



Tennessee CARTS FY2020 Report

Welcome!

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

1. State or territory name:

Tennessee

2. Program type:

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

3. CHIP program name(s):

CoverKids

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

4. Contact name:

Aaron Butler

5. Job title:

Director of Policy

6. Email:

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7. Full mailing address:

Include city, state, and zip code.

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8. Phone number:

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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.

Medicaid Expansion CHIP populations receive services through managed care. Individuals enrolled in the separate CHIP receive services through fee-for-service.

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.

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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 enrolled in the Separate CHIP receive care through a fee-for-service delivery system.

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.

During this year, the state made changes to its eligibility redetermination and cost sharing policies in response to the COVID-19 public health emergency. The state has delayed eligibility redeterminations for most CHIP enrollees. The state is not charging copays for COVID-19 testing and treatment.

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

- ☒ Yes
- ☐ No
- ☐ N/A

Part 4: Separate CHIP Program and Policy Changes

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

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

☒ Yes

☐ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

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

☒ Yes

☐ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

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

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to premium assistance?

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

☐ Yes

☒ No

☐ N/A

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

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

- ☐ Yes
- ☒ No
- ☐ N/A

16. Have you made any changes to your Pregnant Women State Plan expansion?

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

☐ Yes

☒ No

☐ N/A

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

During this year, the state made changes to its eligibility redetermination and cost sharing policies in response to the COVID-19 public health emergency. The state has delayed eligibility redeterminations for most CHIP enrollees. The state is not charging copays for COVID-19 testing and treatment.

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



Yes



No

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	11,807	12,174	3.108%
Separate CHIP	65,757	61,494	-6.483%

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

There are three primary factors contributing to the decrease in S-CHIP enrollees (and the increase in M-CHIP enrollees) from FY 2019 to FY 2020. First, the Covid-19 public health crisis has resulted in significant job losses and income reductions across Tennessee, resulting in more Tennesseans being eligible for the lower-income M-CHIP (Medicaid Expansion) categories. Second, during FY 2019, Tennessee began, and completed, its phased approach to releasing a modernized eligibility system (Tennessee Eligibility Determination System). As part of this release, Tennessee stopped accepting determinations of CHIP eligibility from the Federally Facilitated Marketplace. Instead, beginning in March 2019, all applicants were screened through TEDS and placed in the applicable categories. This single-point-of-entry has potentially resulted in some members being determined eligible for Medicaid by TEDS, rather than being determined eligible for CHIP by the FFM. Third, TennCare moved a large group (roughly 3,000 members) from CHIP to Medicaid when we applied FPL changes in the spring of 2020.

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	44,000	5,000	2.9%	0.3%
2016	34,000	5,000	2.2%	0.3%
2017	40,000	5,000	2.5%	0.3%
2018	51,000	5,000	3.3%	0.3%
2019	45,000	6,000	2.9%	0.4%

Percent change between 2018 and 2019
NaN%

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

- ☐ Yes
- ☒ No

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

☐ Yes

☒ No

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

Nothing additional to add.

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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Program Outreach

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

☒ Yes

1a. What are you doing differently?

We have shifted some of our outreach efforts to digital-only in response to the Covid-19 pandemic. For example, our annual TennCare Kids Back to School campaign transitioned to a digital outreach. We developed informational fliers and social media content that we shared with stakeholder and public school administrators across the state.

☐ No

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

☒ Yes

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

Our TennCare Kids Back to School campaign targets all students across the state of Tennessee enrolled in public schools. The campaign focuses on informing families on how to apply for TennCare or CoverKids as well as benefits available include well child checkups and dental visits.

☐ No

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

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

We have partnered with schools as well as the Tennessee Chapter of the American Academy of Pediatrics to inform families on how to apply for TennCare or CoverKids as well as the importance of annual well child visits, vaccines, and dental visits.

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

No.

5. Optional: Attach any additional documents here.

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

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

Substitution of Coverage

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

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

☐ Yes

☒ No

☐ N/A

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

☒ Yes

2a. Which database do you use?

The Tennessee Eligibility Determination System (TEDS) uses Thirty-Party Liability data provided by a vendor and the State Benefits Administration data, which contains information about applicants/members who receive health insurance through the State of Tennessee.

☐ No

☐ N/A

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

25

%

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?

The Tennessee Eligibility Determination system asks all potential CoverKids (CHIP) members if they have other health insurance coverage. If a member self-attests to possessing other coverage, they will be determined ineligible for the program. TEDS verifies other health insurance through its TPL vendor and the State Benefits Administration (which contains TPL held by state employees and their dependents).

6. Optional: Attach any additional documents here.

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

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

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

☐ Yes

☒ No

☐ N/A

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

☒ Yes

☐ No

3. Do you send renewal reminder notices to families?

☒ Yes

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

1

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

60

☐ No

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

The enrollee has 40 days to complete the renewal form mailed to them. If not completed we send a no-response termination notice - term occurs 20 days later unless the renewal form is returned by the 20th day. If the enrollee responds to one of notices above but is determined ineligible or does not return requested verifications, then a 20-day advance termination notice is mailed. MCOs also conduct outreach when packets and term notices are mailed.

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

We leverage full capacity of our Member Portal, which is the online-facing portal into TEDS which our members use to apply, report changes, upload documents, and re-verify their own coverage.

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

We utilize various reports to monitor the level of our enrollment, including the CMS Performance Indicator Report.

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

No.

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2020?

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

34094

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.

31196

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.

2898

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

0

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

0

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

No.

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	91.5%
Denied for eligibility reasons	8.5%
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 2020?

37809

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

37809

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

29388

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.

8421

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

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

6838

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.

1583

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

0

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

No.

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	77.73%
Children disenrolled after redetermination	22.27%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	81.2%
Children disenrolled for eligibility reasons	18.8%
Children disenrolled for other reasons	0%

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?

274852

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

274852

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

240690

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.

34162

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

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

29154

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.

5008

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

0

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

No.

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	87.57%
Children disenrolled after redetermination	12.43%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	85.34%
Children disenrolled for eligibility reasons	14.66%
Children disenrolled for other reasons	0%

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

80

728

1777

1306

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

77

683

1718

1275

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

<11

<11

<11

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

<11

<11

<11

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

Possible reasons for no longer being enrolled:

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

41

57

20

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)

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

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

No.

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

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

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or

younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This 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

2459

6812

9141

3173

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

2459

6812

9141

3173

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

0

0

0

0

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

0

0

0

0

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

51

335

262

136

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

0

0

0

0

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

No.

January - March 2021 (12 months later)

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Possible reasons for not being enrolled:

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

☒ Yes

☐ No

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

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

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

Providers utilize online portals for real-time claims adjudication and member cost-sharing information.

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

9 children.

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

- ☐ Yes
- ☒ No

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

☐ Yes

☒ No

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

The changes in cost sharing this year were made in accordance with federal law specifically to facilitate access to COVID-19 testing. We have monitored utilization of COVID testing services through claims data during the public health emergency.

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

No.

9. Optional: Attach any additional documents here.

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

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

Browse...

Employer Sponsored Insurance and Premium Assistance

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

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

☐ Yes

☒ No

Program Integrity

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The state's plan administrator has quarterly reports/meetings, bimonthly tips submission, and monthly meetings to discuss any potential cases for referral to the State.

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?

59

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

266

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?

0

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

0

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

0

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

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
- ☒ 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?

Beneficiary eligibility fraud is reviewed but the data is available at the case level and does not distinguish between Medicaid and CHIP.

18. Optional: Attach any additional documents here.

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

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

Browse...

Dental Benefits

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

Note on age groups

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

1. Do you have data for individual age groups?

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

☒ Yes

☐ No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2020?

Ages 0-1

174

Ages 1-2

2422

Ages 3-5

5831

Ages 6-9

9254

Ages
10-14

13095

Ages
15-18

9404

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	313	2070	4290	6130	3642

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

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

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	263	1929	4051	5777	3300

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
0	17	459	1843	2346	1514

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?

727

Sealant codes and definitions

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

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

7. Do you provide supplemental dental coverage?

☐ Yes

☒ No

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

No.

9. Optional: Attach any additional documents here.

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

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

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and

customer satisfaction.

1. Did you collect the CAHPS survey?

☒ Yes

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

☐ Yes

☒ No

☐ No

Part 2: You collected the CAHPS survey

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

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

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

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

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

Browse...

2. Which CHIP population did you survey?

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

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

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

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

Select all that apply.

- ☐ None
- ☒ Children with Chronic Conditions
- ☐ Other

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

☐ NCQA HEDIS CAHPS 5.0H

☐ HRQ CAHPS

☐ Other

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

No.

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

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.

Decrease the number of low-income children who are uninsured.

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 in Tennessee with incomes less than 200 percent FPL who are uninsured.

4. Numerator (total number)

45000

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 in Tennessee with incomes less than 200 percent FPL.

6. Denominator (total number)

656000

Computed: 6.86%

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?

According to ACS estimates, the percentage of low-income children in Tennessee who were uninsured decreased from 7.1 percent in 2018 to 6.9 percent in 2019.

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

Tennessee engages in active outreach to low-income children, leveraging partnerships with public schools and local health departments.

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 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%.

Maintain or increase the percentage of enrollees who had a visit with a primary care provider.

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.

Definition of numerator: For members 12-24 months, 25 months - 6 years: One or more visits with a PCP during the measurement year. For members ages 7-11 years, 12-19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. For 12-24 Months: Numerator: 730 For 25 Months-6 Years: Numerator: 4,855 For 7-11 Years: Numerator: 5,175 For 12-19 Years: Numerator: 8,168

4. Numerator (total number)

730

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.

CHIP population only.

6. Denominator (total number)

766

Computed: 95.3%

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 rates for each of the age bands remained consistent between 2019 performance and 2020 performance. Each measure decreased slightly, with no more than a 1% change between measurement years.

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

General interventions include integrated appointment scheduling, education to providers, a PCP tool kit, and community and provider partner collaboration. Targeted interventions include a cohort-driven outreach, interactive outbound calls, targeted mail outreach program, member incentives, case management activities including telephonic and/or face-to-face member communication, development of care plans to include education and medical follow-up, and case management and peer support accompany members to PCP visits.

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

We have different age brackets each with their own numerator and denominator: For 12-24 Months: Numerator: 730 For 25 Months-6 Years: Numerator: 4,855 For 7-11 Years: Numerator: 5,175 For 12-19 Years: Numerator: 8,168 For 12-24 Months: Denominator: 766 For 25 Months-6 Years: Denominator: 5,473 For 7-11 Years: Denominator: 5,419 For 12-19 Years: Denominator: 8,796

12. Do you have any supporting documentation?

Optional

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

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

Browse...

1. Briefly describe your goal for this objective.

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

Maintain or reduce incidence of Emergency Room usage.

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.

Definition of numerator: Summary of utilization of Emergency Department Visits during the measurement year.

4. Numerator (total number)

11332

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.

CHIP population only

6. Denominator (total number)

450297

Computed: 2.52%

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?

There was an increase in the total rate from 23.67 in 2019 to 25.17 in 2020.

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

Tennessee populates a frequent-ED utilization list, which is used to identify members for case management. The members are assigned to the case manager, and telephonic contact is attempted. If Tennessee is unable to reach the member/member's guardian by phone, then a face-to-face visit is attempted, and the member's PCP is notified. The purpose of the phone call/visit is to enroll the member in case management.

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

The denominator for this measure is the number of member months and the rate is calculated to be the number of visits per 1,000 member months. <1 Year Numerator: 304 Denominator: 7,142 Rate: 42.57 1-9 Years Numerator: 5,207 Denominator: 189,780 Rate: 26.49 10-19 Years Numerator: 6,001 Denominator: 253,375 Rate: 23.68

12. Do you have any supporting documentation?

Optional

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

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

Browse...

1. Briefly describe your goal for this objective.

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

Continue to track Comprehensive HbA1c testing.

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.

Definition of numerator: An HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

4. Numerator (total number)

226

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.

CHIP population only

6. Denominator (total number)

278

Computed: 81.29%

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?

From 2019 to 2020, the percentage of CoverKids members with diabetes who had an HbA1c test decreased from 94.1% to 81.29%.

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

Tennessee deploys a cohort-driven outreach program that includes (for the highly co-morbid cohort) an interactive call with a pharmacy specialist, medication reconciliation and management, appointment scheduling, self-management support, and referral/escalation to case management as needed. Additionally, qualifying members are referred for telemonitoring, and highly co-morbid members with diabetes and HbA1c > 8 are added to cohort prioritization for clinical outreach.

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

Additional notes on measure: The percentage of CoverKids members age 0-18 with diabetes who had an HbA1c test in measurement year 2020. Both paid and unpaid claims are included.

12. Do you have any supporting documentation?

Optional

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

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

Do you have another Goal in this list?

Optional

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

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

Increase the use of preventative care

1. Briefly describe your goal for this objective.

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

Increase the percentage of children and adolescents that receive the age-appropriate immunizations.

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.

Definition of numerator: For MMR, hepatitis B, VZV, and hepatitis A, count any of the following: • Evidence of the antigen or combination vaccine, or • Documented history of the illness, or • A seropositive test result for each antigen. For DTap, IPV, HiB, pneumococcal conjugate, rotavirus, and influenza, count only: • Evidence of the antigen or combination vaccine. For combination vaccinations that require more than one antigen (i.e., DTap and MMR), the organization must find evidence of all the antigens.

4. Numerator (total number)

227

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.

CHIP population only

6. Denominator (total number)

492

Computed: 46.14%

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?

For 2020 results, there was an increase in all the individual childhood immunization rates. Additionally, overall, there was an increase from 44.8% to 46.23% in 2020.

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

Tennessee provides multiple avenues of member outreach, include phone calls (specially for flu and rotavirus vaccines), social media outreach. And member health planners. Additionally, Tennessee's patient-centered medical home program includes several performance measures around receiving appropriate immunizations. Tennessee provides its providers with continuous education on the use of TENNIS (Tennessee's statewide immunization information system).

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

DTap Numerator: 412 Denominator: 492 Rate: 83.70% IPV Numerator: 441 Denominator: 492 Rate: 89.54% MMR Numerator: 451 Denominator: 492 Rate: 91.73% HiB Numerator: 439 Denominator: 492 Rate: 89.29% Hep B Numerator: 429 Denominator: 492 Rate: 87.10% VZV Numerator:446 Denominator: 492 Rate: 90.75% PCV Numerator: 414 Denominator: 492 Rate: 84.18% Hepatitis A Numerator: 448 Denominator:492 Rate: 91.00% Rotavirus Numerator: 388 Denominator:492 Rate: 78.83% Influenza Numerator: 269 Denominator: 492 Rate: 54.74%

12. Do you have any supporting documentation?

Optional

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

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

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to 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%.

Increase the percentage of pregnant CoverKids members who have a timely prenatal and postpartum care visit.

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.

Definition of numerator: Timeliness of Prenatal Care: A prenatal visit in the first trimester, on the enrollment start date or within 42 days of enrollment, depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled. Postpartum Care: A postpartum visit on or between 7 and 84 days after delivery. Timeliness of Prenatal Care: 3,152 Postpartum Care: 3,704

4. Numerator (total number)

3152

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.

CHIP population only

6. Denominator (total number)

4728

Computed: 66.67%

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?

Due to significant changes in the measure specifications, trending between 2019 and 2020 is not possible for this measure.

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

Tennessee provides several member focused outreach options, including a pregnancy text-messaging journey, a prenatal welcome packet, and interactive outbound prenatal and postpartum calls. Tennessee's CHIP program also includes the Baby and Me Tobacco Free program, baby shower outreach events, and member incentives for completion or prenatal and postpartum visits. Non-direct member activities include collaboration with DCS, provider claims-based incentive for completion of a health risk assessment, and social media education and reminders for prenatal and postpartum care.

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

We have two sets of numerators and denominators. Numerator; Timeliness of Prenatal Care: 3,152 Numerator; Postpartum Care: 3,704 Denominator; Timeliness of Prenatal Care: 4,728 Denominator; Postpartum Care: 4,728

12. Do you have any supporting documentation?

Optional

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

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

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to 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%.

Increase the percentage of children and adolescents who have the recommended well-child or well-care visits

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.

Definition of numerator: W15: Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits, on different dates of service, with a PCP during their first 15 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. W34: At least one well-child visit (Well-Care Value Set) with a PCP during the measurement year. AWC: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented through either administrative data or medical record review. The PCP does not have to be assigned to the member.

4. Numerator (total number)

480

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.

CHIP population only

6. Denominator (total number)

602

Computed: 79.73%

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?

Well Child Visits for the first 15 Months of life (6+ visits) increased from 76.39% in 2019 to 79.67% in 2020 - an increase of more than 3%. Well Child Visits in the 3rd - 6th years of life showed an increase of about 4% moving from 65.58% on 2019 to 69.95% in 2020. For Adolescent Well Care visits, the same rate was reported in 2020 as in 2019.

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

General Interventions: Collaboration with community and provider organizations, community outreach events, collaboration with DCS, comprehensive provider education strategy, social media outreach, participation in TennCare's PCMH and THL programs. Targeted Interventions: Targeted and tailored call campaigns, text campaigns, interactive outbound calls based on identified gaps, proactive inbound call tool for gap closure, member incentives for completion of AWC visits, and digital functionality for appointment scheduling.

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

We have three sets of numerators and denominators. W15: 6+ Visits:
Numerator: 480 W34: Numerator: 3,349 AWC: Numerator: 6,424 W15: 6+
Visits: Denominator: 602 W34: Denominator: 4,787 AWC: Denominator: 13,403

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

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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Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

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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Do you have another Goal in this list?

Optional

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

1. Briefly describe your goal for this objective.

2. What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

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

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

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

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

12. Do you have any supporting documentation?

Optional

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

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

Browse...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

No.

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?

No.

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.

4. Optional: Attach any additional documents here.

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

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

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

Browse...

Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

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

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

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

2020

\$ 161,135,288

2021

\$ 251,439,267

2022

\$ 287,267,850

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

\$ 146,954,484

2021

\$ 81,711,786

2022

\$ 56,218,497

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

\$ 0

2021

\$ 0

2022

\$ 0

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

2020

\$ 1,961,897

2021

\$ 2,025,023

2022

\$ 2,045,273

Table 1: Benefits Costs

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

	FFY 2020	FFY 2021	FFY 2022
Managed Care	161135288	251439267	287267850
Fee for Service	146954484	81711786	56218497
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	1961897	2025023	2045273
Total benefit costs	310051669	335176076	345531620

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

\$ 0

\$ 0

\$ 0

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

\$ 41,969

\$ 42,000

\$ 42,000

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

\$ 1,451,622

\$ 1,500,000

\$ 1,500,000

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

\$ 6,666,493

\$ 1,631,849

\$ 0

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

2020

2021

2022

\$ 0

\$ 15,000

\$ 15,000

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

\$ 0

\$ 0

\$ 0

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

2020

2021

2022

\$ 0

\$ 0

\$ 0

Table 2: Administrative Costs

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

Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2020	FFY 2021	FFY 2022
Personnel	0	0	0
General administration	41969	42000	42000
Contractors and brokers	1451622	1500000	1500000
Claims processing	6666493	1631849	0
Outreach and marketing	0	15000	15000
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	8160084	3188849	1557000
10% administrative cap	34014208.33	36791781.11	37937897.11

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2020	FFY 2021	FFY 2022
Total program costs	318211753	338364925	347088620
eFMAP	87.15	76.27	76.45
Federal share	277321542.74	258070928.3	265349249.99
State share	40890210.26	80293996.7	81739370.01

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

8a. What other type of funding did you receive?

Drug rebates.

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

51329

2021

60627

2022

61234

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

\$ 1,069

2021

\$ 1,289

2022

\$ 1,295

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	1069	1289	1295

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

50712

2021

60627

2022

61234

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

\$ 480

2021

\$ 486

2022

\$ 218

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	480	486	218

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

a. The stand-alone program CoverKids will be moving from Fee for Service to Managed Care capitation 1/1/21. b. Previous annual reports only included information from the stand-alone program; this annual report includes the Medicaid Expansion CHIP. c. There were no outreach costs to report this year as the flyers were emailed to schools instead of mailed as a hard copy.

2. Optional: Attach any additional documents here.

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

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

Browse...

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

Tennessee continues to provide the political and fiscal support necessary for the state to provide healthcare to targeted low-income children under Title XXI.

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

The COVID-19 public health emergency has been the greatest challenge of FFY 2020, including ensuring the readiness of healthcare providers, significant reductions in utilization in services by members, and slow and/or inconsistent guidance from CMS.

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

Ensuring ongoing access to care for members during the COVID-19 public health emergency, including policy changes to facilitate access to testing services and to ensure continuity of coverage for members, was the greatest accomplishment of FFY 2020.

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?

In FFY 2021, Tennessee plans to transition its separate CHIP program from FFS to managed care. This transition will align CHIP with the state's Medicaid service delivery system and improve opportunities for care coordination and management.

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

No.

6. Optional: Attach any additional documents here.

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

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

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