# Rhode Island CARTS FY2021 Report

## Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

1. State or territory name:

Rhode Island

2. Program type:

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

3. CHIP program name(s):

All, RIte Care/RIte Share

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

4. Contact name:

Mark Kraics

5. Job title:

Deputy Medicaid Program Director

6. Email:

Mark.Kraics@ohhs.ri.gov

7. Full mailing address:

Include city, state, and zip code.

3 West Road Virks Building, Cranston, RI 02920

8. Phone number:

401-462-3516

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

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

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

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

- ○ Yes
- ○ No

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

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

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

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

All Medicaid Expansion CHIP populations must be enrolled in Managed Care. All new enrollees may have a period of one (1) to eight (8) weeks in Fee for Service while waiting to get formally enrolled into their health plan of choice.

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

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

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

- ○ Yes
- ○ No

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

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

- [x] Managed Care
- [ ] Primary Care Case Management
- [x] 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 Separate CHIP populations must be enrolled in Managed Care. All new enrollees may have a period of one (1) to eight (8) weeks in Fee for Service while waiting to get formally enrolled into their health plan of choice.

# 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.

Effective September 1, 2021, Rhode Island will no longer be accepting self-attestation of age/date of birth, receipt of other coverage, application for other benefits and whether the applicant has access to employer-sponsored insurance. Rhode Island also added two new benefits: Doula Services and Community Health Worker Services. These benefits were added in accordance with the enactment of the Rhode Island Fiscal Year 2022 State Budget. Rhode Island has submitted two State Plan Amendments to CMS for approval to add these benefits.

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

- ◉ Yes
- ○ No
- ○ N/A

# Part 4: Separate CHIP Program and Policy Changes

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

do require a SPA.

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

- (●) Yes
- ( ) No
- ( ) N/A

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

- (●) Yes
- ( ) No
- ( ) N/A

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

- ( ) Yes
- (●) No
- ( ) N/A

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

- (●) Yes
- ( ) No
- ( ) N/A

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

- ( ) Yes
- (●) No
- ( ) N/A

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

- ( ) Yes
- (●) No
- ( ) N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ◉ Yes
- ○ No

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

Effective September 1, 2021, Rhode Island will no longer be accepting self-attestation of age/date of birth, receipt of other coverage, application for other benefits and whether the applicant has access to employer-sponsored insurance. Rhode Island added two new benefits: Doula Services and Community Health Worker Services. These benefits were added in accordance with the enactment of the Rhode Island Fiscal Year 2022 State Budget. Rhode Island has submitted two State Plan Amendments to CMS for approval to add these benefits. Section 6 (specifically 6.1.4.1) of Rhode Island CHIP State Plan states that coverage of all benefits that are provided to children are the same as benefits provided under the Medicaid State Plan.

# Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7:

"Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

| Program | Number of children enrolled in FFY 2020 | Number of children enrolled in FFY 2021 | Percent change |
|---|---|---|---|
| **Medicaid Expansion CHIP** | 30,756 | 12,270 | -60.105% |
| **Separate CHIP** | 1,770 | 0 | -100% |

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

CMS' regulations during COVID-19 Public Health Emergency greatly reduced the number of terminations and normal redetermination activities were suspended.

# Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

| Year | Number of uninsured children | Margin of error | Percent of uninsured children (of total children in your state) | Margin of error |
|---|---|---|---|---|
| **2016** | 2,000 | 1,000 | 0.9% | 0.4% |
| **2017** | 3,000 | 1,000 | 1.3% | 0.5% |
| **2018** | 2,000 | 1,000 | 0.8% | 0.6% |
| **2019** | 3,000 | 1,000 | 1.3% | 0.7% |
| **2020** | Not Available | Not Available | Not Available | Not Available |

| Percent change between 2019 and 2020 |
|---|
| **Not Available** |

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

An average 1,500-2,000 children per month are retroactively identified as CHIP-eligible based on their household income. These children are not reflected in in Part 1.2

5. Optional: Attach any additional documents here.

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

Browse...

# Program Outreach

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

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

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

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

Historically, contracting with community-based organizations (CBOs) has been the most effective method.

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

5. Optional: Attach any additional documents here.

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

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# Substitution of Coverage

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

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No
- ○ N/A

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

0 %

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

- ○ Yes
- ◉ No
- ○ N/A

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

No

6. Optional: Attach any additional documents here.

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

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# Renewal, Denials, and Retention

# Part 1: Eligibility Renewal and Retention

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

- ○ Yes
- ◉ No
- ○ N/A

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

- ○ Yes
- ◉ No

3. Do you send renewal reminder notices to families?

- ◉ Yes

  3a. How many notices do you send to families before disenrolling a child from the program?

  2

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

  15 days minimum

- ○ No

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

EOHHS is able to validate certain eligibility criteria to passively renew families.

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

Streamlining processes in the administrative/application process. Improving the clarity of communications to families.

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

EOHHS employs data analysts that query our integrated eligibility system and report metrics and measures of effectiveness.

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

No

# Part 2: CHIP Eligibility Denials (Not Redetermination)

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

379

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.

<11

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.

371

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

88

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

0

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

Rhode Island's Integrated Eligibility system has limitations in tagging denials and terminations as CHIP so numbers reported may be an under-representation of all applicants. System enhancements are in the pipeline to better identify these cases on future reporting.

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** | 2.11% |
| **Denied for eligibility reasons** | 97.89% |
| **Denials for other reasons** | 0% |

# Part 3: Redetermination in CHIP

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

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

34727

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

17860

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

17860

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.

0

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

0

4b. How many children were disenrolled for eligibility reasons?
This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

0

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

0

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

| |
|---|
| Renewal activity focused on cases pre-determined to auto-renew. The only individuals disenrolled during the PHE (Public Health Emergency) were identified outside of the renewal process resulting in 0 disenrolled children through redetermination. |

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** | 100% |
| **Children disenrolled after redetermination** | 0% |

Table: Disenrollment in CHIP after Redetermination

| | **Percent** |
|---|---|
| **Children disenrolled after redetermination** | |
| **Children disenrolled for procedural reasons** | |
| **Children disenrolled for eligibility reasons** | |
| **Children disenrolled for other reasons** | |

# Part 4: Redetermination in Medicaid

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

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

79255

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

52912

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

52912

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.

0

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

0

4b. How many children were disenrolled for eligibility reasons?
This could be due to an income that was too high and/or eligibility in CHIP instead.

0

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

0

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

Renewal activity focused on cases pre-determined to auto-renew. The only individuals disenrolled during the PHE (Public Health Emergency) were identified outside of the renewal process resulting in 0 disenrolled children through redetermination

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** | 100% |
| **Children disenrolled after redetermination** | 0% |

Table: Disenrollment in Medicaid after Redetermination

| | Percent |
|---|---|
| **Children disenrolled after redetermination** | |
| **Children disenrolled for procedural reasons** | |
| **Children disenrolled for eligibility reasons** | |
| **Children disenrolled for other reasons** | |

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

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

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

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

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

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

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

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

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

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

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

- (●) Yes
- ( ) No

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 177 | 0 | 0 | 0 |

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 174 | 0 | 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 171 | 0 | 0 | 0 |

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 |
|---|---|---|---|
| <11 | 0 | 0 | 0 |

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

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

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

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

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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 171 | 0 | 0 | 0 |

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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (●) Yes
- ( ) No

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 1546 | 1039 | 1221 | 632 |

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 1493 | 975 | 1144 | 596 |

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

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

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

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

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 |
|---|---|---|---|
| 49 | 59 | 71 | 33 |

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

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

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

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 1329 | 424 | 471 | 314 |

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 |
|---|---|---|---|
| <11 | <11 | <11 | <11 |

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

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

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 |
|---|---|---|---|
| 69 | 38 | 56 | 36 |

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 |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

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

| Ages 0-1 | Ages 1-5 | Ages 6-12 | Ages 13-16 |
|---|---|---|---|
| 1329 | 424 | 471 | 314 |

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 |
|---|---|---|---|
| <11 | <11 | <11 | <11 |

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

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

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 |
|---|---|---|---|
| 69 | 38 | 56 | 36 |

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?

## 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

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

- ☐ Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]
- ☑ Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]
- ☑ Section 1115 Demonstration (Title XXI)

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

- (●) Yes
- ( ) No

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

This only applies to states operating an 1115 demo.

Full Medicaid Benefits. Any medically necessary service covered by Medicaid but not covered by ESI (e.g. certain services for Children with Special Healthcare Needs would be provided as Medicaid fee-for-service

4. Does your premium assistance program provide wrap-around coverage for gaps in coverage?
This only applies to states operating an 1115 demo.

- (●) Yes
- ( ) No
- ( ) N/A

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?
This only applies to states operating an 1115 demo.

- (●) Yes
- ( ) No
- ( ) N/A

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?
This only applies to states operating an 1115 demo.

- ( ) Yes
- (●) No
- ( ) N/A

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

0

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

**$** 0

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

**$** 0

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

**$** 0

Table: Coverage breakdown

Child

| State | Employer | Employee |
|---|---|---|
| **0** | 0 | 0 |

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

## Average Monthly Contribution

**Starts at** **Ends at**

$ → $

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

## Average Monthly Contribution

**Starts at** **Ends at**

$ → $

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

## Federal Poverty Levels

**Starts at** **Ends at**

→

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

Modifying the employer enrollment process to ease the burden on employers, this has yielded an increase in employer participation, which allows for more individual to be enrolled.

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

With the Public Health Emergency still in effect member enrollment numbers have not increased as we would have expected, due to increases in unemployment, which reduces the number of individuals who have access to ESI, additionally sanctions for non-participation have been suspended during the PHE.

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

With system modification in place, EOHHS has realized a 91% increase in employer participation, which has lead to a 61% increase in individual participation.

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

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.**
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# 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?

EOHHS Office of Program Integrity (PI) recognizes areas of vulnerabilities that adversely affect program integrity. PI has protocols and procedures in place to detect and deter fraud, waste and abuse, increase accountability and transparency. PI uses sophisticated data mining and modeling techniques to identify unusual patterns of billing by third parties, holds provider agencies accountable for building and maintaining systems to prevent improper billing, utilizes administrative tools such as payment suspension, prepayment review, audit, sanction, and individual and entity exclusion when improper payments are discovered. PI shares that information with the Managed Care Organizations (MCOs) during monthly meetings with MCO SIU units and, more broadly, with the AG's office and MCOs at the quarterly MFCU/MCO meetings.

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

◉ Yes

5a. What safeguards and procedures do the Managed Care plans have in place?

The Contracts with RI EOHHS for Medicaid Managed Care Services requires RI's three (3) MCOs and Dental Plan to have written Member and Provider Fraud, Waste and Abuse Policy and Procedures and Compliance Plan, and submit quarterly Fraud and Abuse report. The MCOs are required establish and maintain internal controls which are designed and executed to prevent, detect, investigate, and report suspected Medicaid Fraud and Abuse that may be committed by network providers, non-network providers, vendors, subcontractors, employees, members, or other third parties with whom the Contractor contracts. EOHHS and its Office of Program Integrity may conduct audits at any time on the Contractor's formal fraud, waste and abuse program as well as any files as a result of claims audits. MCOs are required to educate its members about Medicaid fraud and abuse by including this subject matter in the contractor's member handbook. MCOs must submit copies of their Corporate Compliance Plan and associated documentation, as well as completed Ownership and Controlling Interest forms, to the RI EOHHS. The latter series of forms must be submitted for the MCO itself as well as subcontractors. EOHHS requires MCOs to issue an Explanation of Member Benefits (EOMB) notices, to complement the MCOs' fraud/waste/abuse detection/prevention functions. MCOS have methods and criteria for identifying and monitoring suspected Medicaid fraud and abuse as required by 42 CFR 456.3, 456.4, and 456.23. The MCOs initiate an investigation of possible Medicaid fraud and abuse and are required to report any suspected cases of provider or vendor fraud and/or abuse to RI EOHHS and PI within five (5) business days following the close of an initial investigation. PI will vet suspected case(s) and will make a referral to the MFCU if warranted. Quarterly meetings with the three (3) MCOs and Dental Plan with representatives of EOHHS, the Office of Inspector General, the Rhode Island Department of the Attorney General's Medicaid Fraud Control Unit (MFCU), and the State's Fiscal Intermediary, are held providing attendees a forum to discuss open, closed and potential issues of fraud, waste and abuse in both managed care and FFS networks to evaluate if each is seeing similar activity. In addition to quarterly meetings,

EOHHS and the Office of Program Integrity (PI) hold a monthly call with each of the MCOs. Participants provide ongoing investigation status updates, share new leads and provide support and education to the MCO SIU/investigators. EOHHS instituted mandatory quarterly fraud and abuse investigation reporting in 2006 for all Medicaid participating MCOs. These reports are submitted by the MCOs to EOHHS' Office of Program Integrity (PI) and to the Rhode Island Department of the Attorney General's MFCU. In addition to the PI-MCO specific meetings, EOHHS Medicaid Managed Care Oversight Team conducts oversight meetings monthly with the MCOs. These monthly meetings are conducted separately with each MCO and the agendas for these meetings focus upon both standing and emerging issue

- ○ No
- ○ N/A

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

0

7. How many cases have been found in favor of the beneficiary in FFY 2021?

0

8. How many cases related to provider credentialing were investigated in FFY 2021?

0

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

0

10. How many cases related to provider billing were investigated in FFY 2021?

120

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

13

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

0

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

0

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

- ○ CHIP only
- ◉ Medicaid and CHIP combined

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

- ◉ Yes

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

  > Contractors support data analytics and reporting efforts. MCOs self-report internal controls and audits, LEIE/SAM queries, SREs, EOMB, cases referred to MFCU, provider credentialing issues and other fraud, waste and abuse inquiries however RI EOHHS Medicaid Managed Care leadership is ultimately responsible for verification and approval

- ○ No

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

(●) Yes

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

Contractors support data analytics and reporting efforts. MCOs self-report internal controls and audits, LEIE/SAM queries, SREs, EOMB, cases referred to MFCU, provider credentialing issues and other fraud, waste and abuse inquiries however RI EOHHS Medicaid Managed Care leadership is ultimately responsible for verification and approval.

( ) No

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

No

18. Optional: Attach any additional documents here.

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

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# Dental Benefits

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

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

1. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-18 years) instead.

- ○ Yes
- ○ No

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

| Ages 0-1 | Ages 1-2 | Ages 3-5 | Ages 6-9 | Ages 10-14 | Ages 15-18 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |

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

| Ages 0-1 | Ages 1-2 | Ages 3-5 | Ages 6-9 | Ages 10-14 | Ages 15-18 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

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

| Ages 0-1 | Ages 1-2 | Ages 3-5 | Ages 6-9 | Ages 10-14 | Ages 15-18 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?
This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

| Ages 0-1 | Ages 1-2 | Ages 3-5 | Ages 6-9 | Ages 10-14 | Ages 15-18 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |

Dental treatment service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2021?

0

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

7. Do you provide supplemental dental coverage?

- ○ Yes
- ○ No

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

9. Optional: Attach any additional documents here.

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

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# CAHPS Survey Results

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

1. Did you collect the CAHPS survey?

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

# Part 2: You collected the CAHPS survey

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

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

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

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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.

- [x] None
- [ ] Children with Chronic Conditions
- [ ] Other

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

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

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

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

# Health Services Initiative (HSI) Programs

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

1. Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?
Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- ○ Yes
- ○ No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

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

- ○ Yes
- ○ No

3. Which populations does the HSI program serve?

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

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.

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

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

9. Optional: Attach any additional documents.

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

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## Do you have another HSI Program in this list?

Optional

## Part 1: Tell us about your goals and objectives

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

1. Briefly describe your goal for this objective.

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

Reduce the number of uninsured children by .5%. Data source is: ACS 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.

Children under age 19 with no insurance in the survey.

4. Numerator (total number)

3896

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Children under age 19 in the survey.

6. Denominator (total number)

211974

**Computed:** 1.84%

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?

Yes. The number of uninsured children under age 19 in the State of Rhode Island in 2018 was 2.1% (margin of error of .7%). While the goal was to reduce the number of uninsured children by .5%, the State did make progress toward that goal by reducing the number by .3% (2.1%-1.8%). We compared 2019 data to 2018 data since the ACS Survey Data for 2020 had not been published at the time of this report.

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

Rhode Island has implemented strategies that allow families and children to access eligibility and enrollment seamlessly and in a variety of settings. In addition, Rhode Island has worked to ensure that its systems operate seamlessly to ensure swift enrollment. Newborns are automatically deemed eligible and enrolled. Rhode Island's managed care entities and providers work together to ensure that families and children are aware of qualifying criteria and are assisted with enrolling.

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

Yes. The State of Rhode Island Plans to keep this goal in future years. As the number of uninsured children declines, we will adjust the % target based on the opportunities for improvement.

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 Goal in this list?
Optional

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

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

Increase Access to Care

1. Briefly describe your goal for this objective.

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

Increase access to care for children and adolescents in primary care. Meet the 75th Quality Compass percentile for all age groups for HEDIS Child and Adolescent Access to Primary Care Practitioners (CAP).

2. What type of goal is it?

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

2a. Why was this goal discontinued?

This goal was discontinued since the HEDIS measure, "Children and Adolescents' Access to Primary Care Practitioners (CAP)", was retired by NCQA in 2020. Therefore, there is no 2020 data available to assess performance for this measure. Rhode Island Medicaid will consider replacing this goal with a new goal in our CHIP State Plan for 2022.

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)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

0

**Computed:**

7. What is the date range of your data?

## Start

mm/yyyy

01 / 2021

## End

mm/yyyy

12 / 2021

8. Which data source did you use?

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

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

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

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

12. Do you have any supporting documentation?
Optional

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

Meet the 75th Quality Compass percentile for HEDIS Childhood Immunization Status (CIS-Combo 10)

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.

The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

4. Numerator (total number)

2796

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.

Denominator includes CHIP and Medicaid (Title XIX).

6. Denominator (total number)

4639

**Computed:** 60.27%

7. What is the date range of your data?

## Start

mm/yyyy

01 / 2020

## End

mm/yyyy

12 / 2020

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

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

Yes, there was an increase in the total rate of 13.83% from 2019-2020. The goal was surpassed by meeting the 95th Quality Compass percentile regional benchmark (East North Central All LOB's; Average).

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

RI continues to promote collaboration between providers, payors, and members, in an effort to increase access to care and ultimately preventive care. We believe that this effort along with a focus on risk identification, targeted care coordination, and oversight has contributed to RI's success on this goal.

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

RI plans to keep this goal in future years. We may adjust the percentile target based on performance and opportunity for improvement.

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).

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## Do you have another Goal in this list?

Optional

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

Maintain immunization status for adolescents.

1. Briefly describe your goal for this objective.

Meet the 75th Quality Compass percentile for HEDIS Adolescent Immunizations (IMA Combo 1)

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?

Adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

4. Numerator (total number)

4692

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Denominator includes CHIP and Medicaid (Title XIX).

6. Denominator (total number)

5457

**Computed:** 85.98%

7. What is the date range of your data?

## Start

mm/yyyy

01 / 2020

## End

mm/yyyy

12 / 2020

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

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

Yes, there was an increase in the total rate of 1% from 2019-2020. The goal was met by meeting the 75th Quality Compass percentile regional benchmark (East North Central All LOB's; Average).

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

RI's approach to collaboration between members, their providers, and payors has been key to ensuring that families and children are engaged in care. There has been a targeted effort across all of our programs to include a focus on adolescence. This is evident in RI's demonstrations, our updated CHIP SPA, and our MCO contracts. We will continue to keep this a focus.

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

RI plans to keep this goal in future years. We may adjust the percentile target based on performance and opportunity for improvement.

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 Goal in this list?

Optional

## Do you have another objective in your State Plan?

Optional

# Part 2: Additional questions

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

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

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

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

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

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

# Part 1: Benefit Costs

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

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

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 79,725,907 | **$** 80,322,782 | **$** 79,969,288 |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 21,500,000 | **$** 22,500,000 | **$** 23,000,000 |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 0 | **$** 0 | **$** 0 |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 0 | **$** 0 | **$** 0 |

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

| | FFY 2021 | FFY 2022 | FFY 2023 |
|---|---|---|---|
| **Managed Care** | 79725907 | 80322782 | 79969288 |
| **Fee for Service** | 21500000 | 22500000 | 23000000 |
| **Other benefit costs** | 0 | 0 | 0 |
| **Cost sharing payments from beneficiaries** | 0 | 0 | 0 |
| **Total benefit costs** | 101225907 | 102822782 | 102969288 |

# Part 2: Administrative Costs

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

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

| 2021 | 2022 | 2023 |
|---|---|---|
| **$** 0 | **$** 0 | **$** 0 |

2. How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 808,265 | **$** 812,000 | **$** 815,000 |

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** 0 | **$** 0 | **$** 0 |

4. How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** | **$** | **$** |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| **$** | **$** | **$** |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| $ | $ | $ |

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

| 2021 | 2022 | 2023 |
| --- | --- | --- |
| $ | $ | $ |

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

| | FFY 2021 | FFY 2022 | FFY 2023 |
|---|---|---|---|
| **Personnel** | 0 | 0 | 0 |
| **General administration** | 808265 | 812000 | 815000 |
| **Contractors and brokers** | 0 | 0 | 0 |
| **Claims processing** | | | |
| **Outreach and marketing** | | | |
| **Health Services Initiatives (HSI)** | | | |
| **Other administrative costs** | | | |
| **Total administrative costs** | 808265 | 812000 | 815000 |
| **10% administrative cap** | 11247323 | 11424753.56 | 11441032 |

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

| FMAP Table | FFY 2021 | FFY 2022 | FFY 2023 |
|---|---|---|---|
| **Total program costs** | 102034172 | 103634782 | 103784288 |
| **eFMAP** | 67.86 | 68.42 | 67.77 |
| **Federal share** | 69240389.12 | 70906917.84 | 70334611.98 |
| **State share** | 32793782.88 | 32727864.16 | 33449676.02 |

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

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

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

- ( ) Yes
- (•) No

# Part 3: Managed Care Costs

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

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

| 2021 | 2022 | 2023 |
|---|---|---|
| 34000 | 35750 | 33000 |

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

| 2021 | 2022 | 2023 |
|---|---|---|
| **$** 255 | **$** 280 | **$** 295 |

| | **FFY 2021** | **FFY 2022** | **FFY 2023** |
|---|---|---|---|
| **PMPM cost** | 255 | 280 | 295 |

# Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

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

| 2021 | 2022 | 2023 |
|---|---|---|
| | | |

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?
The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

| 2021 | 2022 | 2023 |
|---|---|---|
| **$** | **$** | **$** |

| | **FFY 2021** | **FFY 2022** | **FFY 2023** |
|---|---|---|---|
| **PMPM cost** | | | |

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

Operationally, Rhode Island does not treat its CHIP-eligible members differently from its regular Medicaid children. As with all its MAGI-eligible children, enrollment in managed care is mandatory except in instances where the member has Employer-Sponsored insurance and Rhode Island is providing just wrap-around services. As such all members are considered eligible to be enrolled in managed care. The PMPM reflected in Part 3.2 reflects the average monthly cost for SYF 2021 (July 2020 through June 2021). It is likely marginally higher for FFY 2021. The PMPM is inclusive of all costs/offsets allocated to children under age of 19, including capitated payments for the major medical MCO as well as risk share payments to these MCOs and rebates, FFS spending, other capitated payments. Overall, 80% of the PMPM is associated with a capitated payment to the major medical MCO. The balance is for NICU (carved-out benefit), dental benefits manager, non-emergency transportation broker, drug rebates, and Medicaid FFS spending in the pre-enrollment period.

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?

There were no significant fiscal or political impacts to the CHIP program during the reporting period.

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

The most significant challenge facing the program was the continued response to the COVID-19 pandemic. EOHHS directed MCOs to coordinate with pediatricians to ensure children had access to all services, to include COVID-19 vaccinations for eligible age groups; childhood immunizations, well-visits and lead screenings

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

Rhode Island continues to enhance and push forward the Accountable Entities (AE)program. The AE program is aimed at transitioning the Medicaid program toward value-based purchasing. Accountable Entities are moving towards better coordinated care for Medicaid and CHIP beneficiaries, integrating the behavioral, physical, and social needs of the populations, with the goal of improved outcomes population wide. EOHHS has introduced a performance management strategy with MCOs, called active contract management (ACM) to provide timely reporting regarding key strategies within EOHHS. The reduction in childhood immunizations due to COVID-19 was included in the ACM performance review strategies with MCOs, as was lead screening.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

There are no planned changes to the CHIP program anticipated for the upcoming fiscal year.

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

EOHHS will continue the strategies described above and will continue to pursue strategies to ensure CHIP beneficiaries have access to all covered health care services, screenings and vaccinations (to include COVID-19 vaccinations, as appropriate).

6. Optional: Attach any additional documents here.

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