Preamble

Section 2108(a) and Section 2108(e) of the Social Security Act (the Act) provide that each state and territory must assess the operation of its state child health plan in each federal fiscal year and report to the Secretary, by January 1 following the end of the federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the state must assess the progress made in reducing the number of uncovered, low-income children. The state is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The state is also out of compliance if any section of this report relevant to the state’s program is incomplete.

The framework is designed to:

- Recognize the diversity of state approaches to CHIP and allow states flexibility to highlight key accomplishments and progress of their CHIP programs, AND
- Provide consistency across states in the structure, content, and format of the report, AND
- Build on data already collected by CMS quarterly enrollment and expenditure reports, AND
- Enhance accessibility of information to stakeholders on the achievements under Title XXI

The CHIP Annual Report Template System (CARTS) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program’s Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

* - When “state” is referenced throughout this template it is defined as either a state or a territory.
Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: ID

Name of State/Territory

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a) and Section 2108(e)).

Signature: Cindy Brock

CHIP Program Name(s): All, Idaho

CHIP Program Type:

☐ CHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☒ Combination of the above

Reporting Period: 2017 (Note: Federal Fiscal Year 2017 starts 10/1/2016 and ends 9/30/2017)

Contact Person/Title: Cindy Brock/ACC

Address: 3232 Elder St

City: Boise State: ID Zip: 83705

Phone: 208-364-1983 Fax: 

Email: Cindy.Brock@dhw.idaho.gov

Submission Date: 3/28/2018

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Section I. Snapshot of CHIP Program and Changes

1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

☐ Provide an assurance that your state’s CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

Please note that the numbers in brackets, e.g., [500] are character limits in the Children’s Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

CHIP Medicaid Expansion Program
Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee? ☐ NO ☒ YES ☐ N/A

Enrollment fee amount:
Premium fee amount:
If premiums are tiered by FPL, please breakout by FPL.

<table>
<thead>
<tr>
<th>Premium Amount From ($)</th>
<th>Premium Amount To ($)</th>
<th>From % of FPL</th>
<th>Up to % of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yearly Maximum Premium Amount per Family: $
If premiums are tiered by FPL, please breakout by FPL.

<table>
<thead>
<tr>
<th>Premium Amount From ($)</th>
<th>Premium Amount To ($)</th>
<th>From % of FPL</th>
<th>Up to % of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If yes, briefly explain fee structure: [500]

Which delivery system(s) does your program use?
- Managed Care
- Primary Care Case Management
- Fee for Service

Please describe which groups receive which delivery system: [500]
Same delivery system for all.

**Separate Child Health Program**

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee? ☐ NO ☒ YES ☐ N/A

Enrollment fee amount:
Premium fee amount:
If premiums are tiered by FPL, please breakout by FPL.

<table>
<thead>
<tr>
<th>Premium Amount From ($)</th>
<th>Premium Amount To ($)</th>
<th>From % of FPL</th>
<th>Up to % of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10</td>
<td>142</td>
<td>150</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
<td>150</td>
<td>185</td>
</tr>
</tbody>
</table>

Yearly Maximum Premium Amount per Family: $
If premiums are tiered by FPL, please breakout by FPL.

<table>
<thead>
<tr>
<th>Premium Amount From ($)</th>
<th>Premium Amount To ($)</th>
<th>From % of FPL</th>
<th>Up to % of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, briefly explain fee structure: [500]
Which delivery system(s) does your program use?

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

Please describe which groups receive which delivery system: [500]

Same delivery system for all.

2) Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking the appropriate column.

For FFY 2017, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

<table>
<thead>
<tr>
<th>Medicaid Expansion CHIP Program</th>
<th>Separate Child Health Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No Change</td>
</tr>
<tr>
<td><img src="image" alt="Box" /></td>
<td><img src="image" alt="Box" /></td>
</tr>
<tr>
<td><img src="image" alt="Box" /></td>
<td><img src="image" alt="Box" /></td>
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</tr>
<tr>
<td><img src="image" alt="Box" /></td>
<td><img src="image" alt="Box" /></td>
</tr>
</tbody>
</table>

- a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)
- b) Application
- c) Benefits
- d) Cost sharing (including amounts, populations, & collection process)
- e) Crowd out policies
- f) Delivery system
- g) Eligibility determination process
- h) Implementing an enrollment freeze and/or cap
- i) Eligibility levels / target population
- j) Eligibility redetermination process
- k) Enrollment process for health plan selection
- l) Outreach (e.g., decrease funds, target outreach)
- m) Premium assistance
- n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2),

CHIP Annual Report Template – FFY 2017
457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule

<table>
<thead>
<tr>
<th>Topic</th>
<th>List change and why the change was made</th>
</tr>
</thead>
<tbody>
<tr>
<td>o) Expansion to “Lawfully Residing” children</td>
<td></td>
</tr>
<tr>
<td>p) Expansion to “Lawfully Residing” pregnant women</td>
<td></td>
</tr>
<tr>
<td>q) Pregnant Women state plan expansion</td>
<td></td>
</tr>
<tr>
<td>r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse</td>
<td></td>
</tr>
<tr>
<td>s) Other – please specify</td>
<td></td>
</tr>
<tr>
<td>a. N/A</td>
<td></td>
</tr>
<tr>
<td>b. N/A</td>
<td></td>
</tr>
<tr>
<td>c. N/A</td>
<td></td>
</tr>
</tbody>
</table>

2) For each topic you responded “yes” to above, please explain the change and why the change was made, below:

<table>
<thead>
<tr>
<th>Medicaid Expansion CHIP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</td>
</tr>
<tr>
<td>b) Application</td>
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<tr>
<td>c) Benefits</td>
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<tr>
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<tr>
<td>e) Crowd out policies</td>
</tr>
<tr>
<td>f) Delivery system</td>
</tr>
<tr>
<td>g) Eligibility determination process</td>
</tr>
<tr>
<td>h) Implementing an enrollment freeze and/or cap</td>
</tr>
<tr>
<td>i) Eligibility levels / target population</td>
</tr>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>j) Eligibility redetermination process</td>
</tr>
<tr>
<td>k) Enrollment process for health plan selection</td>
</tr>
<tr>
<td>l) Outreach</td>
</tr>
<tr>
<td>m) Premium assistance</td>
</tr>
<tr>
<td>n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)</td>
</tr>
<tr>
<td>o) Expansion to “Lawfully Residing” children</td>
</tr>
<tr>
<td>p) Expansion to “Lawfully Residing” pregnant women</td>
</tr>
<tr>
<td>q) Pregnant Women State Plan Expansion</td>
</tr>
<tr>
<td>r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse</td>
</tr>
<tr>
<td>s) Other – please specify</td>
</tr>
<tr>
<td>a. N/A</td>
</tr>
<tr>
<td>b. N/A</td>
</tr>
<tr>
<td>c. N/A</td>
</tr>
</tbody>
</table>

**Separate Child Health Program**

<table>
<thead>
<tr>
<th>Topic</th>
<th>List change and why the change was made</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</td>
<td></td>
</tr>
<tr>
<td>b) Application</td>
<td></td>
</tr>
<tr>
<td>c) Benefits</td>
<td>Changes were made to align with our Title XIX ABP’s based on changes to the Blue Cross PPO plan.</td>
</tr>
<tr>
<td>d) Cost sharing (including amounts, populations, &amp; collection process)</td>
<td></td>
</tr>
<tr>
<td>e) Crowd out policies</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>List change and why the change was made</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>f) Delivery system</td>
<td></td>
</tr>
<tr>
<td>g) Eligibility determination process</td>
<td></td>
</tr>
<tr>
<td>h) Implementing an enrollment freeze and/or cap</td>
<td></td>
</tr>
<tr>
<td>i) Eligibility levels / target population</td>
<td></td>
</tr>
<tr>
<td>j) Eligibility redetermination process</td>
<td></td>
</tr>
<tr>
<td>k) Enrollment process for health plan selection</td>
<td></td>
</tr>
<tr>
<td>l) Outreach</td>
<td></td>
</tr>
<tr>
<td>m) Premium assistance</td>
<td></td>
</tr>
<tr>
<td>n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)</td>
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<td></td>
</tr>
<tr>
<td>r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse</td>
<td></td>
</tr>
<tr>
<td>s) Other – please specify</td>
<td></td>
</tr>
<tr>
<td>a. N/A</td>
<td></td>
</tr>
<tr>
<td>b. N/A</td>
<td></td>
</tr>
<tr>
<td>c. N/A</td>
<td></td>
</tr>
</tbody>
</table>

Enter any Narrative text related to Section I below. [7500]
Section II Program’s Performance Measurement and Progress

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state’s general strategic objectives and performance goals.

Section IIA: Enrollment And Uninsured Data

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your state for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your state’s 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response. If the information displayed in the table below is inaccurate, please make any needed updates to the data in SEDS and then refresh this page in CARTS to reflect the updated data.

<table>
<thead>
<tr>
<th>Program</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
<th>Percent change FFY 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP Medicaid Expansion Program</td>
<td>7946</td>
<td>7123</td>
<td>-10.36</td>
</tr>
<tr>
<td>Separate Child Health Program</td>
<td>28018</td>
<td>29535</td>
<td>5.41</td>
</tr>
</tbody>
</table>

A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. [7500]

Idaho’s title XIX and title XXI programs experienced significant enrollment changes attributable to coverage changes under the ACA between FFY2014-FFY2016. Idaho enrolled a significant population of children who were not previously covered by Medicaid or CHIP.

Idaho’s economy has continued to do well during FFY2016 and FFY2017. This has has continued to lower our unemployment rate. Idaho’s 2017 unemployment rate was the lowest it has been in over ten years. We suspect this has improved household income for some families and has resulted in a fluctuation within our enrollment as children shift to other sources of coverage.
2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

<table>
<thead>
<tr>
<th>Period</th>
<th>Uninsured Children Under Age 19 Below 200 Percent of Poverty</th>
<th>Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (In Thousands)</td>
<td>Std. Error</td>
</tr>
<tr>
<td>1996 - 1998</td>
<td>45</td>
<td>7.3</td>
</tr>
<tr>
<td>1998 - 2000</td>
<td>46</td>
<td>7.3</td>
</tr>
<tr>
<td>2000 - 2002</td>
<td>35</td>
<td>5.4</td>
</tr>
<tr>
<td>2002 - 2004</td>
<td>30</td>
<td>5.1</td>
</tr>
<tr>
<td>2003 - 2005</td>
<td>28</td>
<td>5.1</td>
</tr>
<tr>
<td>2004 - 2006</td>
<td>26</td>
<td>6.3</td>
</tr>
<tr>
<td>2005 - 2007</td>
<td>29</td>
<td>6.7</td>
</tr>
<tr>
<td>2006 - 2008</td>
<td>27</td>
<td>6.3</td>
</tr>
<tr>
<td>2007 - 2009</td>
<td>28</td>
<td>6.3</td>
</tr>
<tr>
<td>2008 - 2010</td>
<td>27</td>
<td>6.2</td>
</tr>
<tr>
<td>2009 - 2011</td>
<td>34</td>
<td>7.5</td>
</tr>
<tr>
<td>2010 - 2012</td>
<td>34</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

<table>
<thead>
<tr>
<th>Period</th>
<th>Uninsured Children Under Age 19 Below 200 Percent of Poverty</th>
<th>Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (In Thousands)</td>
<td>Margin of Error</td>
</tr>
<tr>
<td>2013</td>
<td>23</td>
<td>4.0</td>
</tr>
<tr>
<td>2014</td>
<td>21</td>
<td>3.0</td>
</tr>
<tr>
<td>2015</td>
<td>13</td>
<td>2.0</td>
</tr>
<tr>
<td>2016</td>
<td>11</td>
<td>3.0</td>
</tr>
<tr>
<td>Percent change 2015 vs. 2016</td>
<td>15.4%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. [7500]

A. Eligibility changes relative to the ACA and the Great Recession of 2009 resulted in more families seeking health coverage for their children through title XIX and XXI programs in Idaho since 2010. These changes have resulted in a very significant reduction in the number of uninsured children.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. [7500]

N/A

3. Please indicate by checking the box below whether your state has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)
☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data source(s)</td>
<td></td>
</tr>
<tr>
<td>Reporting period (2 or more points in time)</td>
<td></td>
</tr>
<tr>
<td>Methodology</td>
<td></td>
</tr>
<tr>
<td>Population (Please include ages and income levels)</td>
<td></td>
</tr>
<tr>
<td>Sample sizes</td>
<td></td>
</tr>
<tr>
<td>Number and/or rate for two or more points in time</td>
<td></td>
</tr>
<tr>
<td>Statistical significance of results</td>
<td></td>
</tr>
</tbody>
</table>

A. Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

[7500]

B. What is your state’s assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

[7500]

C. What are the limitations of the data or estimation methodology?

[7500]
D. How does your state use this alternate data source in CHIP program planning? [7500]

Enter any Narrative text related to Section IIA below. [7500]
Section IIB: State Strategic Objectives And Performance Goals

This subsection gathers information on your state’s general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in “Other Comments on Measure.” Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- CHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years’ annual reports (FFY 2015 and FFY 2016) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years’ reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2017).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, “objectives” refer to the five broad categories listed above, while “goals” are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.

Additional instructions for completing each row of the table are provided below.

A. Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. All new goals should include a direction and a target. For clarification only, an example goal would be: “Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday.”

B. Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:
• **New/revised:** Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

• **Continuing:** Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

• **Discontinued:** Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Please indicate the status of the data you are reporting for each goal, as follows:

• **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2017.

  **Explanation of Provisional Data** – When the value of the Status of Data Reported field is selected as “Provisional”, the state must specify why the data are provisional and when the state expects the data will be final.

• **Final:** Check this box if the data you are reporting are considered final for FFY 2017.

• **Same data as reported in a previous year’s annual report:** Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

**C. Measurement Specification:**

This section is included for only two of the objectives—objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which states may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

**D. HEDIS® Version:**

Please specify HEDIS® Version (example 2016). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

If “Other”, measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected.

**E. Data Source:**

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.
F. Definition of Population Included in Measure:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please

- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

G. Deviations from Measure Specification

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected.

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

Please report the year of data for each performance measure. The year (or months) should correspond to the period in which enrollment or utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Date Range: available for 2017 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

H. Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on
whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

I. Explanation of Progress:
The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2018, 2019 and 2020. Based on your recent performance on the measure (from FFY 2015 through 2017), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

J. Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.
Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3)

<table>
<thead>
<tr>
<th>Goal #1 (Describe)</th>
<th>Goal #1 (Describe)</th>
<th>Goal #1 (Describe)</th>
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</thead>
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<tr>
<td>Increase the number of children enrolled in child health coverage (Medicaid &amp; CHIP) by 8,000 children annually</td>
<td>Increase the number of children enrolled in child health coverage (Medicaid &amp; CHIP) by 8,000 children annually</td>
<td>Increase the number of children participating in child health coverage programs by 8,000 children annually.</td>
</tr>
</tbody>
</table>

**Type of Goal:**
- ☑ New/revised. Explain:
- ☑ Continuing.
- ☑ Discontinued. Explain:

**Status of Data Reported:**
- ☑ Provisional. ☑ Final. ☑ Same data as reported in a previous year’s annual report. Specify year of annual report in which data previously reported:

**Definition of Population Included in the Measure:**
- Definition of denominator: FFY14 enrollment#
- Definition of numerator: FFY15 enrollment#

**Date Range:**
- From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015

**Performance Measurement Data:**
- Described what is being measured: Increase the number of children enrolled in child health coverage (Medicaid & CHIP) by 8,000 children annually
- Numerator: 205407
- Denominator: 196578
- Rate: 104.5

**Additional notes on measure:** FFY14-196,578 & FFY15-205,407 an increase of 8,829 or 4.5%
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<tr>
<td>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Idaho exceeded its goal by 829 children. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho has aligned its enrollment processes with the health insurance exchange.</td>
<td>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Idaho exceeded its goal. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho continues to streamline enrollment processes with the health insurance exchange.</td>
<td>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? A decrease of 659 or less than 1%. Idaho did not meet its goal. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho continues to streamline enrollment processes with the state based health insurance exchange.</td>
</tr>
<tr>
<td>Explain how these objectives were set: The original objective was set by the CHIP Task Force in 1999. The targeted increase is 8,000 children per year.</td>
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Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3) (Continued)

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<td>Definition of numerator: enrollment in FFY14</td>
<td>Definition of numerator: Number of children enrolled the previous year</td>
<td>Definition of numerator: # of children enrolled in Title XXI previous FFY</td>
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<table>
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<tr>
<th><strong>Performance Measurement Data:</strong> Described what is being measured:</th>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
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<tbody>
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<td>XXI enrollment increase</td>
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<td>Numerator: 18345</td>
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<td>Denominator: 20772</td>
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<tr>
<td>Rate: 88.3</td>
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<td>Rate: 127</td>
<td>Rate: 94.4</td>
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</table>

| Additional notes on measure: Decrease in enrollment of 11.7% | Additional notes on measure: Additional notes/comments on measure: FFY16- 23,304 FFY15-18,345; increase of 4,959/27% | Additional notes/comments on measure: decrease of 1312 |

CHIP Annual Report Template – FFY 2017 24
<table>
<thead>
<tr>
<th>FFY 2015</th>
<th>FFY 2016</th>
<th>FFY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Explanation of Progress:</strong> How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? It appears that Idaho did not meet its goal. However, children previously enrolled in title XXI as MCHIP, shifted to title XIX Medicaid coverage as a part of the ACA MAGI income changes which impacted Idaho’s title XXI enrollment. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho has aligned its enrollment processes with the health insurance exchange.</td>
<td><strong>Explanation of Progress:</strong> How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Idaho met and exceeded our goal by 2,959. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho has continued to align its enrollment processes with the health insurance exchange.</td>
<td><strong>Explanation of Progress:</strong> How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? Idaho did not meet its goal. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho continues to streamline enrollment processes (specific to title XXI) with the state based health insurance exchange.</td>
</tr>
<tr>
<td><strong>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</strong> Annual Performance Objective for FFY 2016: 20,345 Annual Performance Objective for FFY 2017: 22,345 Annual Performance Objective for FFY 2018: 24,345 <strong>Explain how these objectives were set:</strong> The original objective was set by the CHIP Task Force in 1999. The target increase is 2,000 per year.</td>
<td><strong>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</strong> Annual Performance Objective for FFY 2017: 25,304 Annual Performance Objective for FFY 2018: 27,304 Annual Performance Objective for FFY 2019: 29,304</td>
<td><strong>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</strong> Annual Performance Objective for FFY 2018: 23,992 Annual Performance Objective for FFY 2019: 25,992 Annual Performance Objective for FFY 2020: 27,992 <strong>Explain how these objectives were set:</strong> The original objective was set by the CHIP Task Force in 1999. The targeted increase is 2,000 per year.</td>
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<tr>
<td><strong>Other Comments on Measure:</strong></td>
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### Objectives Related to CHIP Enrollment (Continued)

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<thead>
<tr>
<th>Goal #2 (Describe)</th>
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<tr>
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<table>
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<p>| Additional notes on measure: | Additional notes on measure: | Additional notes/comments on measure: |</p>
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<th>FFY 2016</th>
<th>FFY 2017</th>
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<tbody>
<tr>
<td><strong>Explanation of Progress:</strong></td>
<td><strong>Explanation of Progress:</strong></td>
<td><strong>Explanation of Progress:</strong></td>
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<tr>
<td>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</td>
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<td><strong>Definition of Population Included in the Measure:</strong></td>
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<td><strong>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</strong></td>
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<td></td>
<td><em>Explain how these objectives were set:</em></td>
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### Objectives Related to Medicaid Enrollment

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<th>Goal #1 (Describe)</th>
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<tr>
<td>Increase the number of children enrolled in Title XIX programs by 6,000 annually</td>
<td>Increase the number of children enrolled in Title XIX programs by 6,000 annually</td>
<td>Increase the number of children enrolled in Title XIX programs by 6,000 annually</td>
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</table>

**Type of Goal:**
- New/revised. Explain:
- Continuing.
- Discontinued. Explain:

**Status of Data Reported:**
- Provisional.
- Final.
- Same data as reported in a previous year’s annual report.

**Date Range:**
- From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015
- From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016
- From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017

**Definition of Population Included in the Measure:**
- Definition of denominator: FFY14 enrollment
- Definition of numerator: FFY15 enrollment
- Definition of denominator: FFY2016
- Definition of numerator: FFy2015
- Definition of denominator: # of children enrolled in Title XIX previous FFY
- Definition of numerator: # of children enrolled in Title XIX current FFY

**Performance Measurement Data:**
- Description: increase in enrollment
  - Numerator: 187062
  - Denominator: 166464
  - Rate: 112.4
- Description: Number of children enrolled in Title XIX programs on September 30th each year
  - Numerator: 196176
  - Denominator: 187062
  - Rate: 104.9
- Description: N/A
  - Numerator: 195386
  - Denominator: 206176
  - Rate: 94.8
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<th>FFY 2015</th>
<th>FFY 2016</th>
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<tr>
<td>Additional notes on measure: 12% increase</td>
<td>Additional notes on measure: FFY15- 187,062 &amp; FFY16-196,176, increase of 9,114/4.9%</td>
<td>Additional notes/comments on measure: FFY16 was 206,176 and FFY17 195,386 which was a decrease of 10,790</td>
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<tr>
<td><strong>Explanation of Progress:</strong></td>
<td><strong>Explanation of Progress:</strong></td>
<td><strong>Explanation of Progress:</strong></td>
</tr>
<tr>
<td>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? FFY2015 goal was 172,464 and we exceeded it by 14,598. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Coordination with the health insurance exchange.</td>
<td>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? We exceeded our goal by 3,114 children. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Coordination with the health insurance exchange.</td>
<td>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? 201,386. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho continues to streamline enrollment processes (specific to title XXI) with the state based health insurance exchange.</td>
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<td>Annual Performance Objective for FFY 2018: 205,062</td>
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<td><strong>Explain how these objectives were set:</strong> The original objective was set by the CHIP Task Force in 1999. The targeted increase is 6,000 children per year.</td>
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<td><strong>Other Comments on Measure:</strong></td>
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### Objectives Related to Medicaid Enrollment (Continued)

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**Type of Goal:**
- New/revised. Explain: 
- Continuing. 
- Discontinued. Explain: 

**Status of Data Reported:**
- Provisional. 
- Final. 
- Same data as reported in a previous year’s annual report. 
*Specify year of annual report in which data previously reported:*

**Measurement Specification:**
- HEDIS. Specify version of HEDIS used: 
- Other. Explain: 

**Data Source:**
- Administrative (claims data). 
- Hybrid (claims and medical record data). 
- Survey data. Specify: 
- Other. Specify: 

**Definition of Population Included in the Measure:**
- Definition of numerator: # of children enrolled in Healthy Connections 
- Definition of denominator: 
  - Denominator includes CHIP population only. 
  - Denominator includes CHIP and Medicaid (Title XIX). 
*If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: # of children enrolled in Title XIX and XXI*

**Date Range:**
- From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015 
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### Additional notes on measure:

### Other Performance Measurement Data:

(If reporting with another methodology)

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### Explanation of Progress:

- **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?**
  - Idaho's rate declined by 1%

- **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
  - Idaho Medicaid increased the number of its Health Home providers who have achieved NCQA recognition for patient centered care and is moving towards a patient-centered medical home model for its entire PCCM program.

- **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**

- **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?**
  - Idaho improved its rate by 1% and reached its goal of 95%.

- **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
  - Idaho Medicaid implemented a four year transition model for its primary care case management program to a patient centered medical home model of care. As a result, Idaho Medicaid continues to increase the number of its providers who have achieved national recognition for PCMH.

- **Explanation of Progress:**

- **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?**
  - Idaho’s rate has fluctuated by 1% during this FFY due to some operational/system changes as we prepare for phase II of PCMH.

- **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
  - Idaho is actively pursuing the next phase of its patient centered medical home model of care which should assist us in making progress towards our goal.
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Other Comments on Measure:

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## Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

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### Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

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Additional notes on measure:

Other Performance Measurement Data:
(If reporting with another methodology)
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Denominator: 0
Rate: 0

Additional notes on measure: 67% was the rate. Numerator and denominator were not available.

Explanation of Progress:


What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Idaho Medicaid increased the number of its Health Homes providers who have achieved NCQA recognition for patient centered care.

CHIP Annual Report Template – FFY 2017
and our primary care program has been actively engaged in training providers on their immunization rates as a focus of quality improvement.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

**Annual Performance Objective for FFY 2016:** 90% of Idaho 2 years fully immunized

**Annual Performance Objective for FFY 2017:** 90% of Idaho 2 years fully immunized

**Annual Performance Objective for FFY 2018:** 90% of Idaho 2 years fully immunized

*Explain how these objectives were set:* Objectives were set by the CHIP Task Force in 1999.

---

medical home model of care. As a result, Idaho Medicaid continues to increase the number of its providers who have achieved national recognition for PCMH.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

**Annual Performance Objective for FFY 2017:** 90% of Idaho 2 years old fully immunized

**Annual Performance Objective for FFY 2018:** 90% of Idaho 2 years old fully immunized

**Annual Performance Objective for FFY 2019:** 90% of Idaho 2 years old fully immunized

*Explain how these objectives were set:* Objectives were set by the CHIP Task Force in 1999.

---

home model of care. As a result, Idaho Medicaid continues to increase the number of its providers who have achieved national recognition for PCMH.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

**Annual Performance Objective for FFY 2018:**

**Annual Performance Objective for FFY 2019:**

**Annual Performance Objective for FFY 2020:**

*Explain how these objectives were set:* Objectives were set by the CHIP Task Force in 1999.
### Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

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CHIP Annual Report Template – FFY 2017 46
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**Additional notes on measure:**

**Other Performance Measurement Data:**
(If reporting with another methodology)
Numerator:  
Denominator:  
Rate:  
Additional notes on measure:

**Explanation of Progress:**

How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?  
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?  
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

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Annual Performance Objective for FFY 2017:  
Annual Performance Objective for FFY 2018:  
Explain how these objectives were set:

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<td>☐ Hybrid (claims and medical record data).</td>
<td>☐ Hybrid (claims and medical record data).</td>
<td>☐ Hybrid (claims and medical record data).</td>
</tr>
<tr>
<td></td>
<td>☐ Survey data. Specify:</td>
<td>☐ Survey data. Specify:</td>
<td>☐ Survey data. Specify:</td>
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<tr>
<td></td>
<td>☐ Other. Specify:</td>
<td>☐ Other. Specify:</td>
<td>☐ Other. Specify:</td>
</tr>
<tr>
<td><strong>Definition of Population Included in the Measure:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Denominator includes CHIP population only.</td>
<td>☐ Denominator includes CHIP population only.</td>
<td>☐ Denominator includes CHIP population only.</td>
</tr>
<tr>
<td></td>
<td>☐ Denominator includes CHIP and Medicaid (Title XIX).</td>
<td>☐ Denominator includes CHIP and Medicaid (Title XIX).</td>
<td>☐ Denominator includes CHIP and Medicaid (Title XIX).</td>
</tr>
<tr>
<td></td>
<td>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</td>
<td>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</td>
<td>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</td>
</tr>
<tr>
<td><strong>Date Range:</strong></td>
<td>From: (mm/yyyy) To: (mm/yyyy)</td>
<td>From: (mm/yyyy) To: (mm/yyyy)</td>
<td>From: (mm/yyyy) To: (mm/yyyy)</td>
</tr>
<tr>
<td><strong>Date Range:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEDIS Performance Measurement Data:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If reporting with HEDIS/HEDIS-like methodology)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator:</td>
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<td>Denominator:</td>
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<tr>
<td>Rate:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deviations from Measure Specifications:</strong></td>
<td>☐ Year of Data, Explain.</td>
<td>☐ Year of Data, Explain.</td>
<td>☐ Year of Data, Explain.</td>
</tr>
<tr>
<td></td>
<td>☐ Data Source, Explain.</td>
<td>☐ Data Source, Explain.</td>
<td>☐ Data Source, Explain.</td>
</tr>
<tr>
<td>FFY 2015</td>
<td>FFY 2016</td>
<td>FFY 2017</td>
<td></td>
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<td></td>
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<tr>
<td>□ Denominator, Explain.</td>
<td>□ Denominator, Explain.</td>
<td>□ Denominator, Explain.</td>
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<tr>
<td>□ Other, Explain.</td>
<td>□ Other, Explain.</td>
<td>□ Other, Explain.</td>
<td></td>
</tr>
<tr>
<td>Additional notes on measure:</td>
<td>Additional notes on measure:</td>
<td>Additional notes/comments on measure:</td>
<td></td>
</tr>
<tr>
<td>Other Performance Measurement Data: (If reporting with another methodology)</td>
<td>Other Performance Measurement Data: (If reporting with another methodology)</td>
<td>Other Performance Measurement Data: (If reporting with another methodology)</td>
<td></td>
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<td>Numerator:</td>
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<td>Denominator:</td>
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<tr>
<td>Rate:</td>
<td>Rate:</td>
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<td></td>
</tr>
<tr>
<td>Additional notes on measure:</td>
<td>Additional notes on measure:</td>
<td>Additional notes on measure:</td>
<td></td>
</tr>
<tr>
<td>Explanation of Progress:</td>
<td>Explanation of Progress:</td>
<td>Explanation of Progress:</td>
<td></td>
</tr>
<tr>
<td>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</td>
<td>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</td>
<td>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</td>
<td></td>
</tr>
<tr>
<td>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</td>
<td>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</td>
<td>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</td>
<td></td>
</tr>
<tr>
<td>Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Explain how these objectives were set:</td>
<td>Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Explain how these objectives were set:</td>
<td>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Explain how these objectives were set:</td>
<td></td>
</tr>
<tr>
<td>Other Comments on Measure:</td>
<td>Other Comments on Measure:</td>
<td>Other Comments on Measure:</td>
<td></td>
</tr>
</tbody>
</table>
1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? [7500]
Idaho has increasingly adopted tools such as its CAHPS survey for its CHIP population, Access to Care report, quality measures and independent assessments (as part of our managed care program) to assess access, quality and outcomes for this population. Findings indicate that Idaho Title XXI participants have good access to primary care, parents are happy with the care their child receives and our transition to patient centered medical home model of care is improving the quality of the care they are receiving.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? [7500]
Idaho Medicaid’s transition of its phase II of its primary care case management program to a patient centered medical home model of care to a shared savings model will allow for new opportunities for quality measurement, as well as, our increased adoption of managed care. Idaho expects to have baseline data and trending data in these areas that will provide improved outcomes over the next three years.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? [7500]
N/A

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program’s performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives. [7500]
The summary report for the CAHPS 5.0 survey is attached.

Enter any Narrative text related to Section IIB below. [7500]
N/a
Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

Please note that the numbers in brackets, e.g., [7500] are character limits in the State Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

Section IIIA: Outreach

1. How have you redirected/changed your outreach strategies during the reporting period? [7500]
   Outreach remains as reflected in the state plan.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? [7500]
   Back-to-School campaign continues to be the cornerstone of Idaho’s outreach. Our strategy in 2015 continued to target all charter and public schools. A 2008 survey of potential eligibles (WIC families) indicated that information brought home with the child from school is the parent’s preferred information avenue.

3. Which of the methods described in Question 2 would you consider a best practice(s)? [7500]
   The Back-to-School campaign.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?
   ☑ Yes ☐ No
   Have these efforts been successful, and how have you measured effectiveness? [7500]
   The health insurance exchange (working in a contracted status with IDHW has provided a new avenue to target rural areas of Idaho to apply for premium tax credits, as well as coverage under Medicaid and CHIP. This has proved to be effective and increased enrollment.

5. What percentage of children below 200 percent of the federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 0
   (Identify the data source used). [7500]
   The State is dependent on Community Population Survey data to provide a rate of uninsurance. It is unknown how many of those children are eligible for Medicaid or CHIP, but not enrolled.

Enter any Narrative text related to Section IIIA below. [7500]

N/A

Section IIIB: Substitution of Coverage (Crowd-out)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?
If no, skip to question 5. If yes, answer questions 2-4:

2. How many months does your program require a child to be uninsured prior to enrollment?

3. To which groups (including FPL levels) does the period of uninsurance apply? [1000]

4. List all exemptions to imposing the period of uninsurance [1000]

5. Does your program match prospective enrollees to a database that details private insurance status?
   - No
   - Yes
   - N/A

6. If answered yes to question 5, what database? [1000]
   - Our third party liability contractor maintains the database and is responsible for monitoring of coverage.

7. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] [5] 0
   and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) * 100] [5]? 0
   Provide a combined percent if you cannot calculate separate percentages. [5] 0

8. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? [5] 4
   a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state’s waiting period, what percent meet your state’s exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? [5] 4

9. Do you track the number of individuals who have access to private insurance?
   - Yes
   - No

10. If yes to question 9, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? [5] .5

Enter any Narrative text related to Section IIIB below. [7500]
N/A

Section IIIC: Eligibility
This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Eligibility Renewal and Retention
1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? [Yes] [No]
If yes,
   a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5] 0
   b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? [5] 0

2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.
   ☑ Conducts follow-up with clients through caseworkers/outreach workers
   ☑ Sends renewal reminder notices to all families
     • How many notices are sent to the family prior to disenrolling the child from the program? [500]
       1 We send one notice either auto-renewing the child in to the program for the following 12-month period if our interfaces can determine reasonable compatibility for eligibility. Otherwise we will send a request for renewal. If nothing is returned, one more notice will be sent to the family notifying them of the cancellation of benefits at the end of the month
     • At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) [500]
       Four weeks prior to closure, they will receive a notice. Final Notices of closure are sent 10 days prior
   ☐ Other, please explain: [500]

3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. [7500]

   Reminder notices. The State is currently re-evaluating its strategy.

Section III: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2017

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2017. Please enter the data requested in the table below and the template will tabulate the requested percentages.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of denials of title XXI coverage</td>
<td>16780</td>
<td>100</td>
</tr>
<tr>
<td>a. Total number of procedural denials</td>
<td>2933</td>
<td>17.5</td>
</tr>
<tr>
<td>b. Total number of eligibility denials</td>
<td>13457</td>
<td>80.2</td>
</tr>
<tr>
<td>i. Total number of applicants denied for title XXI and enrolled in title XIX</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>☐ (Check here if there are no additional categories)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Total number of applicants denied for other reasons Please indicate:</td>
<td>390</td>
<td>2.3</td>
</tr>
</tbody>
</table>
2. Please describe any limitations or restrictions on the data used in this table:
   N/A

Definitions:

1. The “the total number of denials of title XXI coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2017. This definition only includes denials for title XXI at the time of initial application (not redetermination).
   a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2017 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
   b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2017 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
      i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
   c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.
Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2017.

Table 2a. Redetermination Status of Children Enrolled in Title XXI.

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of children who are enrolled in title XXI and eligible to be redetermined</td>
<td>32624</td>
<td>100%</td>
</tr>
<tr>
<td>2. Total number of children screened for redetermination for title XXI</td>
<td>29997</td>
<td>91.95</td>
</tr>
<tr>
<td>3. Total number of children retained in title XXI after the redetermination process</td>
<td>27364</td>
<td>83.88</td>
</tr>
<tr>
<td>4. Total number of children disenrolled from title XXI after the redetermination process</td>
<td>2633</td>
<td>8.07</td>
</tr>
<tr>
<td>a. Total number of children disenrolled from title XXI for failure to comply with procedures</td>
<td>1329</td>
<td>50.47</td>
</tr>
<tr>
<td>b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria</td>
<td>1304</td>
<td>49.53</td>
</tr>
<tr>
<td>i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here ☐)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☐)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

N/A

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose
eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).

3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.

4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
   a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
   b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
   c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 2b. Redetermination Status of Children Enrolled in Title XIX.

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of children who are enrolled in title XIX and eligible to be determined</td>
<td>232790</td>
<td>100%</td>
</tr>
<tr>
<td>2. Total number of children screened for redetermination for title XIX</td>
<td>210263</td>
<td>90.32%</td>
</tr>
<tr>
<td>3. Total number of children retained in title XIX after the redetermination process</td>
<td>201496</td>
<td>86.56%</td>
</tr>
<tr>
<td>4. Total number of children disenrolled from title XIX after the redetermination process</td>
<td>8767</td>
<td>3.77%</td>
</tr>
<tr>
<td>a. Total number of children disenrolled from title XIX for failure to comply with procedures</td>
<td>5168</td>
<td>58.95%</td>
</tr>
<tr>
<td>b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria</td>
<td>3597</td>
<td>41.03%</td>
</tr>
<tr>
<td>v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here □)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here □)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories □)</td>
<td>2</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].
Definitions:
1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
   a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
   b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
   c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b. The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).
Table 3a. Duration Measure of Children Enrolled in Title XIX

☐ Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

☐ Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)
<table>
<thead>
<tr>
<th></th>
<th>Duration Measure, Title XIX</th>
<th>All Children Ages 0-16</th>
<th>Age Less than 12 months</th>
<th>Ages 1-5</th>
<th>Ages 6-12</th>
<th>Ages 13-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total number of children newly enrolled in title XIX in the second quarter of FFY 2016</td>
<td>12433</td>
<td>100%</td>
<td>3454</td>
<td>100%</td>
<td>3396</td>
</tr>
<tr>
<td></td>
<td>Enrollment Status 6 months later</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Total number of children continuously enrolled in title XIX</td>
<td>11486</td>
<td>92.38</td>
<td>3220</td>
<td>93.23</td>
<td>3115</td>
</tr>
<tr>
<td>3.</td>
<td>Total number of children with a break in title XIX coverage but re-enrolled in title XIX</td>
<td>233</td>
<td>1.87</td>
<td>65</td>
<td>1.88</td>
<td>71</td>
</tr>
<tr>
<td>3.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Total number of children disenrolled from title XIX</td>
<td>714</td>
<td>5.74</td>
<td>169</td>
<td>4.89</td>
<td>210</td>
</tr>
<tr>
<td>4.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enrollment Status 12 months later</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Total number of children continuously enrolled in title XIX</td>
<td>9390</td>
<td>75.52</td>
<td>2860</td>
<td>82.8</td>
<td>2476</td>
</tr>
<tr>
<td>6.</td>
<td>Total number of children with a break in title XIX coverage but re-enrolled in title XIX</td>
<td>543</td>
<td>4.37</td>
<td>139</td>
<td>4.02</td>
<td>156</td>
</tr>
<tr>
<td>6.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Total number of children disenrolled from title XIX</td>
<td>2500</td>
<td>20.11</td>
<td>455</td>
<td>13.17</td>
<td>764</td>
</tr>
<tr>
<td>7.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enrollment Status 18 months later</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Total number of children continuously enrolled in title XIX</td>
<td>8613</td>
<td>69.28</td>
<td>2600</td>
<td>75.28</td>
<td>2242</td>
</tr>
<tr>
<td>9.</td>
<td>Total number of children with a break in title XIX coverage but re-enrolled in title XIX</td>
<td>951</td>
<td>7.65</td>
<td>224</td>
<td>6.49</td>
<td>267</td>
</tr>
<tr>
<td>9.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Total number of children disenrolled from title XIX</td>
<td>2869</td>
<td>23.08</td>
<td>630</td>
<td>18.24</td>
<td>887</td>
</tr>
<tr>
<td>10.a.</td>
<td>Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016

3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
   3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage

4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
   4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
+ the number of children with birthdates after September 1999 who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 2017

6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.

7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
   - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
   - the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
   - the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

7.a. From the population in #7, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2017

9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.

10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
    - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
    - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
    - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

Table 3b. Duration Measure of Children Enrolled in Title XXI

Specify how your “newly enrolled” population is defined:

☐ Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

☐ Not Previously Enrolled in CHIP—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XXI in December 2015, etc.)
### Table 3b. Duration Measure, Title XXI

<table>
<thead>
<tr>
<th></th>
<th>All Children Ages 0-16</th>
<th>Age Less than 12 months</th>
<th>Ages 1-5</th>
<th>Ages 6-12</th>
<th>Ages 13-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016</td>
<td>5055</td>
<td>100%</td>
<td>277</td>
<td>100%</td>
<td>1552</td>
</tr>
<tr>
<td>2. Total number of children continuously enrolled in title XXI</td>
<td>4142</td>
<td>81.94</td>
<td>223</td>
<td>80.51</td>
<td>1234</td>
</tr>
<tr>
<td>3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI</td>
<td>19</td>
<td>0.38</td>
<td>2</td>
<td>0.72</td>
<td>5</td>
</tr>
<tr>
<td>3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total number of children disenrolled from title XXI</td>
<td>894</td>
<td>17.69</td>
<td>52</td>
<td>18.77</td>
<td>313</td>
</tr>
<tr>
<td>4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total number of children continuously enrolled in title XXI</td>
<td>2699</td>
<td>53.39</td>
<td>145</td>
<td>52.35</td>
<td>781</td>
</tr>
<tr>
<td>6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI</td>
<td>92</td>
<td>1.82</td>
<td>3</td>
<td>1.08</td>
<td>34</td>
</tr>
<tr>
<td>6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total number of children disenrolled from title XXI</td>
<td>2264</td>
<td>44.79</td>
<td>129</td>
<td>46.57</td>
<td>737</td>
</tr>
<tr>
<td>7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total number of children continuously enrolled in title XXI</td>
<td>2418</td>
<td>47.83</td>
<td>115</td>
<td>41.52</td>
<td>689</td>
</tr>
<tr>
<td>9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI</td>
<td>101</td>
<td>2</td>
<td>3</td>
<td>1.08</td>
<td>35</td>
</tr>
<tr>
<td>9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Total number of children disenrolled from title XXI</td>
<td>2536</td>
<td>50.17</td>
<td>159</td>
<td>57.4</td>
<td>828</td>
</tr>
<tr>
<td>10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here [X])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definitions:**

CHIP Annual Report Template – FFY 2017 62
1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
   3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
   4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 2017
   6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
+ the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
+ the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
   - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
   - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
   - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2017

9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
    - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
    - the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
    - the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to Section III.C below. [7500]

N/A
Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
   a. Cost sharing is tracked by:
      ☐ Enrollees (shoebox method)
      ☐ Health Plan(s)
      ☐ State
      ☐ Third Party Administrator
      ☐ N/A (No cost sharing required)
      ☒ Other, please explain. [7500]

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? ☒ Yes ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. [7500]
   Participants who are exempt from co-pays are flagged in the information system, so when providers check a participants eligibility, they see the co-pay exempt indicator.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state’s CHIP program during the federal fiscal year. [500]
   0%

5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
   ☐ Yes ☒ No If so, what have you found? [7500]

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
   ☐ Yes ☒ No If so, what have you found? [7500]

7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children’s health services in CHIP? If so, what have you found? [7500]
   No changes to cost sharing during this FFY.

Enter any Narrative text related to Section IIID below. [7500]

Section IIIE: Employer sponsored insurance Program (including
Premium Assistance)

1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for children and/or adults using Title XXI funds?
   - Yes, please answer questions below.
   - ☒ No, skip to Program Integrity subsection.

Children
   - Yes, Check all that apply and complete each question for each authority.
     - Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
     - Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
     - Section 1115 Demonstration (Title XXI)
     - Premium Assistance Option (applicable to Medicaid Expansion) children (1906)
     - Premium Assistance Option (applicable to Medicaid Expansion) children (1906A)

Adults
   - Yes, Check all that apply and complete each question for each authority.
     - Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
     - Section 1115 demonstration (Title XXI)
     - Premium Assistance option under the Medicaid state plan (1906)
     - Premium Assistance option under the Medicaid state plan (1906A)

2. Please indicate which adults your state covers with premium assistance. (Check all that apply.)
   - Parents and Caretaker Relatives
   - Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) [7500]

4. What benefit package does the ESI program use? [7500]

5. Are there any minimum coverage requirements for the benefit package?
   - Yes ☐ No ☐

6. Does the program provide wrap-around coverage for benefits?
   - Yes ☐ No ☐

7. Are there limits on cost sharing for children in your ESI program?
   - Yes ☐ No ☐

8. Are there any limits on cost sharing for adults in your ESI program?
   - Yes ☐ No ☐
9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

☐ Yes ☐ No
If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

Number of childless adults ever-enrolled during the reporting period
Number of adults ever-enrolled during the reporting period
Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2017.

Children Parents

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? [7500]

13. During the reporting period, what accomplishments have been achieved in your ESI program? [7500]

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. [7500]

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? [7500]

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

<table>
<thead>
<tr>
<th>Population</th>
<th>State</th>
<th>Employer</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children Low High
18. If you offer a premium assistance program, what, if any, is the minimum employer contribution? [500]

19. Please provide the income levels of the children or families provided premium assistance.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

20. Is there a required period of uninsurance before enrolling in premium assistance?

☐ Yes ☐ No

If yes, what is the period of uninsurance? [500]

21. Do you have a waiting list for your program? ☐ Yes ☐ No

22. Can you cap enrollment for your program? ☐ Yes ☐ No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? [7500]

Enter any Narrative text related to Section IIIE below. [7500]

Section IIIF: Program Integrity

COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

   (1) prevention: ☒ Yes ☐ No
   (2) investigation: ☒ Yes ☐ No
   (3) referral of cases of fraud and abuse? ☒ Yes ☐ No

   Please explain: [7500]

   Do managed health care plans with which your program contracts have written plans?

   ☐ Yes ☒ No

   Please Explain: [500]

2. For the reporting period, please report the

   132 Number of fair hearing appeals of eligibility denials
   2 Number of cases found in favor of beneficiary
3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

   Provider Credentialing
   Number of cases investigated
   Number of cases referred to appropriate law enforcement officials

   Provider Billing
   Number of cases investigated
   Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility
   Number of cases investigated
   Number of cases referred to appropriate law enforcement officials

Are these cases for:

   CHIP
   Medicaid and CHIP Combined

4. Does your state rely on contractors to perform the above functions?
   Yes, please answer question below.
   No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain: [7500]

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?
   Yes
   No
   Please Explain: [500]
   claims processor, provider enrollment

Enter any Narrative text related to Section IIIF below. [7500]

**Section IIIG: Dental Benefits:**

Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs. If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: [7500]
1. **Information on Dental Care for Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs).** Include all delivery system types, e.g. MCO, PCCM, FFS.

Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. **Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).**

<table>
<thead>
<tr>
<th>FFY 2017</th>
<th>Total (All age groups)</th>
<th>&lt;1 year</th>
<th>1 – 2 years</th>
<th>3 – 5 years</th>
<th>6 – 9 years</th>
<th>10–14 years</th>
<th>15–18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Individuals Enrolled for at Least 90 Continuous Days¹</td>
<td>19592</td>
<td>154</td>
<td>6029</td>
<td>1468</td>
<td>2704</td>
<td>4858</td>
<td>4379</td>
</tr>
<tr>
<td>Total Enrollees Receiving Any Dental Services² [7]</td>
<td>10588</td>
<td>4</td>
<td>1548</td>
<td>765</td>
<td>1692</td>
<td>2876</td>
<td>2308</td>
</tr>
<tr>
<td>Total Enrollees Receiving Preventive Dental Services³ [7]</td>
<td>10073</td>
<td>2</td>
<td>1288</td>
<td>730</td>
<td>1644</td>
<td>2775</td>
<td>2131</td>
</tr>
<tr>
<td>Total Enrollees Receiving Dental Treatment Services⁴ [7]</td>
<td>4806</td>
<td>0</td>
<td>111</td>
<td>263</td>
<td>885</td>
<td>1310</td>
<td>1176</td>
</tr>
</tbody>
</table>

¹ **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the federal fiscal year, distributed by age. For example, if a child was enrolled January 1<sup>st</sup> to March 31<sup>st</sup>, this child is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1<sup>st</sup> to September 30<sup>th</sup> and from October 1<sup>st</sup> to November 30<sup>th</sup>, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year.
year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

**Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service 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.

**Total Enrollees Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

**Total Enrollees Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service 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 is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child’s age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

**b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth?**

0

**Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child’s age at the end of the federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

2. **Does the state provide supplemental dental coverage?**

   ☐ Yes  ☒ No

If yes, how many children are enrolled? [7]

What percent of the total number of enrolled children have supplemental dental coverage? [5]
Section IIIH: CHIPRA CAHPS Requirement:

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children’s Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? ☒ Yes ☐ No

If Yes, How Did you Report this Survey (select all that apply):

☐ Submitted raw data to AHRQ (CAHPS Database)
☒ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
☐ Other. Explain:

If No, Explain Why:
Select all that apply (Must select at least one):

☐ Service not covered
☐ Population not covered
☐ Entire population not covered
☐ Partial population not covered
☒ Explain the partial population not covered:

☐ Data not available
☐ Explain why data not available
☐ Budget constraints
☐ Staff constraints
☐ Data inconsistencies/accuracy
☐ Please explain:
☐ Data source not easily accessible
Select all that apply:

☐ Requires medical record review
☐ Requires data linkage which does not currently exist
☐ Other:

☐ Information not collected.
Select all that apply:

☐ Not collected by provider (hospital/health plan)
☐ Other:
☐ Other:

☐ Small sample size (less than 30)
Enter specific sample size:
☐ Other. Explain:

**Definition of Population Included in the Survey Sample:**

Definition of population included in the survey sample:
☑ Denominator includes CHIP (Title XXI) population only.
☐ Survey sample includes CHIP Medicaid Expansion population.
☑ Survey sample includes Separate CHIP population.
☐ Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

**Which Version of the CAHPS® Survey was Used?**
☑ CAHPS® 5.0.
☐ CAHPS® 5.0H.
☐ Other. Explain:

**Which Supplemental Item Sets were Included in the Survey?**
☑ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☐ Other CAHPS Item Set. Explain:

**Which Administrative Protocol was Used to Administer the Survey?**
☑ NCQA HEDIS CAHPS 5.0H administrative protocol
☐ AHRQ CAHPS administrative protocol
☐ Other administrative protocol. Explain:

Enter any Narrative text related to Section IIIH below. [7500]

**Section III I: Health Service Initiatives (HSI) Under the CHIP State Plan**

Persuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, states have the option to use up to 10 percent of actual or estimated Federal expenditures to develop state-designed Health Services Initiatives (HSI) (after first funding costs associated with administration of the CHIP state plan), as defined in regulations at 42 CFR 457.10, to improve the health of low-income children.

1) Does your state operate HSI(s) to provide direct services or implement public health initiatives using Title XXI funds?
   ☑ Yes, please answer questions below.
   ☐ No, please skip to Section IV.

2) In the table below, please provide a brief description of each HSI program operated in the state in the first column. In the second column, please list the populations served by each HSI program. In the third column, provide estimates of the number of children served by each HSI program. In the fourth column, provide the percentage of the population served by the HSI who are children below your state’s CHIP FPL eligibility threshold.

<table>
<thead>
<tr>
<th>HSI Program</th>
<th>Population Served by HSI Program</th>
<th>Number of Children Served by HSI</th>
<th>Percent of Low-income Children</th>
</tr>
</thead>
</table>

CHIP Annual Report Template – FFY 2017 73
### Program Served by HSI Program\(^1\)

<table>
<thead>
<tr>
<th>HSI Program Initiative</th>
<th>Low-income pre-k – 12th grade students</th>
<th>Program</th>
<th>Served by HSI Program(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Schools Initiative</td>
<td>Low-income pre-k – 12th grade students</td>
<td>25000</td>
<td>100%</td>
</tr>
</tbody>
</table>

---

3) Please define a metric for each of your state’s HSI programs that is used to measure the program’s impact on improving the health of low-income children. In the table below, please list the HSI program title in the first column, and include a metric used to measure that program’s impact in the second column. In the third column, please provide the outcomes for metrics reported in the second column. Reporting on outcomes will be optional for the FFY 2017 report as states work to develop metrics and collect outcome data. States that are already reporting to CMS on such measures related to their HSI program(s) do not need to replicate that reporting here and may skip to Section IV.

<table>
<thead>
<tr>
<th>HSI Program Initiative</th>
<th>Metric</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Schools Initiative</td>
<td>Reducing % of dropouts related to pregnancy</td>
<td>4/34 dropped out = 12%</td>
</tr>
</tbody>
</table>

Enter any Narrative text related to Section III I below. [7500]

\(^1\) The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.
N/A
Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).

(Note: This reporting period equals federal fiscal year 2017. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

<table>
<thead>
<tr>
<th>Benefit Costs</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance payments</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Managed Care</td>
<td>22782044</td>
<td>23921146</td>
<td>25117203</td>
</tr>
<tr>
<td>Fee for Service</td>
<td>53158102</td>
<td>55816007</td>
<td>58606808</td>
</tr>
<tr>
<td>Total Benefit Costs</td>
<td>75940146</td>
<td>79737153</td>
<td>83724011</td>
</tr>
<tr>
<td>(Offsetting beneficiary cost sharing payments)</td>
<td>-875043</td>
<td>-932183</td>
<td>-993055</td>
</tr>
<tr>
<td>Net Benefit Costs</td>
<td>$75065103</td>
<td>$78804970</td>
<td>$82730956</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration Costs</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>885469</td>
<td>955710</td>
<td>1029127</td>
</tr>
<tr>
<td>General Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractors/Brokers (e.g., enrollment contractors)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Processing</td>
<td>33671</td>
<td>36342</td>
<td>39134</td>
</tr>
<tr>
<td>Outreach/Marketing costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g., indirect costs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Services Initiatives</td>
<td>1925796</td>
<td>2107704</td>
<td>2269615</td>
</tr>
<tr>
<td>Total Administration Costs</td>
<td>2844936</td>
<td>3099756</td>
<td>3337876</td>
</tr>
<tr>
<td>10% Administrative Cap (net benefit costs ÷ 9)</td>
<td>8340567</td>
<td>8756108</td>
<td>9192328</td>
</tr>
</tbody>
</table>

| Federal Title XXI Share                   | 77910039   | 81904726   | 86068832   |
| State Share                               | 0          | 0          | 0          |
| TOTAL COSTS OF APPROVED CHIP PLAN         | 77910039   | 81904726   | 86068832   |

2. What were the sources of non-federal funding used for state match during the reporting period?

☒ State appropriations
☐ County/local funds
☐ Employer contributions
☐ Foundation grants
☐ Private donations
☐ Tobacco settlement
☐ Other (specify) [500]
3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? [1500] Idaho was concerned about a shortfall prior to Congress’s re-authorization of funding. However, our program is stable at this time.

4. In the tables below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month (PMPM) cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

   A. Managed Care

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Eligibles</th>
<th>PMPM ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>22437</td>
<td>$84</td>
</tr>
<tr>
<td>2018</td>
<td>23483</td>
<td>$84</td>
</tr>
<tr>
<td>2019</td>
<td>24725</td>
<td>$84</td>
</tr>
</tbody>
</table>

   A. Fee For Service

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Eligibles</th>
<th>PMPM ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>22437</td>
<td>$195</td>
</tr>
<tr>
<td>2018</td>
<td>23483</td>
<td>$196</td>
</tr>
<tr>
<td>2019</td>
<td>24725</td>
<td>$195</td>
</tr>
</tbody>
</table>

Enter any Narrative text related to Section IV below. [7500] N/A
Section V: Program Challenges and Accomplishments

1. For the reporting period, please provide an overview of your state’s political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. [7500]

   Since 2014, Idaho has operated a fully state based health insurance exchange, which facilitates enrollment processes for both title XIX and title XXI coverage. As a result, we saw a significant increases in enrollment for both title XIX and title XXI during FFY14 – FFY16.

   During FFY2017, we saw a slight decrease in enrollment numbers in both Title XIX and Title XXI, which may be attributable to the wellness of the Idaho economy and the opportunity for children to be covered by employer based coverage.

2. During the reporting period, what has been the greatest challenge your program has experienced? [7500]

   Idaho continually monitored the lack of re-authorization of federal funding during this reporting period. Our administrative planning, including the development of our contingency plans for CHIP in addition to our participation in our statewide plan to change our continuum of care for children’s mental health services was by far our greatest challenges.

3. During the reporting period, what accomplishments have been achieved in your program? [7500]

   Idaho’s primary care case management program (Healthy Connections) is preparing to launch phase two of our transformation process of adopting a new patient centered model of care. Children enrolled in Healthy Connections are now benefiting from better care coordination and improved access to specialty care and improved quality of care which we anticipate will result in better health outcomes.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. [7500]

   Idaho’s changes for the next reporting period are expected to include new services for children’s mental health services and continued enhancement of our primary care case management program through a shared savings program.

Enter any Narrative text related to Section V below. [7500]