



# Tennessee 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](mailto:mdct_help@cms.hhs.gov).

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:

TennCare Policy Director

6. Email:

aaron.c.butler@tn.gov

7. Full mailing address:

Include city, state, and zip code.

310 Great Circle Road Nashville, TN 37243

8. Phone number:

615-507-6448

#### 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 (100 percent) are enrolled in managed care.

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

1. Does your program charge an enrollment fee?

☐ Yes

☒ No

2. Does your program charge premiums?

☐ Yes

☒ No

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

☐ Yes

☐ No

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

--

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



Managed Care



Primary Care Case Management



Fee for Service

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

All Separate CHIP populations (100 percent) are enrolled in managed care.

## 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.

The only modifications to policy this year have been one related to the Public Health Emergency, allowing termination of individuals aging out of the CoverKids category. Because the COVID-19 public health emergency is still ongoing, the state is continuing to implement some COVID-related policies begun last year (e.g., waiving cost sharing for COVID-19 testing services, temporarily delaying acting on certain changes in circumstances). We are aware that the American Rescue Plan Act, passed this year, requires CHIP coverage of COVID-19 vaccines, treatment (including prescription drugs), and treatment of conditions that complicate COVID-19 treatment, without cost sharing. Since Tennessee already covered these services, we have not marked this as a change.

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. 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.

During this year, Tennessee transitioned its separate CHIP program from a fee-for-service service delivery system to a managed care service delivery system. This change was made to align the state's separate CHIP program with Medicaid, to allow enrollees greater choice with regard to their health plan, and to improve the quality and cost-effectiveness of care. Also note that because the COVID-19 public health emergency is still ongoing, the state is continuing to implement some COVID-related policies begun last year (e.g., waiving cost sharing for COVID-19 testing services, temporarily delaying acting on certain changes in circumstances). We are aware that the American Rescue Plan Act, passed this year, requires CHIP coverage of COVID-19 vaccines, treatment (including prescription drugs), and treatment of conditions that complicate COVID-19 treatment, without cost sharing. Since Tennessee already covered these services, we have not marked this as a change.

## 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	4,042	11,589	186.714%
Separate CHIP	61,494	56,404	-8.277%

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

Tennessee's Medicaid Expansion CHIP is predominantly made up of children who lose Medicaid eligibility and subsequently "roll over" to the M-CHIP program. Because Tennessee has been maintaining Medicaid eligibility for virtually all children during the COVID-19 public health emergency, this pathway for M-CHIP eligibility has been unnecessary this year, resulting in lower overall enrollment. Tennessee requested authority from CMS to apply a similar "continuous coverage" requirement for its S-CHIP population during the COVID-19 public health emergency, but was informed by CMS that certain children were required to be disenrolled.

## 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.

<b>Year</b>	<b>Number of uninsured children</b>	<b>Margin of error</b>	<b>Percent of uninsured children (of total children in your state)</b>	<b>Margin of error</b>
<b>2016</b>	34,000	5,000	2.2%	0.3%
<b>2017</b>	40,000	5,000	2.5%	0.3%
<b>2018</b>	51,000	5,000	3.3%	0.3%
<b>2019</b>	45,000	6,000	2.9%	0.4%
<b>2020</b>	Not Available	Not Available	Not Available	Not Available

<b>Percent change between 2019 and 2020</b>
<b>Not Available</b>

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?

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

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 focused 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).

Browse...

## Substitution of Coverage

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

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

☐

Yes

☒

No

☐

N/A



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

- ☐ Yes
- ☒ No
- ☐ N/A

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

%

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

- ☐ Yes
- ☒ No
- ☐ N/A

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

No.

6. Optional: Attach any additional documents here.

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

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

Browse...

## Renewal, Denials, and Retention

### Part 1: Eligibility Renewal and Retention

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

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

☐ Yes

☒ No

☐ N/A

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

☒ Yes

☐ No

3. Do you send renewal reminder notices to families?

☒ Yes

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

2, the initial renewal packet and a pre-term if the renewal packet is not returned. A third notice generates if they respond to either of the first 2 notices but are not determined eligible.

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

☐ No

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

Families can file their renewal application over the phone, through the Tennessee Eligibility Determination System Member Portal, or by returning the packet mailed to them. Verifications for renewal can also be uploaded through the same Member Portal in order to make it easier for the applicants.

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

N/A

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

N/A

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

No.

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

1. How many applicants were denied CHIP coverage in FFY 2021?

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

27965

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.

17296

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.

10669

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
<b>Total denials</b>	100%
<b>Denied for procedural reasons</b>	61.85%
<b>Denied for eligibility reasons</b>	38.15%
<b>Denials for other reasons</b>	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?

23485

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

23548

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

22938

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.

520

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

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

133

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.

387

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

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
<b>Children screened for redetermination</b>	100%
<b>Children retained after redetermination</b>	97.41%
<b>Children disenrolled after redetermination</b>	2.21%

Table: Disenrollment in CHIP after Redetermination

	Percent
<b>Children disenrolled after redetermination</b>	100%
<b>Children disenrolled for procedural reasons</b>	25.58%
<b>Children disenrolled for eligibility reasons</b>	74.42%
<b>Children disenrolled for other reasons</b>	

## 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?

288831

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

288831

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

287359

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.

1472

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

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

<11

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.

1465

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

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
<b>Children screened for redetermination</b>	100%
<b>Children retained after redetermination</b>	99.49%
<b>Children disenrolled after redetermination</b>	0.51%

Table: Disenrollment in Medicaid after Redetermination

	Percent
<b>Children disenrolled after redetermination</b>	100%
<b>Children disenrolled for procedural reasons</b>	0.48%
<b>Children disenrolled for eligibility reasons</b>	99.52%
<b>Children disenrolled for other reasons</b>	

## 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

80

Ages 1-5

728

Ages 6-12

1777

Ages 13-16

1306

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

77

Ages 1-5

683

Ages 6-12

1718

Ages 13-16

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

<11

32

39

<11

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

No.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

76

678

1670

1245

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

15

29

14

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

17

17

<11

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

Possible reasons for not being enrolled:• Transferred to another health insurance program other than CHIP• Didn't meet eligibility criteria anymore• Didn't complete documentation• Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

89

129

63

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

45

55

16

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

76

Ages 1-5

676

Ages 6-12

1669

Ages 13-16

1244

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

Ages 0-1

0

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

<11

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

0

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

<11

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

0

Ages 1-5

16

Ages 6-12

36

Ages 13-16

12

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

0

Ages 1-5

<11

Ages 6-12

14

Ages 13-16

<11

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

No.

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

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

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

the 18-month tracking period.

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

#### Helpful hints on age groups

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

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

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

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

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

2. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

☒ Yes

☐ No

January - March 2020 (start of the cohort): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

2459

6812

9141

3173

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

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

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

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?

No.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

2371

6527

8866

3044

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

0

<11

0

<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

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): 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

2360

Ages 1-5

6515

Ages 6-12

8853

Ages 13-16

3039

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

Ages 0-1

0

Ages 1-5

<11

Ages 6-12

<11

Ages 13-16

0

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?

No.

## Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

☒ Yes

☐ No

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

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

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

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?

49

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

- ☐ Yes
- ☒ No

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

☐ Yes

☒ No

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

No.

9. Optional: Attach any additional documents here.

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

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

Browse...

## Employer Sponsored Insurance and Premium Assistance

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

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

☐ Yes

☒ No

## Program Integrity

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The state has developed a detailed manual on fraud, waste, and abuse prevention, investigation, and referral of cases. The manual includes detailed requirements that managed care plans are required to follow.

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 Fraud, Waste, and Abuse Program is designed to protect corporate and customer assets by preventing, detecting, investigating, reporting and coordinating the prosecution of criminal or abusive acts, whether committed by internal or external business partners and recover funds lost through any of these actions.

☐ No

☐ N/A

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

2715

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

4435

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?

44

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

14

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

2894

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
- ☒ 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?

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).

Browse...



## Dental Benefits

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

### Note on age groups

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

1. Do you have data for individual age groups?

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

☒ Yes

☐ No

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

Ages 0-1

210

Ages 1-2

1310

Ages 3-5

4832

Ages 6-9

7847

Ages  
10-14

11072

Ages  
15-18

8391

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
<11	216	1953	4060	5760	3680

#### 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	192	1829	3912	5524	3347

#### 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	<11	456	1738	2188	1603

#### 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?

828

#### Sealant codes and definitions

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

7. Do you provide supplemental dental coverage?

☐ Yes

☒ No

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

No.

9. Optional: Attach any additional documents here.

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

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

Browse...

## CAHPS Survey Results

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

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

2a. Which population did you survey?

Child Medicaid

2b. How many children were included in the survey?

2696

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?

The 2,696 figure relates to the General Population. The number of Children with Chronic Conditions Population is 1,799.

## 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.

Increase health insurance coverage for targeted low-income children in Tennessee.

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 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?

Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable.

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.

Maintain or reduce the incidence of Emergency Room usage.

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%.

In an effort to increase access to care, our goal is to maintain or reduce the 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.

The number of Emergency Department (ED) visits by CoverKids members aged 0-19 during the measurement year (CY2020).

4. Numerator (total number)

6448

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.

The total number of member months for the CoverKids population aged 0-19.

6. Denominator (total number)

399005

**Computed:** 1.62%

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?

The rate for ED visits for CoverKids members decreased from 25.17 visits to 16.16 visits.

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

CoverKids 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 CoverKids 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?

We plan to maintain the same goal and will reevaluate annually. The following report numerator, denominator, and rate for the age breakouts for this measure: <1 Year Numerator: 142 Denominator: 5,608 Rate: 25.32 1-9 Years Numerator: 2,674 Denominator: 170,110 Rate: 15.72 10-19 Years: Numerator: 3,632 Denominator: 223,287 Rate: 16.27

12. Do you have any supporting documentation?

Optional

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

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

Browse...

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

Optional

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

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

Continue to track Comprehensive Diabetes Care HbA1c testing for members under 18.



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%.

In an effort to increase access to care, our goal is to continue to track Comprehensive Diabetes Care HbA1c testing for members under 18.

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.

Total number of CoverKids members ages 0-18 with diabetes.

4. Numerator (total number)

169

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.

Total number of CoverKids members ages 0-18 with diabetes.

6. Denominator (total number)

226

**Computed:** 74.78%

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?

Between 2020 and 2021, the percentage of CoverKids members with diabetes who had an HbA1c test decreased from 81.29% to 74.8%

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

CoverKids 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?

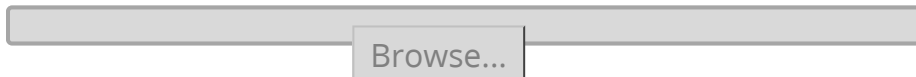
We plan to maintain the same goal and will reevaluate annually.

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).

A horizontal gray bar representing a file upload area. In the center of the bar is a small, light gray button with the text "Browse..." in a dark gray font.

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%.

Maintain or increase asthma medication ratio for children with Asthma. In an effort to increase access to care, our goal is to maintain or increase asthma medication ratio for children with Asthma.

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 number of CoverKids members ages 5-18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

4. Numerator (total number)

208

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.

The number of CoverKids members ages 5-18 years of age who have been identified to have persistent asthma.

6. Denominator (total number)

239

**Computed:** 87.03%

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?

This is a new goal that was added for the first time in 2021.

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

Below are the interventions that have been implemented: - Interactive outbound Pharmacy Specialists calls to address medication adherence - Targeted mailers for members not reached by phone - Integrates Appointment Scheduling - Social Media outreach - PCMH Program Measure: Provider education through e-blasts, conferences, webinars, QCR tool - gap list & attestation, tracking & trending of performance

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

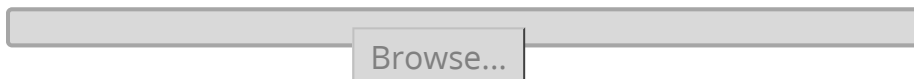
This is a new goal. We plan to maintain this goal over the next three years.

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?

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

1. Briefly describe your goal for this objective.

In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents that receive 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?

Childhood Immunization Status: The number of CoverKids members 2 years of age who had 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. Immunizations for Adolescents: The number of CoverKids members 13 years of age who had one dose of meningococcal vaccine; one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

4. Numerator (total number)

759

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Childhood Immunization Status: Total number of CoverKids members 2 years of age.

6. Denominator (total number)

2515

**Computed:** 30.18%

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?

From MY 2019 to MY 2020, the rate for Childhood Immunization Status Combination 10 (all vaccinations) decreased from 46.23% to 43.55%. For Immunizations for Adolescents Combination 2, the rate decreased from 26.03% to 24.57%.

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

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

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

Numerator breakouts: CIS: 324; IMA: 435 Denominator breakouts: CIS: 745; IMA: 1,770 The following report numerator, denominator, and rate for the immunization breakouts for these measures: CIS DTap: Numerator: 595 Denominator: 745 Rate: 79.81% IPV: Numerator: 676 Denominator: 745 Rate: 90.75% MMR: Numerator: 663 Denominator: 745 Rate: 89.05% HiB: Numerator: 656 Denominator: 745 Rate: 88.08% Hepatitis B: Numerator: 680 Denominator: 745 Rate: 91.24% VZV: Numerator: 658 Denominator: 745 Rate: 88.32% PCV: Numerator: 604 Denominator: 745 Rate: 81.02% Hepatitis A: Numerator: 654 Denominator: 745 Rate: 87.83% Rotavirus: Numerator: 584 Denominator: 745 Rate: 78.35% Influenza: Numerator: 401 Denominator: 745 Rate: 78.35% IMA Meningococcal: Numerator: 1,395 Denominator: 1,770 Rate: 78.83% Tdap/Td: Numerator: 1,507 Denominator: 1,770 Rate: 85.16% HPV: Numerator: 452 Denominator: 1,770 Rate: 25.55% Combination 1: Numerator: 1,374 Denominator: 1,770 Rate: 24.57%

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?

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

1. Briefly describe your goal for this objective.

In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents who have 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?

Well-Child Visits in the First 30 Months of Life (W30): The number of CoverKids members who had a well-child visits with a PCP during the last 15 months. There are two numerators: • Well-Child Visits in the First 15 Months of Life: CoverKids members who turned 15 months old during the measurement year and had 6 or more well-child visits • Well-Child Visits for Age 15 - 30 Months: CoverKids members who turned 30 months old during the measurement year and had 2 or more well-child visits in the last 15 months. Child and Adolescent Well-Care Visits (WCV): the number of CoverKids members ages 3-21 who had a least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.

4. Numerator (total number)

279

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Well-Child Visits in the First 30 Months of Life (W30): • Total CoverKids members who turned 15 months old during the measurement year • Total CoverKids members who turned 30 months old during the measurement year. Total CoverKids members. Child and Adolescent Well-Care Visits (WCV): Total CoverKids members ages 3-21.

6. Denominator (total number)

446

**Computed:** 62.56%

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?

Due to significant changes to the measure specifications, there is a break in trending for these measures. The Well-Child Visits in the first 15 months of life has decreased from 79.6% to 62.6% from 2020 to 2021.

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 plan to maintain the same goal and will reevaluate annually. Numerator breakouts: W30: • First 15 Months of Life: 279 • 15-30 Months of Life: 572 WCV: 12,750 Denominator breakouts: W30: • First 15 Months of Life: 446 • 15-30 Months of Life: 754 WCV: 25,823

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?

Improving the CoverKids eligibility, enrollment, and renewal process.

1. Briefly describe your goal for this objective.

Increase self-service portal functionality and usage for CoverKids applications, renewals, and case maintenance to ensure ease of the application process and to keep renewal churn low.

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?

The number of users who established accounts in the self-service portal as of October 1, 2020.

4. Numerator (total number)

291735

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The number of users who established accounts in the self-service portal as of September 30, 2021.

6. Denominator (total number)

421540

**Computed:** 69.21%

7. What is the date range of your data?

**Start**

mm/yyyy

10

/

2020

**End**

mm/yyyy

09

/

2021

8. Which data source did you use?

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

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

We experienced an increase in the number of accounts.

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

We will continue gathering direct feedback from users to continue enhancing the user experience.

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...

1. Briefly describe your goal for this objective.

Provide online tools to healthcare providers to assist potential CoverKids applicants and enrollees in the application, renewal, and case maintenance processes.

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?

The number of providers registered in the online tool on October 1, 2020.

4. Numerator (total number)

2030

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The number of providers registered on September 30, 2021.

6. Denominator (total number)

2279

**Computed:** 89.07%

7. What is the date range of your data?

**Start**

mm/yyyy

10 / 2020

**End**

mm/yyyy

09 / 2021

8. Which data source did you use?

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

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

N/A



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

We will be partnering with our health plans, provider, and advocacy communities and our members to promote the self-service portal encouraging account set up and utilization.

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).

**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 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

\$ 289,052,233

2022

\$ 345,190,672

2023

\$ 371,217,263

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

\$ 96,906,114

2022

\$ 70,531,564

2023

\$ 76,785,686

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

\$

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

\$ 3,900,291

2022

\$ 4,500,000

2023

\$ 4,000,000

Table 1: Benefits Costs

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

	FFY 2021	FFY 2022	FFY 2023
<b>Managed Care</b>	289052233	345190672	371217263
<b>Fee for Service</b>	96906114	70531564	76785686
<b>Other benefit costs</b>			
<b>Cost sharing payments from beneficiaries</b>	3900291	4500000	4000000
<b>Total benefit costs</b>	389858638	420222236	452002949

## 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

\$

\$

\$

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

\$ 63,140

\$ 73,140

\$ 82,769

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

\$ 3,012,906

\$ 3,709,099

\$ 3,519,065

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

\$ 1,980,520

\$ 375,032

\$ 375,032

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

2021

2022

2023

\$ 0

\$ 15,000

\$ 15,000

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
<b>Personnel</b>			
<b>General administration</b>	63140	73140	82769
<b>Contractors and brokers</b>	3012906	3709099	3519065
<b>Claims processing</b>	1980520	375032	375032
<b>Outreach and marketing</b>	0	15000	15000
<b>Health Services Initiatives (HSI)</b>			
<b>Other administrative costs</b>			
<b>Total administrative costs</b>	5056566	4172271	3991866
<b>10% administrative cap</b>	Not Available	45691359.56	49333661

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.

<b>FMAP Table</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>
<b>Total program costs</b>	Not Available	424394507	455994815
<b>eFMAP</b>	76.27	76.45	76.27
<b>Federal share</b>	Not Available	324449600.6	347787245.4
<b>State share</b>	Not Available	99944906.4	108207569.6



8. What were your state funding sources in FFY 2021?  
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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

125995

2022

135407

2023

143147

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

\$ 205

2022

\$ 223

2023

\$ 224

	FFY 2021	FFY 2022	FFY 2023
PMPM cost	205	223	224

## 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

125995

135407

143147

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

\$ 69

\$ 45

\$ 46

	FFY 2021	FFY 2022	FFY 2023
<b>PMPM cost</b>	69	45	46

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 transitioned from Fee For Service to Managed Care capitation effective 1/1/2021. b. There were no outreach costs to report this year. Back to school flyers were emailed to schools.

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).

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 2021?

During FFY 2021, the greatest challenge faced by Tennessee's CHIP program has continued to be the ongoing COVID-19 public health emergency.

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

Ensuring ongoing access to care for members during the COVID-19 public health emergency was the greatest accomplishment of FFY 2021. In addition, during FFY 2021, Tennessee transitioned its separate CHIP program from FFS to managed care.

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?

During FFY 2021, Tennessee transitioned its separate CHIP program from FFS to managed care. This change was made to (1) improve the cost effectiveness and quality of care provided through the state's separate CHIP program; (2) provide greater choice to CHIP enrollees regarding their health plan; and (3) align the state's CHIP service delivery system with the Medicaid service delivery system.

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).

Browse...