Not Answered |

## 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

339

4548

4712

1969

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

281

3522

3637

1540

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

9

32

56

25

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

8

27

41

15

7.

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

Possible reasons for no longer being enrolled:

b" Transferred to another health insurance program other than CHIP

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

49

994

1019

404

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

45

923

972

382

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

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:

b" Transferred to another health insurance program other than CHIP

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" 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:

b" Transferred to another health insurance program other than CHIP

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" 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?

## **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

Ages 1-5

Ages 6-12

Ages 13-16

5684

6087

7325

3224

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

Ages 1-5

Ages 6-12

Ages 13-16

5504

5705

6957

3032

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

25

81

60

34

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

3

25

19

8

7.

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

Possible reasons for no longer being enrolled:

b" Transferred to another health insurance program other than Medicaid

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

155

301

30

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

53

180

211

85

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

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:

b" Transferred to another health insurance program other than Medicaid

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" 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:

b" Transferred to another health insurance program other than Medicaid

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" 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?

## Eligibility, Enrollment, and Operations

### 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

## **Eligibility, Enrollment, and Operations**

### **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

# Eligibility, Enrollment, and Operations

## 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?

Oregon has a robust audit function that consists of 13 Governmental Auditors 2, 1 Medical Review Coordinator, 1 Governmental Auditor 3, 2 Research Analysts 4, 1 Research 3, 1 Operations and Policy Analyst 4, and 1 Administrative Assistance 2. Auditors perform onsite and desk audits of simple and complex issues with different providers type and CCOs. Research analysts focus on data analysis/ utilization reviews in determining potential leads. Potential leads are screened with the objective of forming an audit/ no audit decision. When audits are selected to be opened, the Program Integrity Audit Unit utilizes statistically valid random sampling to review a provider's entire claims population for a defined period. Overpayments are assessed using extrapolation when material violations of rules for reimbursement are found. The researcher performs algorithms on paid claims as another strategy for monitoring claims. Oregon has a memorandum of understanding with the Oregon Department of Justice Medicaid Fraud Control Unit (MFCU). The State remains responsible for conducting preliminary investigations on potential fraud and abuse. Below are examples of cases which may be referred to the MFCU: a. Cases in which over sampled or audited services are not supported by documentation and there is a suspicion of fraudulent intent. b. Cases in which sampled or audited services are billed at a higher-level procedure code than is documented in violation of state and/ or federal rules and/ or regulations and there is suspicion of fraudulent intent. c. Verified cases where the provider billed Oregon Medicaid at a higher rate than non-Medicaid recipients or other insurance programs. d. Verified cases where the provider purposely altered or destroyed documentation to collect Medicaid payments not otherwise due. e. Cases that are found to have characteristics which appear to Oregon Medicaid to indicate a potential for fraud. f. Cases where Oregon Medicaid has revoked a provider's billing number based on violation of an administrative rule.

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?

436

7.

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

4

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?

192

11.

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

51

12.

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

274

13.

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

11

14.

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

- CHIP only
- Medicaid and CHIP combined

15.

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

- Yes
- 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?

Just for clarification to question 15, the agency performs this for the FFS populations and requires it of the managed care plans for their enrollees.

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)

  

## Eligibility, Enrollment, and Operations

### 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

509

4674

13210

17924

22187

15265

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 |
|----------|----------|----------|----------|------------|------------|
| 10       | 1428     | 7106     | 11740    | 12830      | 7204       |

#### 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 |
|----------|----------|----------|----------|------------|------------|
| 2        | 1204     | 6725     | 11120    | 12138      | 6373       |

## 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 |
|----------|----------|----------|----------|------------|------------|
| 3        | 120      | 1803     | 4888     | 4575       | 3079       |

## 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?

3896

### Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7.

Do you provide supplemental dental coverage?

Yes

No

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

9.

Optional: Attach any additional documents here.

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

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

  

## Eligibility, Enrollment, and Operations

### 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

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)

  

2.

Which CHIP population did you survey?

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

3.

Which version of the CAHPS survey did you use?

- CAHPS 5.0
- CAHPS 5.0H
- Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- None
- Children with Chronic Conditions
- Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

NCQA HEDIS CAHPS 5.0H

HRQ CAHPS

Other

5a. Which administrative protocol did you use?

Oregon follows HEDIS in general but does not separate out M-CHIP, S-CHIP and Medicaid by plan because the resulting responses would be too small for analysis. Oregon uses more call back attempts, does not send reminder postcards, and over samples for race and ethnicity. Oregon only includes the CAHPS supplemental item set for children with chronic conditions for children who are flagged in Oregon's claims data as having a chronic condition. Children without this flag receive the standard version of the child survey.

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

No

### Part 3: You didn't collect the CAHPS survey



# Eligibility, Enrollment, and Operations

## 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?

Oregon Poison Control Center

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 under 19 years of age

4.

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

19908

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.

Cost savings from effective management of patients at home without a referral to health care facility.

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

b" Last year 19,908 (57.4%) exposure calls involved children 0-19 years old. b" 15,745 exposure cases were calls from their homes. b" Of those calls, we managed 14,439 (92%) at home; they did not need to go to the emergency department or see any healthcare provider. b" Home management involved careful monitoring and follow-up by the Poison Center Health Care Providers. b" According to USA Today\* the average emergency room visit costs \$1,389. The Poison Center saved medical costs of at least \$20,055,771 if all our home-managed patients went to the emergency department. \*<https://www.usatoday.com/story/news/health/2019/06/04/hospital-billing-code-changes-help-explain-176-surge-er-costs/1336321001/>

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

The Oregon Poison Center does not collect insurance information from our patients. We serve all Oregonians. The poison center is available and utilized consistently by this population each year regardless of insurance coverage. Children through age 19 represent approximately 57% of the patients we serve in Oregon.

9.

Optional: Attach any additional documents.

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

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

## **Do you have another in this list?**

Optional

## **State Plan Goals and Objectives**

### **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.

Reach and enroll eligible children into a public sponsored health insurance program, goal for uninsured children: 5% or less at the time of survey.

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.

estimated population of uninsured children in Oregon

4.

Numerator (total number)

26454

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.

estimated population of children( 18 and under)in Oregon

6.

Denominator (total number)

930831

**Computed:** 2.84%

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?

Yes, the uninsured rate among children remains low at 2.8%, which is under the 5% goal

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

Continue to leverage the ACA adult expansion and utilize Oregonhealthcare.gov to help residents to navigate Medicaid/CHIP eligibility or premium subsidies. supporting documents can be viewed at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx>

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

We plan to continue this goal in future years. The Oregon Health Insurance Survey is fielded in odd-numbered years. OHA is preparing to field the OHIS again in early 2021.

12.

Do you have any supporting documentation?

Optional

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

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

  

**Do you have another in this list?**



Optional

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

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

Increase access to care

1. Briefly describe your goal for this objective.

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

Achieve 88.7% of patients (adults and children) who thought they received appointments and care when they needed them. Goal based on Metrics and Scoring Committee, based on 75th percentile of national Medicaid performance; Adult = 84.8%, Child = 92.6%.

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.

Those meeting top response categories for CAHPS composite.

4.

Numerator (total number)

8293

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.

Continuously enrolled in a Medicaid with no more than a 45 day break.  
Children in denominator needed a routine care appointment and/or emergency care.

6.

Denominator (total number)

9669

**Computed:** 85.77%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2019

**End**

mm/yyyy

12 / 2019

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?

Slightly increased from FFY 2019 at 86% to FFY 2020 at 85.8%

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

The measure is incentivized in the CCO quality measure program for CY2019 to improve access to care but is discontinued starting 2020 per Metrics and Scoring Committee decision. OHA will continue to monitor the CAHPS measure for access to care.

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

No

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 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 well-care visits for young children

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%.

Reach 75.4% (the 90th percentile for Medicaid) for 6 or more well-child visits in the first 15 months of life.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal



Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Number of children in specified age range with six or more visits.

4.

Numerator (total number)

10634

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.

Children who are 15 months old during the measurement year, and continuously enrolled from 31 days to 15 months of age.

6.

Denominator (total number)

15536

**Computed:** 68.45%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2019

**End**

mm/yyyy

12 / 2019

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 rate increased from 66.5% in FFY2019 to 68.4% in FFY 2020.

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

Utilize managed care to increase access to preventive care and care coordination.

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

12.

Do you have any supporting documentation?

Optional

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

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

**Do you have another in this list?**

Optional

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

Reach and enroll CHIP eligible children.

1. Briefly describe your goal for this objective.

Increase the enrollment of CHIP eligible children. Measure the change in point-in-time count all children enrolled in CHIP programs for the final month of FFY2020 compared to FFY2019

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?

Point-in-time count of all children enrolled in CHIP programs for the final month of FFY2020 (September 2019)

4.

Numerator (total number)

91119

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Point-in-time count of all children enrolled in CHIP programs for the final month of FFY2019 (September 2018)

6.

Denominator (total number)

86065

**Computed:** 105.87%

7.

What is the date range of your data?

**Start**

mm/yyyy

09 / 2018

**End**

mm/yyyy

09 / 2019

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?

CHIP enrollment increased by 5.9% from September 2018 to September 2019.

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

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

12.

Do you have any supporting documentation?

Optional

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

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**Do you have another in this list?**

Optional

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

Reach and enroll Medicaid eligible children



1. Briefly describe your goal for this objective.

.Increase the enrollment of Medicaid eligible children. Measure the change in point-in-time count all children enrolled in Medicaid programs for the final month of FFY2020 compared to FFY2019.

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?

Point-in-time count all children enrolled in Medicaid programs for the final month of FFY2020 (September 2019).

4.

Numerator (total number)

390335

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Point-in-time count all children enrolled in Medicaid programs for the final month of FFY2019 (September 2018).

6.

Denominator (total number)

391546

**Computed:** 99.69%

7.

What is the date range of your data?

**Start**

mm/yyyy

09 / 2018

**End**

mm/yyyy

09 / 2019

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?

Medicaid enrollment decreased by 0.3% from September 2018 to September 2019.

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

Outreach continues as described in Section 3A of this report

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

No

12.

Do you have any supporting documentation?

Optional

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**Do you have another 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?

Starting to evaluate how to incorporate the metrics the agency has for Medicaid into this report in the future.

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?

Same as above

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

No, not as a separate CHIP analysis.

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

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## Program Financing

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.

1.

How much did you spend on Managed Care in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 360,397,149

\$ 373,358,223

\$ 379,483,701

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

\$ 360,397,149

\$ 373,358,223

\$ 379,483,701

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

\$ 62,288,272

\$ 81,133,196

\$ 77,466,468

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

\$ 422,685,421

\$ 454,491,418

\$ 456,950,169

Table 1: Benefits Costs

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

| Type                                     | FFY 2020  | FFY 2021  | FFY 2022  |
|--|-----------|-----------|-----------|
| Managed Care                             | 360397149 | 373358223 | 379483701 |
| Fee for Service                          | 62288272  | 81133196  | 77466468  |
| Other benefit costs                      | 422685421 | 454491418 | 456950169 |
| Cost sharing payments from beneficiaries | 0         | 0         | 0         |
| Total benefit costs                      | 845370842 | 908982837 | 913900338 |

## 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

2021

2022

\$ 485,910

\$ 518,020

\$ 520,822

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

\$ 2,024,626

\$ 2,158,415

\$ 2,170,091

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

\$ 1,538,714

\$ 1,640,394

\$ 1,649,269

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

\$ 473,816

\$ 618,308

\$ 1,000,000

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

\$ 3,157,753

\$ 1,740,762

\$ 1,843,119

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

**\$ 12,331,041**

**\$ 12,873,500**

**\$ 13,137,836**

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.

| <b>Type</b>                       | <b>FFY 2020</b> | <b>FFY 2021</b> | <b>FFY 2022</b> |
|-----------------------------------|-----------------|-----------------|-----------------|
| Personnel                         | 485910          | 518020          | 520822          |
| General administration            | 2024626         | 2158415         | 2170091         |
| Contractors and brokers           | 0               | 0               | 0               |
| Claims processing                 | 1538714         | 1640394         | 1649269         |
| Outreach and marketing            | 473816          | 618308          | 1000000         |
| Health Services Initiatives (HSI) | 3157753         | 1740762         | 1843119         |
| Other administrative costs        | 12331041        | 12873500        | 13137836        |
| Total administrative costs        | 20011860        | 19549399        | 20321137        |
| 10% administrative cap            | 93930093.56     | 100998093       | 101544482       |

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.

| <b>Type</b>         | <b>FFY 2020</b> | <b>FFY 2021</b> | <b>FFY 2022</b> |
|---------------------|-----------------|-----------------|-----------------|
| Total program costs | 865382702       | 928532236       | 934221475       |
| eFMAP               | 84.36           | 72.59           | 72.15           |
| Federal share       | 730036847.41    | 674021550.11    | 674040794.21    |
| State share         | 135345854.59    | 254510685.89    | 260180680.79    |

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

124852

124233

123967

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

\$ 241

\$ 250

\$ 255

| Type              | FFY 2020 | FFY 2021 | FFY 2022 |
|-------------------|----------|----------|----------|
| Eligible children | 124852   | 124233   | 123967   |
| PMPM cost         | 241      | 250      | 255      |

## 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

2021

2022

8645

8627

8605

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

2021

2022

\$ 600

\$ 784

\$ 750

| Type              | FFY 2020 | FFY 2021 | FFY 2022 |
|-------------------|----------|----------|----------|
| Eligible children | 8645     | 8627     | 8605     |
| PMPM cost         | 600      | 784      | 750      |

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

2.

Optional: Attach any additional documents here.

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## Challenges and Accomplishments

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

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



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

Continue to reduce the number of uninsured children in the state, Governors priorities includes Health care, education for children. One of the 15 core quality measures reflect continued increases in children receiving primary care visits, and low pregnancy rates for teens.

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?

No changes specific to the CHIP program but overall we continue to transform the delivery system with our Coordinated Care Organizations. This includes models using value based or alternative payment models, increased access and focus on Social Determinants of health.

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

6.

Optional: Attach any additional documents here.

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