Indiana CARTS FY2020 Report

Basic State Information

Welcome!

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

1. State or territory name:

Indiana

2.

Program type:

- ⦿ Both Medicaid Expansion CHIP and Separate CHIP

- ○ Medicaid Expansion CHIP only

- ○ Separate CHIP only

3. CHIP program name(s):

Hoosier Healthwise

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

4. Contact name:

Benjamin BRown

5. Job title:

CHIP Director

6. Email:

Ben.Brown@fssa.in.gov

7. Full mailing address:

Include city, state, and zip code.

402 W. Washington St. Room W374 Indianapolis, IN 46204

8. Phone number:

(317) 233-3975

Program Fees and Policy Changes

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

1.

Does your program charge an enrollment fee?

○   Yes

◉   No

2.

Does your program charge premiums?

○   Yes

◉   No

3.

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

○   Yes

◉   No

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

> Not applicable.

5.

Which delivery system(s) do you use?

Select all that apply.

☑   Managed Care

☐   Primary Care Case Management

☑   Fee for Service

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

Managed Care and Fee-for-Service are available to the CHIP population. Depending on service requirements listed in the State's contracts with the Managed Care Entities (MCEs) some services may be covered under fee-for-service.

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

1.

Does your program charge an enrollment fee?

○   Yes

◉   No

2.

Does your program charge premiums?

◉   Yes

○   No

3.

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

○ Yes

⊙ No

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

> If a family has one child enrolled in S-CHIP, the premium amounts are $22, $33, $42, $52 at each level. For families that have two or more children enrolled in S-CHIP, the premium amounts are $33, $50, $53, and $70 at each level.

5.

Which delivery system(s) do you use?

Select all that apply.

☑ Managed Care

☐ Primary Care Case Management

☑ Fee for Service

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

Managed Care and Fee-for-Service are available to the CHIP population. Depending on service requirements listed in the State's contracts with the Managed Care Entities (MCEs) some services may be covered under fee-for-service.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- ⦿ Yes

- ◯ No

- ◯ N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

◉ No

○ N/A

3.

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

For example: increasing income eligibility levels.

○ Yes

◉ No

○ N/A

4.

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

For example: adding benefits or removing benefit limits.

○ Yes

◉ No

○ N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

◉   No

○   N/A

6.

Have you made any changes to your outreach efforts?

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

○   Yes

◉   No

○   N/A

7.

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

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

○   Yes

◉   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

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

○   Yes

◉   No

○   N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

○   Yes

◉   No

○   N/A

10.

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

○   Yes

◉   No

○   N/A

11.

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

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

○   Yes

◉   No

○   N/A

12.

Have you made any changes to premium assistance?

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

○   Yes

◉   No

○   N/A

13.

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

○   Yes

◉   No

○   N/A

14.

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

○   Yes

◉   No

○   N/A

15.

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

○   Yes

◉   No

○   N/A

16.

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

○   Yes

◉   No

○   N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

> The State submitted both a Medicaid and CHIP SPA which updated the eligibility requirements for temporary or seasonal income.

18.

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

◉   Yes

○   No

○   N/A

Part 4: Separate CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

◉ Yes

○ No

○ N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

◉ No

○ N/A

3.

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

For example: increasing income eligibility levels.

○ Yes

◉ No

○ N/A

4.

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

For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

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

○   Yes

◉   No

○   N/A

7.

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

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

○   Yes

◉   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

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

○ Yes

◉ No

○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

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

○ Yes

◉ No

○ N/A

11.

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

○   Yes

◉   No

○   N/A

12.

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

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

○   Yes

◉   No

○   N/A

13.

Have you made any changes to premium assistance?

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

○ Yes

◉ No

○ N/A

14.

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

○ Yes

◉ No

○ N/A

15.

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

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

○ Yes

◉ No

○ N/A

16.

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

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

○ Yes

◉ No

○ N/A

17.

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

○   Yes

⊙   No

○   N/A

18.

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

○   Yes

⊙   No

○   N/A

19.

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

○   Yes

⊙   No

○   N/A

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

> The State submitted both a Medicaid and CHIP SPA which updated the eligibility requirements for temporary or seasonal income. CHIP made changes pursuant to the federal Public Health Emergency declaration and COVID-19. However, these temporary changes will not be reflected in this report.

21.

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

◉ Yes

◯ No

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

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

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	90,289	81,501	-9.733%
Separate CHIP	47,215	41,633	-11.823%

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

Some potential reasons for decline in this data include, but are not limited to: the public health emergency (COVID-19) enrollment and retroactive eligibility has not yet been factored in. During 2020 the PHE caused a lot of job losses throughout the country. Subsequent parental job loses could have caused many children to be converted to traditional Medicaid from CHIP.

Part 2: Number of Uninsured Children in Your State

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

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	68,000	7,000	4.2%	0.5%
2016	55,000	5,000	3.4%	0.3%
2017	59,000	7,000	3.6%	0.4%
2018	56,000	7,000	3.5%	0.4%
2019	58,000	7,000	3.6%	0.4%

Percent change between 2018 and 2019
Not Available

2.

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

○ Yes

◉ No

3.

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

○   Yes

◉   No

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

None.

5.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

Program Outreach

1.

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

○   Yes

◉   No

2.

Are you targeting specific populations in your outreach efforts?

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

○   Yes

◉   No

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

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

> Managed care entity advertising and outreach activities.

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

> None.

5.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

Substitution of Coverage

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

1.

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

○　　Yes

◉　　No

○　　N/A

2.

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

○ Yes

◉ No

○ N/A

| 9.5 | % |

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

6.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

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

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

○ Yes

◉ No

○ N/A

2.

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

○ Yes

◉ No

3.

Do you send renewal reminder notices to families?

○ Yes

○ No

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

> MCOs are encouraged to remind families to complete their annual redetermination.

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

> Although, there has not been any evaluation of effectiveness of strategies, Indiana believes it helps that its MCOs are engaged with families to remind them of the need to complete annual redetermination so that health coverage continues.

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

> Not applicable.

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

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

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

21754

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

14073

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

4644

3a.

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

0

4.

How many applicants were denied CHIP coverage for other reasons?

3037

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

Yes. The State does not currently track which applicants were denied CHIP and determined eligible for Medicaid instead. The State's eligibility system currently pings in a hierarchy of medical assistance categories where the member would be placed into Medicaid before being placed into CHIP if appropriate.

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	21754	100%
Denied for procedural reasons	14073	64.69%
Denied for eligibility reasons	4644	21.35%
Denials for other reasons	3037	13.96%

Part 3: Redetermination in CHIP

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

1.

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

7758

2.

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

7758

3.

How many children were retained in CHIP after redetermination?

7558

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

> 199

> **Computed:** 199
>
> 4a.
>
> How many children were disenrolled for procedural reasons?
>
> This could be due to an incomplete application, missing documentation, or a missing enrollment fee.
>
> > 0
>
> 4b.
>
> How many children were disenrolled for eligibility reasons?
>
> This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.
>
> > 0

4c.

How many children were disenrolled for other reasons?

199

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

The reason for disenrollment is not captured.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	7758	100%
Children retained after redetermination	7558	97.42%
Children disenrolled after redetermination	199	2.57%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	199	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	0	0%
Children disenrolled for other reasons	199	100%

Part 4: Redetermination in Medicaid

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

1.

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

88065

2.

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

88065

3.

How many children were retained in Medicaid after redetermination?

84798

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

> 3267

> **Computed:** 3267
>
> 4a.
>
> How many children were disenrolled for procedural reasons?
>
> This could be due to an incomplete application, missing documentation, or a missing enrollment fee.
>
> > 0
>
> 4b.
>
> How many children were disenrolled for eligibility reasons?
>
> This could be due to an income that was too high and/or eligibility in CHIP instead.
>
> > 0

4c.

How many children were disenrolled for other reasons?

3267

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

The reason for disenrollment is not captured.

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	88065	100%
Children retained after redetermination	84798	96.29%
Children disenrolled after redetermination	3267	3.71%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	3267	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	0	0%
Children disenrolled for other reasons	3267	100%

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

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

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

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

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉   Yes

○   No

January - March 2020 (start of the cohort)

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
61	1965	3954	1668

July - September 2020 (6 months later)

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
55	1571	3268	1423

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	3	19	8

6.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	3	14	5

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6	391	667	237

8.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
5	382	653	228

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

No.

January - March 2021 (12 months later)

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

10.

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

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

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

11.

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

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

12.

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

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

13.

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

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

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

14.

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

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

July - September of 2021 (18 months later)

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

15.

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

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

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

16.

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

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

17.

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

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

18.

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

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

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

19.

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

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

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

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

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

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

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

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉   Yes

○   No

January - March 2020 (start of the cohort)

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
11567	8572	10342	4497

July - September 2020 (6 months later)

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
11217	7855	9517	4068

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
11	157	159	81

6.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2	59	69	36

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
339	560	666	348

8.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	152	233	110

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

No.

January - March 2021 (12 months later)

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

10.

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

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

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

11.

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

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

12.

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

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

13.

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

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

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

14.

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

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

July - September of 2021 (18 months later)

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

15.

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

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

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

16.

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

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

17.

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

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

18.

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

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

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

19.

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

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

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

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

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

coinsurance, and copayments.

1.

Does your state require cost sharing?

◉ Yes

○ No

2.

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

◉ Families ("the shoebox method")

○ Health plans

○ States

○ Third party administrator

○ Other

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

Providers are given information on cost sharing cap through the child's managed care entity (MCE).

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

0%

5.

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

○   Yes

◉   No

6.

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

○   Yes

◉   No

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

_____

9.

Optional: Attach any additional documents here.

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

[Browse...]

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

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

1.

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

○　　Yes

◉　　No

Eligibility, Enrollment, and Operations

Program Integrity

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

1.

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

○ Yes

○ No

2.

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

○ Yes

○ No

3.

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

○ Yes

○ No

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

5.

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

○ Yes

○ No

○ N/A

6.

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

[   ]

7.

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

[   ]

8.

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

9.

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

10.

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

11.

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

12.

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

13.

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

14.

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

○   CHIP only

○   Medicaid and CHIP combined

15.

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

○   Yes

○   No

16.

Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

○   Yes

○   No

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

The State maintains a combination CHIP program and all safeguards and procedures applicable to Indiana's Medicaid applies to the CHIP program. Additionally, Indiana does not offer premium assistance at this time.

18.

Optional: Attach any additional documents here.

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

[   ]   Browse...

Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

◉   Yes

○   No

2.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
89	5546	11170	29297	38973	26229

3.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	416	1534	5106	6094	3575

Dental care service codes and definitions

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

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

4.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	376	1435	4785	5807	3241

Dental care service codes and definitions

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

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	29	363	2000	2010	1383

Dental treatment service codes and definitions

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

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

6.

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

4732

Sealant codes and definitions

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

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

7.

Do you provide supplemental dental coverage?

○ Yes

◉ No

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

No.

9.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

1.

Did you collect the CAHPS survey?

⊙ Yes

○ No

Part 2: You collected the CAHPS survey

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

1.

Upload a summary report of your CAHPS survey results.

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

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

Browse...

2.

Which CHIP population did you survey?

○ Medicaid Expansion CHIP

○ Separate CHIP

◉ Both Separate CHIP and Medicaid Expansion CHIP

○ Other

3.

Which version of the CAHPS survey did you use?

○ CAHPS 5.0

◉ CAHPS 5.0H

○ Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

☑ None

☐ Children with Chronic Conditions

☐ Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

☑ NCQA HEDIS CAHPS 5.0H

☐ HRQ CAHPS

☐ Other

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

[   ]

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

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

1.

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

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

◉   Yes

○   No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Poison Treatment, Advice, and Prevention

2.

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

⦿ Yes

○ No

3. Which populations does the HSI program serve?

Hoosier children under 19 years of age

4.

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

26968

5.

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

28.18%

Computed:

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

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

> 2% of all callers will be contacted and asked: if caller was: a. pleased, with the advice given, and b. would qualify for Medicaid/CHIP.

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

> For FFY 2020 (October 2019 - September 2020), there were approximately 26,968 pediatric (0-19 years) patients managed outside of a health care facility. Of the 26,968 patients, 742 of the 821 responded to survey requests with: a) 1. Approximately 88.73% of those answered "Strongly Agree" to all case management questions. 2) 100% of those responding would call the poison center again and recommend others to call it. b) 262 of 821 respondents confirmed that they received State Medical Assistance.

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

> This program ran in conjunction with Indiana's Indiana Poison Control Center.

9.

Optional: Attach any additional documents.

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

Browse...

1. What is the name of your HSI program?

Lead Testing, Prevention Programs, and Abatement

2.

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

◉ Yes

○ No

3. Which populations does the HSI program serve?

Medicaid or CHIP-eligible individual, under the age of 19, or Medicaid pregnant woman is currently residing or visited regularly.

4.

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

154

5.

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

154

Computed: 100%

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

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

That State is required to submit monthly reports to CMS for its lead abatement program.

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

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

9.

Optional: Attach any additional documents.

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

Browse...

Do you have another in this list?

Optional

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year.

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

1. Briefly describe your goal for this objective.

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

> Maintain state's uninsured rate for population at or below 200% FPL below the 25th percentile of states nationally.

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Children in Indiana and all other states in families at or below 200% FPL who are uninsured during the CPS reporting period. Number is three-year average from 2017, 2018 and 2019 experience.

4.

Numerator (total number)

24000

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Children in Indiana and all other states in families at or below 200% FPL during the CPS reporting period. Number is three-year average from 2017, 2018 and 2019 experience.

6.

Denominator (total number)

574000

Computed: 4.18%

7.

What is the date range of your data?

Start
mm/yyyy

| 01 | / | 2017 |

End
mm/yyyy

| 12 | / | 2019 |

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

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

Yes, Indiana's rate is 4.14%. The 25th percentile rate among all states for this period is 4.77%. Therefore, the State met its target.

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

Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

No.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

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

CHIP Enrollment

1. Briefly describe your goal for this objective.

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

> By September 30, 2020, increase by 13,500 the number of children in families with incomes between 200% and 300% of the FPL in the Title XXI program.

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

| 09 | / | 2020 |

End

mm/yyyy

| 09 | / | 2020 |

8.

Which data source did you use?

⦿   Eligibility or enrollment data

◯   Survey data

◯   Another data source

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

Yes, the results reported last year for 09/2019 were 15,216. This year, for 09/2020, the total is 17,063.

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

Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

No.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

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

Related to Medicaid Enrollment

1. Briefly describe your goal for this objective.

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

Reduce the churn rate 5% annually among Medicaid children.

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

The number of Medicaid children in a study month defined as having a lapse in coverage.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

All children enrolled in Medicaid in the study month.

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2018 |

End
mm/yyyy

| 09 | / | 2019 |

8.

Which data source did you use?

- ⦿   Eligibility or enrollment data

- ◯   Survey data

- ◯   Another data source

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

> The results reported last year were an annual churn rate of 0.82%. This year, the rate is 0.59%. This is a 29% reduction from the prior year.

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

> Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

> No.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

Increase the Use of Preventative Care

1. Briefly describe your goal for this objective.

Meet or exceed the HEDIS Medicaid 50th percentile for Childhood Immunization Status .

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

Includes Medicaid and CHIP

4.

Numerator (total number)

281

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Includes CHIP and Medicaid (weighted based on alternative weighting factor).

6.

Denominator (total number)

411

Computed: 68.37%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2019

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

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

Both last year and this year CHIP and Medicaid populations continue to be over the 50th percentile in this measure.

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

Incentivize MCEs through contractual provisions and pay-for-performance measures to ensure each member is getting the requisite care.

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

These numbers are being reported from the Core Measure Childhood Immunization Status ("CIS") on "Combination 2". CMS has reiterated that if we are reporting on HEDIS measures, then we do not need to populate these fields.

12.

Do you have any supporting documentation?

Optional

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

[Browse...]

1. Briefly describe your goal for this objective.

Meet or exceed the HEDIS Medicaid 75th percentile for Well Child Visits

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

CHIP and Medicaid populations

4.

Numerator (total number)

262

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

CHIP and Medicaid populations

6.

Denominator (total number)

363

Computed: 72.18%

7.

What is the date range of your data?

Start

mm/yyyy

| 01 | / | 2019 |

End

mm/yyyy

| 12 | / | 2019 |

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

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

Last year's rate for 6+ visits was 69.35%. This year, there was slight uptick by roughly 3%.

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

Incentivize MCEs through contractual provisions and pay-for-performance measures to ensure each member is getting the requisite care.

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

These numbers are being reported from the Core Measure Well Child Visits in the First 15 Months of Life ("W15"). CMS has reiterated that if we are reporting on HEDIS measures, then we do not need to populate these fields.

12.

Do you have any supporting documentation?

Optional

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

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Do you have another in this list?

Optional

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

Increasing Access to Care (Usual Source of Care, Unmet Need)

1. Briefly describe your goal for this objective.

Meet or exceed the HEDIS Medicaid 90th percentile rate for the HEDIS measure Follow-up Care for Children Newly Prescribed ADHD Medication, Initiation Phase

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

CHIP and Medicaid (0-19 years old) population

4.

Numerator (total number)

4139

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

CHIP and Medicaid (0-19 years old) population

6.

Denominator (total number)

8574

Computed: 48.27%

7.

What is the date range of your data?

Start
mm/yyyy

03 / 2018

End
mm/yyyy

02 / 2019

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

⊙   Another data source

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

> Last year's rate was 49.15% while this year's rate fell by .88%. However, total members being reported on saw an increase of 38.

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

> Ensure ease of eligibility process and promotion on the State's website of the availability of CHIP.

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

> No.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Do you have another in this list?
Optional

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

Increase Use of Preventative Care

1. Briefly describe your goal for this objective.

By FFY20, meet or exceed an overall EPSDT screening ratio of 85%.

2.

What type of goal is it?

○   New goal

◉   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

Total screens received for CHIP population only as defined by the CMS-416 report.

4.

Numerator (total number)

55846

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Total expected number of screenings for CHIP population only as defined by the CMS-416 report.

6.

Denominator (total number)

120976

Computed: 46.16%

7.

What is the date range of your data?

Start
mm/yyyy

10 / 2019

End
mm/yyyy

09 / 2020

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

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

This year's data is significantly lower. This is most likely due to the public health emergency declaration and COVID-19 officially announced in March 2020. COVID-19 created challenges to appointments for routine and suggested check-ups.

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

This is pay-for-performance measure with our Managed Care Entities.

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

No.

12.

Do you have any supporting documentation?

Optional

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

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Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

> For 20 years, the Office of Medicaid Policy and Planning (OMPP) has contracted with an outside vendor to conduct an independent evaluation of the CHIP program. The findings from this evaluation are presented in a report to the Indiana Legislature. The 2019 evaluation was submitted to the Legislature on April 1, 2020 and has been included in this report. Refer to Question #3 below for findings.

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

Not at this time. However, the State will confer with CMS if, and when, Indiana's CHIP program wants to incorporate new strategies for measuring and reporting goals and objectives.

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

Key findings from the report to the Legislature on Indiana's CHIP for the experience year CY2019 include the following: CAHPS Survey results, ranges shown are for the four health plans that enroll CHIP members o◈' For Getting Needed Care, 84 to 88 percent (last year 83 to 89 percent) o◈' For Getting Care Quickly, 89 to 93 percent (last year 90 to 91 percent) o◈' For How Well Doctors Communicate, 94 to 96 percent (last year 92 to 96 percent) o◈' For Health Plan Customer Service, 85 to 91 percent (last year 87 to 91 percent) For Access to Care, the access to primary care doctors and dentists were examined. Only 0.2 percent of all CHIP members live more than 10 miles from an available primary medical provider (finding was 0.3 percent in the prior year study). There are 0.9 percent of CHIP members who live more than 10 miles from an available dentist (finding was 1.1 percent in the prior year study). For primary care, there are five counties where members, on average, travelled more than 30 miles (the county with the maximum distance was 34 miles). For dental care, there are 10 counties where members, on average, travelled more than 30 miles (the county with the maximum distance is 39 miles). A study was conducted of service utilization and the following findings were reported: o◈' Primary care visits among children enrolled at least nine months in each of the last three years of CY2017- CY2019 were near 93% of children ages 5 and younger, near 81% for age 6-12 and near 78% for age 13-18 in each of the three years. o◈' When comparing the rates across race/ethnicities, the usage rate was similar for all groups studied except African-American children who were eight to nine percentage points lower each year. o◈' The use of the emergency department (ED) has been consistent in the last three years (20% to 22% of CHIP children used the ED, on average, each year). The usage rate is similar across the four health plans. Children ages five and under used the ED the most (29% to 32% each year). There is little variation found in ED use between Caucasian and African-American CHIP members, but Hispanic members and those of other races used the ED less. o◈' Hispanic CHIP children were more likely than children of other races/ethnicities to have a preventive dental visit (69% to 72% each year) than other race/ethnicities (58% to 66%). o◈' Caucasian CHIP members have, over the three years, 40 percent more prescriptions than African-American children and more than twice the number that Hispanic children have. Fewer teenage CHIP

> members have a script each year than other age groups, but those that do have more utilization of pharmacy than the children at younger ages.

4.

Optional: Attach any additional documents here.

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

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

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Program Financing

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

Part 1: Benefit Costs

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

1.

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

2020	2021	2022
$	$	$

2.

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

2020	2021	2022
$	$	$

3.

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

2020	2021	2022
$	$	$

4.

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

2020	2021	2022
$	$	$

Table 1: Benefits Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	Not Answered	Not Answered	Not Answered
Fee for Service	Not Answered	Not Answered	Not Answered
Other benefit costs	Not Answered	Not Answered	Not Answered
Cost sharing payments from beneficiaries	Not Answered	Not Answered	Not Answered
Total benefit costs	Not Answered	Not Answered	Not Answered

Part 2: Administrative Costs

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

1.

How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020

2021

2022

$

$

$

2.

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

2020

2021

2022

$

$

$

3.

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

2020

2021

2022

$

$

$

4.

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

2020	2021	2022
$	$	$

5.

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

2020	2021	2022
$	$	$

6.

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

2020	2021	2022
$	$	$

7.

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

2020

2021

2022

$

$

$

Table 2: Administrative Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Personnel	Not Answered	Not Answered	Not Answered
General administration	Not Answered	Not Answered	Not Answered
Contractors and brokers	Not Answered	Not Answered	Not Answered
Claims processing	Not Answered	Not Answered	Not Answered
Outreach and marketing	Not Answered	Not Answered	Not Answered
Health Services Initiatives (HSI)	Not Answered	Not Answered	Not Answered
Other administrative costs	Not Answered	Not Answered	Not Answered
Total administrative costs	Not Answered	Not Answered	Not Answered

Type	FFY 2020	FFY 2021	FFY 2022
10% administrative cap	Not Answered	Not Answered	Not Answered

Table 3: Federal and State Shares

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

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

Type	FFY 2020	FFY 2021	FFY 2022
Total program costs	Not Answered	Not Answered	Not Answered
eFMAP	87.59	76.08	76.41
Federal share	Not Answered	Not Answered	Not Answered
State share	Not Answered	Not Answered	Not Answered

8.

What were your state funding sources in FFY 2020?

Select all that apply.

☐   State appropriations

☐   County/local funds

☐   Employer contributions

☐   Foundation grants

☐   Private donations

☐   Tobacco settlement

☐   Other

9.

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

◯   Yes

◯   No

Part 3: Managed Care Costs

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

1.

How many children were eligible for Managed Care in FFY 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

2021

2022

2.

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

Round to the nearest whole number.

2020

2021

2022

$

$

$

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	Not Answered	Not Answered	Not Answered
PMPM cost	Not Answered	Not Answered	Not Answered

Part 4: Fee for Service Costs

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

1.

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

2020

2021

2022

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020

2021

2022

$

$

$

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	Not Answered	Not Answered	Not Answered
PMPM cost	Not Answered	Not Answered	Not Answered

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

2.

Optional: Attach any additional documents here.

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

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Challenges and Accomplishments

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

The State of Indiana continues to operate in a sound fiscal environment and has not experienced budgets shortfalls. We have maintained our CHIP program without needing to limit enrollment and have not expended all allocated CHIP funds. However, with the public health emergency and COVID-19, the State's CHIP budget in the new upcoming budget year is not yet determined.

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

FFY2020 has been a challenge in the State's flexibility. The COVID-19 public health emergency has put several priorities and collaborations on the backburner; that would have otherwise had a profound impact on children's health in the State of Indiana.

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

Indiana CHIP's response to the public health emergency was quite a feat. In collaboration with our federal partners, Indiana's CHIP was able to waive cost-sharing requirements and waiting periods to ensure that Hoosier families were able to have continuous access to the care needed during these unprecedented times.

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

No changes are planned for the next fiscal year at this time.

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

6.

Optional: Attach any additional documents here.

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

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