Washington CARTS FY2021 Report

Basic State Information

Welcome!

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

1. State or territory name:

Washington

2.

Program type:

○ Both Medicaid Expansion CHIP and Separate CHIP

○ Medicaid Expansion CHIP only

◉ Separate CHIP only

3. CHIP program name(s):

Apple Health for kids with premiums

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

4. Contact name:

Charissa Fotinos

5. Job title:

Interim CHIP Director

6. Email:

Charissa.Fotinos@hca.wa.gov

7. Full mailing address:

Include city, state, and zip code.

626 8th Ave SE, MS Olympia, WA 98504

8. Phone number:

360-725-9822

PRA Disclosure Statement.

Program Fees and Policy Changes

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

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.

> Premiums do not differ for separate CHIP populations, beyond FPL.

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.

> Most children are enrolled in Managed Care. Although rare, some children may be enrolled in Fee-for-service (FFS). AI/AN children have the option of MC, FFS, or Primary Care Case Management (PCCM).

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Part 4: Separate CHIP Program and Policy Changes

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

do require a SPA.

1.

Have you made any changes to the eligibility determination process?

○ Yes

○ No

○ N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

○ No

○ N/A

3.

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

For example: increasing income eligibility levels.

○ Yes

○ No

○ N/A

4.

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

For example: adding benefits or removing benefit limits.

○ Yes

◉ No

○ N/A

5.

Have you made any changes to the single streamlined application?

○ Yes

◉ No

○ N/A

6.

Have you made any changes to your outreach efforts?

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

○ Yes

◉ No

○ N/A

7.

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

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

○ Yes

◉ No

○ N/A

8.

Have you made any changes to your cost sharing requirements?

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

◉ Yes

○ No

○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

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

○ Yes

◉ No

○ N/A

11.

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

○ Yes

◉ No

○ N/A

12.

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

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

○ Yes

◉ No

○ N/A

13.

Have you made any changes to premium assistance?

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

○   Yes

◉   No

○   N/A

14.

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

○   Yes

◉   No

○   N/A

15.

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

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

○   Yes

◉   No

○   N/A

16.

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

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

○   Yes

◉   No

○   N/A

17.

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

○   Yes

◉   No

○   N/A

18.

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

○   Yes

◉   No

○   N/A

19.

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

○   Yes

◉   No

○   N/A

20.

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

◉ Yes

○ No

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

> Question(s) 1&2: Temporary changes were made to both the renewal and redetermination in FFY 2020 and remain in effect due to the continuation of the COVID-19 Public Health Emergency. These changes are reflected in WA-20-0001and include the following provisions: b" Waive requirements related to the timely processing of applications; b" Delay processing of renewals and extend deadlines for families to respond to renewal requests; b" Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d) 8. Additionally, in continued response to the COVID-19 Public Health Emergency, the state has temporarily suspended premium collection for all CHIP beneficiaries and has suspended the premium lock-out policy.

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

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

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	0	0	0%
Separate CHIP	80,322	81,870	1.927%

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

N/A

Part 2: Number of Uninsured Children in Your State

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

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	23,000	5,000	1.4%	0.3%
2017	17,000	3,000	1%	0.2%
2018	18,000	3,000	1%	0.2%
2019	23,000	5,000	1.4%	0.3%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

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

Data unavailable.

2.

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

○   Yes

◉   No

3.

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

○   Yes

◉   No

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

N/A

5.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

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

○   Yes

◉   No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

○   Yes

◉   No

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

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

1) Providing continuous training and support to community-based application assisters to help with the application through the state-based exchange. 2) Placement of out-stationed staff around the state to facilitate resolution of technical issues with applications, and answer questions about eligibility and enrollment. 3) Funding a toll-free phone line through a community-based organization (WithinReach) that provides information, application assistance, and referral services. 4) Working with contracted managed care organizations to facilitate renewal of coverage for their enrollees. 5) Assisting callers through our agency customer service center to facilitate problem resolution with the state-based exchange application. 6) Utilization of social media to communicate important updates.

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

N/A

5.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

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

1.

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

○   Yes

◉   No

○   N/A

2.

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

○   Yes

◉   No

○   N/A

2.5	%

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

N/A

6.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

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

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

⦿   Yes

◯   No

◯   N/A

2.

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

◉ Yes

○ No

3.

Do you send renewal reminder notices to families?

◉ Yes

○ No

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

> Administrative (Auto) Renewals utilize electronic income data sources to to verify income-based eligibility. This practice has resulted in an automatic renewal rate of over 75% of eligible households.

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

> A combination of outreach and the administrative renewal process results in effective retention.

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

> The state utilizes available enrollment data to determine reasonable effectiveness of retention strategies.

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

N/A

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.

16121

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.

0

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.

16121

> 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?

Our data does not distinguish between procedural and eligibility denials. We do not calculate a denial rate for CHIP when a child is approved for Medicaid.

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	16121	100%
Denied for procedural reasons	0	0%
Denied for eligibility reasons	16121	100%
Denials for other reasons	0	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?

39347

2.

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

39347

3.

How many children were retained in CHIP after redetermination?

38076

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.

> 1271

Computed: 1271

4a.

How many children were disenrolled for procedural reasons?

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

> 0

4b.

How many children were disenrolled for eligibility reasons?

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

> 1271

4c.

How many children were disenrolled for other reasons?

0

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

Our data does not distinguish between procedural terminations and eligibility terminations.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	39347	100%
Children retained after redetermination	38076	96.77%
Children disenrolled after redetermination	1271	3.23%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	1271	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	1271	100%
Children disenrolled for other reasons	0	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 2021?

538876

2.

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

538876

3.

How many children were retained in Medicaid after redetermination?

525875

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.

13001

Computed: 13001

4a.

How many children were disenrolled for procedural reasons?

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

0

4b.

How many children were disenrolled for eligibility reasons?

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

13001

4c.

How many children were disenrolled for other reasons?

0

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

Our data does not distinguish between terminations for procedural and eligibility reasons.

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	538876	100%
Children retained after redetermination	525875	97.59%
Children disenrolled after redetermination	13001	2.41%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	13001	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	13001	100%
Children disenrolled for other reasons	0	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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

⦿ Yes

○ No

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

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

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
490	3262	4534	1888

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

4.

How many children were continuously enrolled in CHIP six months later?

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
390	2320	3301	1400

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
1	6	4	2

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
1	6	4	2

7.

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

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
99	936	1229	486

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
72	811	1080	419

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

N/A

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
334	1909	2831	1178

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
3	25	37	19

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
3	25	37	19

13.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
153	1328	1666	691

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
107	1092	1383	551

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
280	1581	2344	963

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
13	94	122	61

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
13	93	122	61

18.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
197	1587	2068	864

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
148	1360	1789	719

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

N/A

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

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

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

You'll identify a new cohort every two years. This 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
10520	8217	9755	4202

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
10306	7697	9217	4000

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
5	21	30	10

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
5	21	30	10

7.

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

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
209	499	508	192

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
20	100	117	39

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

January - March 2021 (12 months later): to be completed this year

This year, please report data about your cohort for this section.

10.

How many children were continuously enrolled in Medicaid 12 months later?

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
10008	7219	8775	3825

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
13	51	60	22

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
11	48	21	57

13.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
499	947	920	355

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
33	150	191	65

July - September of 2021 (18 months later): to be completed next year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
9469	6758	8217	3576

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
58	96	119	47

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
55	93	115	47

18.

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

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
993	1363	579	1419

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
176	292	391	135

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

N/A

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

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

1.

Does your state require cost sharing?

◉ Yes

○ No

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?

N/A

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

0

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 noted change in cost sharing requirements in FFY 2021, in response to the ongoing public health emergency (PHE), provides a temporary waiver of premiums for the duration of the PHE. No formal analysis has been done to assess the impact of this change.

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

> N/A

9.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

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

1.

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

○ Yes

⊙ No

Eligibility, Enrollment, and Operations

Program Integrity

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

1.

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

- ⦿ Yes

- ◯ No

2.

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

- ⦿ Yes

- ◯ No

3.

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

◉   Yes

◯   No

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

> Washington has written procedures and methods to conduct program integrity activities including, prevention, investigation, and referral on all medical assistance programs (Medicaid/CHIP/State-funded).

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 2021?

9

7.

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

1

8.

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

181

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?

55

11.

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

33

12.

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

0

13.

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

0

14.

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

○   CHIP only

◉   Medicaid and CHIP combined

15.

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

○   Yes

◉   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?

N/A

18.

Optional: Attach any additional documents here.

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| Browse... |

Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

○ Yes

○ No

2.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1084	5190	11815	17638	23503	17498

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?

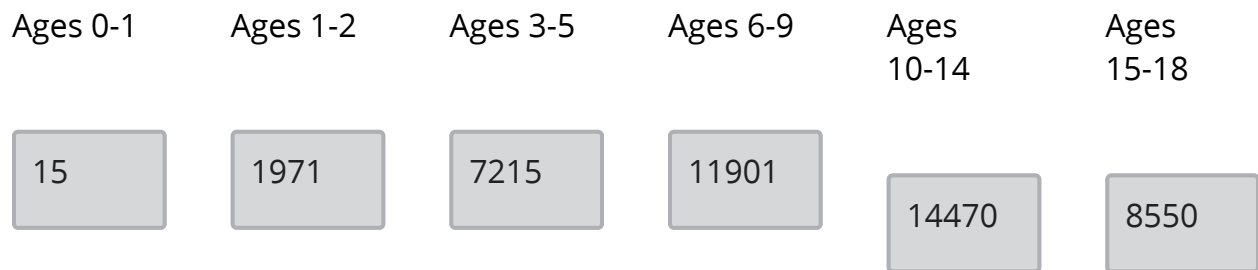| Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
42	2095	7437	12283	15134	9395

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
15	1971	7215	11901	14470	8550

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
29	1463	5057	6140	6588	4757

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?

2993

Sealant codes and definitions

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

7.

Do you provide supplemental dental coverage?

○ Yes

◉ No

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

N/A

9.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

1.

Did you collect the CAHPS survey?

○ Yes

◉ No

Part 2: You collected the CAHPS survey

Part 3: You didn't collect the CAHPS survey

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

1.

Why didn't you collect the CAHPS survey?

Check all that apply.

☐ Entire population wasn't included in the survey

☐ Part of the population wasn't included in the survey

☑ Data wasn't available due to budget constraints

☐ Data wasn't available due to staff constraints

☐ Data wasn't consistent or accurate

☐ Data source wasn't easily accessible

☐ Data source wasn't easily accessible: requires medical records

☐ Data source wasn't easily accessible: requires data linkage that doesn't currently exist

☐ Data wasn't collected by a provider

☐ Sample size was too small (fewer than 30)

☐ Other

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

> Funding is appropriated to support CAHPS survey of the CHIP population every other year (in even calendar years). Additionally, managed care child enrollees are surveyed in the odd calendar year, which includes the CHIP population in the sample population.

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

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

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

◉ Yes

◯ No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Washington Poison Center

2.

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

⦿ Yes

◯ No

3. Which populations does the HSI program serve?

Washington residents experiencing a poison exposure event.

4.

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

31015

5.

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

16127

Computed: 52%

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

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

Reduction in ER visits.

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

72% of home callers would have gone to the Emergency Department (ED) or called 911. Assuming 52% of 31,015 calls were for low-income children = 16,128 calls x 72% = 11,612 ED visits avoided.

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

N/A

9.

Optional: Attach any additional documents.

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

Browse...

Do you have another in this list?
Optional

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

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

1. Briefly describe your goal for this objective.

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

Reduce the percentage of uninsured children between 210% and 312% FPL.

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.

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6.

Denominator (total number)

0

Computed:

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?

> Due to the COVID-19 Public Health Emergency, an accurate determination of progress is unavailable as many are currently covered who would not otherwise be eligible.

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

> Continuous outreach efforts are maintained in an effort to keep eligible households connected to coverage.

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

> We continue to expand the scope of our outreach contract with WithinReach to include outreach to families that have let their Medicaid coverage go unrenewed and to families where an individual has been identified as newly eligible and may need assistance updating their application.

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 reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Reduce the number of uninsured children below 210% FPL

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.

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6.

Denominator (total number)

0

Computed:

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?

> Due to the COVID-19 Public Health Emergency, an accurate determination of progress is unavailable as many are currently covered who would not otherwise be eligible.

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

> Continuous outreach efforts are maintained in an effort to keep eligible households connected to care.

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

> We continue to expand the scope of our outreach contract with WithinReach to include outreach to families that have let their Medicaid coverage go unrenewed and to families where an individual has been identified as newly eligible and may need assistance updating their application.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

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

Increase the number of children who have health care coverage.

1. Briefly describe your goal for this objective.

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

Increase the number of children between 210% and 312% of FPL who have health care coverage.

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.

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6.

Denominator (total number)

0

Computed:

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?

In the year preceding year, there was a notable decrease in CHIP enrollment. This decrease was partially attributed to the impacts of the COVID-19 Public Health Emergency as it relates to churn from CHIP to Medicaid due to decreased household income, as well as the possibility of households relocating out of Washington. This trend did not continue in FFY21 as enrollment increased. Washington continues to maintain a less than 3% enrollment fluctuation year over year.

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

The state is working on implementing enhanced outreach efforts at the conclusion of the PHE in an effort to facilitate this goal.

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

N/A

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%.

Increase the number of children below 210% FPL who have health care coverage.

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.

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6.

Denominator (total number)

0

Computed:

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?

Washington continues to work toward the objective to increase enrollment.

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

Enhanced outreach efforts at the conclusion of the PHE in an effort to facilitate this goal.

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

N/A

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

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

Track the satisfaction and health care of CHIP children compared to Medicaid and non-Medicaid children.

1. Briefly describe your goal for this objective.

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

No goals reported here. Access measurements are reported within Washington's Child Core Set reporting.

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.

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

N/A

6.

Denominator (total number)

0

Computed:

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?

Washington continues to make progress toward this goal.

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

Training and outreach to stakeholders and clients.

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

N/A

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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?

N/A

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

N/A

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

N/A

4.

Optional: Attach any additional documents here.

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

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

Browse...

Program Financing

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.

1.

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

2021	2022	2023
$ 149,448,113	$ 156,833,383	$ 145,901,358

2.

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

2021	2022	2023
$ 16,694,175	$ 18,477,914	$ 18,717,583

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
$ 36,087,381	**$** 36,353,272	**$** 16,554,503

4.

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

2021	2022	2023
$ 0	**$** -6,897,874	**$** -10,314,853

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	149448113	156833383	145901358
Fee for Service	16694175	18477914	18717583
Other benefit costs	36087381	36353272	16554503
Cost sharing payments from beneficiaries	0	-6,897,874	-10,314,853
Total benefit costs	202229669	Not Available	Not Available

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
$ 2,139,326	$ 2,246,292	$ 2,358,607

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
$ 204,345	$ 214,562	$ 225,290

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
$ 4,417,885	$ 4,638,779	$ 4,870,718

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
$ 2,200	$ 2,310	$ 2,426

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	$ 0	$ 0

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
$ 1,644,929	$ 1,944,016	$ 1,944,016

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
$ 8,408,685	$ 9,045,959	$ 9,401,057

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.

Type	FFY 2021	FFY 2022	FFY 2023
Personnel	2139326	2246292	2358607
General administration	204345	214562	225290
Contractors and brokers	4417885	4638779	4870718
Claims processing	2200	2310	2426
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1644929	1944016	1944016
Other administrative costs	8408685	9045959	9401057
Total administrative costs	16817370	18091918	18802114
10% administrative cap	22469963.22	23518285.44	20130382.67

Table 3: Federal and State Shares

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

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	219047039	229756487	199975558
eFMAP	65	65	Not Available
Federal share	142380575.35	149341716.55	Not Available
State share	76666463.65	80414770.45	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

- [x] State appropriations

- [ ] County/local funds

- [ ] Employer contributions

- [ ] Foundation grants

- [ ] Private donations

- [ ] Tobacco settlement

- [ ] Other

9.

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

- ( ) Yes

- (•) No

Part 3: Managed Care Costs

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

1.

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

2021

2022

2023

65768

67363

65406

2.

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

Round to the nearest whole number.

2021

2022

2023

$ 189

$ 194

$ 186

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	65768	67363	65406
PMPM cost	189	194	186

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

1739

1827

1774

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

$ 799

$ 844

$ 880

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	1739	1827	1774
PMPM cost	799	844	880

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

N/A

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)

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Challenges and Accomplishments

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

Throughout the PHE, Washington strives to remain steadfast in its effort to ensure broad access to healthcare coverage and services for its residents.

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

The continuing PHE has presented unique challenges to all facets of public administration, with a particularly complex set of temporary changes to Medicaid and CHIP program operations.

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

In FFY 2021, Washington received approval on CHIP SPA 18-0001 (MHPAEA compliance) and CHIP SPA 20-0003 (SUPPORT Act).

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?

N/A

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

N/A

6.

Optional: Attach any additional documents here.

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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