West Virginia CARTS FY2020 Report

Welcome!

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

1. State or territory name:

West Virginia

2. Program type:

◉ Both Medicaid Expansion CHIP and Separate CHIP

◯ Medicaid Expansion CHIP only

◯ Separate CHIP only

3. CHIP program name(s):

WVCHIP

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

4. Contact name:

Stacey Shamblin

5. Job title:

Financial Officer

6. Email:

Stacey.L.Shamblin@wv.gov

7. Full mailing address:

Include city, state, and zip code.

350 Capitol St., Room 251 Charleston, WV 25301

8. Phone number:

304-414-5961

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

3b. What's the maximum premium a family would be charged each year?

$

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.

n/a

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 members in WV are enrolled in managed care. Members are enrolled in FFS until they can be 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

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

◉ Yes

◯ No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at

211

➡

FPL ends at

300

Premium starts at

$ 35

➡

Premium ends at

$ 71

◯ No

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

◉ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

211

➔

FPL ends at

300

Premium starts at

$ 420

➔

Premium ends at

$ 852

○ 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.

No. Families with one child pay $35 per month with a max of $420 per year; Families with two or more children pay $71 per month with a max of $852 per year.

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 members are enrolled in fee-for-service. WVCHIP will transition to managed care on 1/1/2021.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

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

○ Yes

● No

○ N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○   Yes

◉   No

○   N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

○ Yes

⦿ No

○ N/A

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

○ Yes

⦿ No

○ N/A

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

○ Yes

⦿ No

○ N/A

Part 4: Separate CHIP Program and Policy Changes

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

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

○   Yes

●   No

○   N/A

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

●   Yes

○   No

○   N/A

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

○   Yes

●   No

○   N/A

4. Have you made any changes to the benefits available to 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. Briefly describe why you made these changes to your Separate CHIP program.

> CMS approved WVCHIP SPA WV-20-0003 on June 10, 2020. This SPA allows WVCHIP to waive requirements related to timely processing of renewals; delay acting on changes in circumstances for WVCHIP members (other than required changes in circumstances described in 42CFR 457.342(a); and to waive all monthly premiums and cost sharing under a state or federal declared public health emergency or disaster.

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

◉   Yes

○   No

Part 1: Number of Children Enrolled in CHIP

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

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	12,414	12,506	0.741%
Separate CHIP	27,483	24,363	-11.352%

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

WV population of children under 200%FPL declined 2.1%, while the total population of children at all income levels declined 1.8%.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	5,000	2,000	1.3%	0.4%
2016	4,000	1,000	1%	0.3%
2017	5,000	1,000	1.3%	0.4%
2018	8,000	3,000	2.2%	0.7%
2019	6,000	2,000	1.6%	0.5%

Percent change between 2018 and 2019
NaN%

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

○ Yes

◉ No

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

○ Yes

⦿ No

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

[   ]

5. Optional: Attach any additional documents here.

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

[   ] Browse...

Program Outreach

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

○ Yes

⦿ No

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

○ Yes

◉ No

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

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

[   ]

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

[WVCHIP did not change or implement any new outreach strategies in response to the COVID-19 public health emergency.]

5. Optional: Attach any additional documents here.

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

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Substitution of Coverage

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

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

○ Yes

◉ No

○ N/A

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

○ Yes

◉ No

○ N/A

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

%

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?

WV currently has no way to determine if an applicant is covered by other comprehensive other than individual report prior to enrollment. This match is conducted post-enrollment and members are closed as necessary. WV is exploring ways to conduct these matches prior to enrollment in the new eligibility system the state is implementing.

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?
>
> One notice sent 60-days prior to renewal and then at two weeks prior to renewal
>
> 3b. How many days before the end of the eligibility period did you send reminder notices to families?
>
> 60 days and 14 days

○ No

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

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

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

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

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2020?
Don't include applicants being considered for redetermination - this data will be collected in Part 3.

27013

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.

4411

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.

15572

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

12077

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

7030

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

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Percent
Total denials	100%
Denied for procedural reasons	16.33%
Denied for eligibility reasons	57.65%
Denials for other reasons	26.02%

Part 3: Redetermination in CHIP

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

1. How many children were eligible for redetermination in CHIP in FFY 2020?

12359

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

12347

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

12304

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.

55

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

40

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

13

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

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	99.65%
Children disenrolled after redetermination	0.45%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	3.64%
Children disenrolled for eligibility reasons	72.73%
Children disenrolled for other reasons	23.64%

Part 4: Redetermination in Medicaid

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

1. How many children were eligible for redetermination in Medicaid in FFY 2020?

99383

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

99369

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

99337

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.

46

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.

36

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

<11

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

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	99.97%
Children disenrolled after redetermination	0.5%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	10.87%
Children disenrolled for eligibility reasons	78.26%
Children disenrolled for other reasons	10.87%

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

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

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

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

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

Helpful hints on age groups

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

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

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

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

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

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

◉ Yes

○ No

January - March 2020 (start of the cohort)

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
90	459	582	293

July - September 2020 (6 months later)

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
73	393	466	247

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
14	59	111	45

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	47	102	42

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

January - March 2021 (12 months later)
Next year you'll report this data. Leave it blank in the meantime.

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

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

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

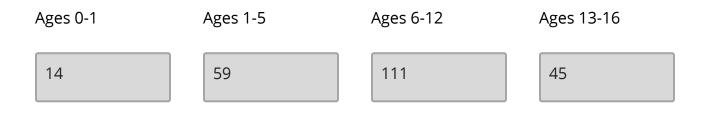| Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

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

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

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

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

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

July - September of 2021 (18 months later)
Next year you'll report this data. Leave it blank in the meantime.

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

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

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

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

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

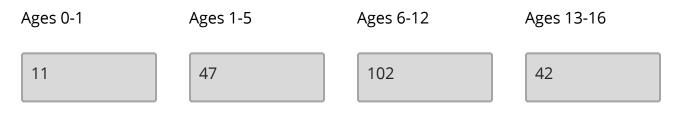Ages 0-1   Ages 1-5   Ages 6-12   Ages 13-16

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

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

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

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

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

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

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

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

the 18-month tracking period.

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

Helpful hints on age groups

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

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

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

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

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

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

◉   Yes

◯   No

January - March 2020 (start of the cohort)

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2924	2680	2946	1251

July - September 2020 (6 months later)

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2773	2538	2787	1193

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
13	21	19	<11

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

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
137	121	141	49

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
<11	<11	<11	<11

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

[   ]

January - March 2021 (12 months later)
Next year you'll report this data. Leave it blank in the meantime.

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

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

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

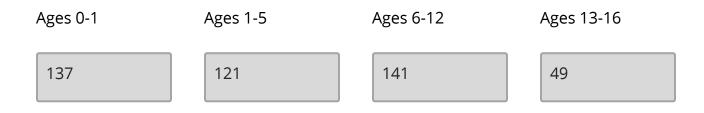| Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

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

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

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

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

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

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

July - September of 2021 (18 months later)
Next year you'll report this data. Leave it blank in the meantime.

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

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

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

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

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

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

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

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

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

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

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

Cost Sharing (Out-of-Pocket Costs)

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

1. Does your state require cost sharing?

○ Yes

○ No

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

○   Families ("the shoebox method")

○   Health plans

○   States

○   Third party administrator

●   Other

   2b. Who tracks cost sharing?

   > The "shoebox method" is only one option WVCHIP members can use to track cost sharing. In addition, WVCHIP claims processors (one for medical and one for pharmacy) have the max copay coded in their systems and aggregate copay data from claims per member and per family. Once the max is reached for the benefit year, claims are paid with no copayments applied. Members are notified through Explanation of Benefit (EOB). Members are able to track medical copays using the EOB provided after each billed service. Providers are able to check how much cost-share is due for planned visits when checking enrollment through either the on-line portal or by calling customer service. Additionally, the program monitors cost-sharing reports that are generated separately from these proces

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

> Providers are able to check how much cost-share is due for planned visits when checking enrollment through either the on-line portal or by calling customer service.

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

> No families exceeded the maximum out-of-pocket cap.

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?

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.
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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?

WVCHIP has a written plan to prevent, detect, and refer cases of expected fraud and abuse. Our program may refer cases of suspected fraud to the WVDHHR's Office of Inspector General and/or to the DHHS Office of Inspector General. Each office has agreed to investigate WVCHIP fraud and abuse in conjunction with Medicaid fraud investigations, but neither office makes aggregate data available to this agency concerning number and types of cases or referrals to law enforcement.

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

○   Yes

○   No

◉   N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2020?

<11

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

0

8. How many cases related to provider credentialing were investigated in FFY 2020?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10. How many cases related to provider billing were investigated in FFY 2020?

0

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

0

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

0

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

0

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

◉ CHIP only

◯ Medicaid and CHIP combined

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

⦿ Yes

> 15a. How do you provide oversight of the contractors?
>
> WVCHIP's pharmacy benefits manager is required to report to WVCHIP the number of audits/desk reviews on paid claims monthly. Any suspect instances or patterns of possible fraud or abuse are referred to this agency. Additionally, WVCHIP desk audits a selected number of claims each week to ensure proper payment and monitors . WVCHIP has an agreement with WVDHHR OIG to investigate cases of suspected fraud. WVCHIP has no oversight once a case is referred to WVDHHR OIG.

○ 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?

[   ]

18. Optional: Attach any additional documents here.

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

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Dental Benefits

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

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

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

⦿ Yes

◯ No

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
251	2667	4594	6931	8886	6924

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	461	2335	4263	5270	3525

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

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

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	360	2207	4092	4972	3210

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

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?
This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	35	605	1800	2281	1791

Dental treatment service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

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

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2020?

965

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

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

7. Do you provide supplemental dental coverage?

○ Yes

◉ No

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

[   ]

9. Optional: Attach any additional documents here.

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

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CAHPS Survey Results

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

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.

| |

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?

Kids First

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

◉ Yes

◯ No

3. Which populations does the HSI program serve?

This HSI is currently not operational but is being kept in place just in case it is needed again. This HSI permits WVCHIP to pay for a well-child exam for uninsured children entering Kindergarten each year. WV has not received any requests for this coverage in the last few years. The State will determine over this next year if the HSI should continue.

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

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

Computed:

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

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

[ ]

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

[ ]

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

[ ]

9. Optional: Attach any additional documents.

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

[Browse...]

1. What is the name of your HSI program?

[Poison Control Treatment Advice and Prevention]

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

◉ Yes

◯ No

3. Which populations does the HSI program serve?

This HSI provides $225,000 annually to WV Poison Control Center to help cover expenses to provide services to children less than 300%FPL. Funds are to cover 90% operations and 10% for educational materials. Poison control center services saves overall health expenditures by managing poisonings at home, decreasing unnecessary ambulance rides, decreasing hospital days, and decreasing hospital transfer costs. Decreasing hospital transfer costs is especially important for children in WV due to the number of hospitals in the state that do not routinely care for pediatric patients.

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

9772

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

9381

Computed: 96%

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.

WVCHIP continues to work with the Poison Control Center (PCC) to develop metrics to measure impacts of the HSI. The current metric measures the number of calls that resulted in a non-admission to a hospital.

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

> Of the 9772 calls the PCC received this past year regarding children under 18, 694, or 7.6% resulted in admission to either a critical care unit or non-critical care unit at an acute care facility, or admitted to a psychiatric facility.

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

> WVCHIP and the PCC will work together this next year to help define useful metrics for this HSI.

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 HSI Program in this list?

Optional

Part 1: Tell us about your goals and objectives

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

1. Briefly describe your goal for this objective.

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

[   ]

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.

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start
mm/yyyy

[ ] / [ ]

End
mm/yyyy

[ ] / [ ]

8. Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

[   ]

12. Do you have any supporting documentation?
Optional

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[Browse...   ]

Do you have another Goal in this list?
Optional

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

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

Increase access to care

1. Briefly describe your goal for this objective.

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

[   ]

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.

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6. Denominator (total number)

[   ]
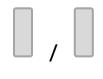
Computed:

7. What is the date range of your data?

Start
mm/yyyy

[ ] / [ ]

End
mm/yyyy

[ ] / [ ]

8. Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

[   ]

12. Do you have any supporting documentation?
Optional

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[Browse...   ]

Do you have another Goal in this list?
Optional

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

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

Increase the use of preventative care

1. Briefly describe your goal for this objective.

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

[   ]

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.

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start
mm/yyyy

[ ] , [ ] /

End
mm/yyyy

[ ] , [ ] /

8. Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

```
[                                                                    ]
```

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

```
[                                                                    ]
```

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

```
[                                                                    ]
```

12. Do you have any supporting documentation?
Optional

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

```
[                          Browse...                                 ]
```

Do you have another Goal in this list?
Optional

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

[   ]

1. Briefly describe your goal for this objective.

_____

2. What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

_____

4. Numerator (total number)

_____

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

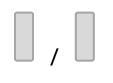**Computed:**

7. What is the date range of your data?

Start
mm/yyyy

☐ / ☐

End
mm/yyyy

☐ / ☐

8. Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

[   ]

12. Do you have any supporting documentation?
Optional

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

[Browse...   ]

Do you have another Goal in this list?
Optional

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

1. Briefly describe your goal for this objective.

[ ]

2. What type of goal is it?

○ New goal

○ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[ ]

4. Numerator (total number)

[ ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

[   ]

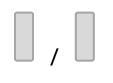6. Denominator (total number)

[   ]

Computed:

7. What is the date range of your data?

Start
mm/yyyy

[ ] / [ ]

End
mm/yyyy

[ ] / [ ]

8. Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

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

[   ]

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

[   ]

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

[   ]

12. Do you have any supporting documentation?
Optional

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

[Browse...   ]

Do you have another Goal in this list?
Optional

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

1. Briefly describe your goal for this objective.

[   ]

2. What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4. Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6. Denominator (total number)

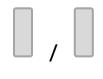**Computed:**

7. What is the date range of your data?

Start

mm/yyyy

☐ / ☐

End
mm/yyyy

☐ / ☐

8. Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

[   ]

12. Do you have any supporting documentation?
Optional

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

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Do you have another Goal in this list?
Optional

Do you have another objective in your State Plan?

Part 2: Additional questions

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

[   ]

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

[   ]

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

[   ]

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

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Tell us how much you spent on your CHIP program in FFY 2020, and how much you anticipate spending in FFY 2021 and 2022.

Part 1: Benefit Costs

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

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

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

2020	2021	2022
$ 19,728,797	$ 69,818,287	$ 75,541,400

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 57,991,999	$ 10,442,713	$ 11,062,600

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

2020	2021	2022
$ 0	$ 0	$ 0

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

2020

$ -764,892

2021

$ -1,000,000

2022

$ -1,000,000

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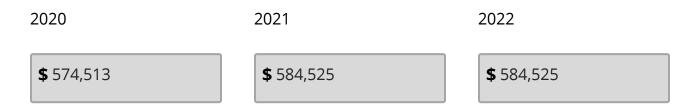This table is auto-populated with the data you entered above.

	FFY 2020	FFY 2021	FFY 2022
Managed Care	19728797	69818287	75541400
Fee for Service	57991999	10442713	11062600
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	-764892	-1000000	-1000000
Total benefit costs	76955904	79261000	85604000

Part 2: Administrative Costs

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

1. How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?
This includes wages, salaries, and other employee costs.

2020	2021	2022
$ 574,513	$ 584,525	$ 584,525

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 148,833	$ 153,225	$ 153,225

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 1,441,707	$ 1,469,825	$ 1,469,825

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 3,411,953	$ 3,467,425	$ 3,467,425

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

2020	2021	2022
$ 100,000	$ 100,000	$ 100,000

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020	2021	2022
$ 225,000	$ 225,000	$ 225,000

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

2020	2021	2022
$ 0	$ 0	$ 0

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

	FFY 2020	FFY 2021	FFY 2022
Personnel	574513	584525	584525
General administration	148833	153225	153225
Contractors and brokers	1441707	1469825	1469825
Claims processing	3411953	3467425	3467425
Outreach and marketing	100000	100000	100000
Health Services Initiatives (HSI)	225000	225000	225000
Other administrative costs	0	000	000
Total administrative costs	5902006	6000000	6000000
10% administrative cap	8635644	8917888.89	9622666.67

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 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2020	FFY 2021	FFY 2022
Total program costs	83622802	86261000	92604000
eFMAP	93.96	82.49	82.28
Federal share	78571984.76	71156698.9	76194571.2
State share	5050817.24	15104301.1	16409428.8

8. What were your state funding sources in FFY 2020?
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 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

11356

2021

36612

2022

40273

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?
Round to the nearest whole number.

2020

$ 176.98

2021

$ 178.16

2022

$ 175.23

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	176.98	178.16	175.23

Part 4: Fee for Service Costs

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

1. How many children were eligible for Fee for Service in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

25513

2021

3945

2022

4340

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?
The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020

$ 211.24

2021

$ 245.65

2022

$ 237.95

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	211.24	245.65	237.95

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

WV's separate CHIP will transition from FFS to managed care on 1/1/2021. Budget numbers for FY21 and FY22 assume this transition.

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

In West Virginia the effects that social determinants of health have on health outcomes, like life expectancy, maternal and child health, and rates of chronic disease, and on disparities in the health of people across our racial groups and income levels has the largest impact on our families. Due to the rural nature of the state, the ability to reach the low-income families is greatly diminished. The lack of broad-band internet in many parts of the state, coupled with the frequent housing changes for the families compounds the difficulties making outreach to the families.

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

If we put the public health emergency aside, the greatest challenge to the CHIP program has been, a lack of resources available, for adequate outreach to members, enrollment and retention efforts and a focus on access and the quality of care for the membership.

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

Despite the resource drain on the WVCHIP, as a result of the public health emergency, WVCHIP successfully transitioned the membership to a managed care model. As of January 1, 2021, the entire membership will be assigned to one of three managed care organizations, contracted to provided services for the membership.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

The membership is moving to a managed care model, to take advantage of the resources available through this type of contractual arrangement. The intent is to gain improved emphasis on quality of care through a broader pool of resources available to the membership. The managed care arrangement will provide additional resources through subcontract arrangements that will allow families to have immediate access to a doctor and other healthcare services. Through the assignment of primary care providers and care managers, the process makes it possible for a closer relationship between the member and their healthcare team. The medical providers can more readily identify health issues before they become a more serious threat to the member.

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

6. Optional: Attach any additional documents here.

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