South Carolina 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:

South Carolina

2.

Program type:

○   Both Medicaid Expansion CHIP and Separate CHIP

⊙   Medicaid Expansion CHIP only

○   Separate CHIP only

3. CHIP program name(s):

All

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

4. Contact name:

Heather Kirby

5. Job title:

Manager, Data Analytics and Enterprise Reporting

6. Email:

Heather.Kirby@scdhhs.gov

7. Full mailing address:

Include city, state, and zip code.

Jefferson Square 1801 Main St. Columbia, SC 29202

8. Phone number:

Some South Carolina phone number

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.

_____

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.

> Retroactive coverage: FFS All other child coverage: Managed Care

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

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

○   Yes

◉   No

○   N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

⊙ No

○ N/A

3.

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

For example: increasing income eligibility levels.

○ Yes

⊙ No

○ N/A

4.

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

For example: adding benefits or removing benefit limits.

○ Yes

⊙ No

○ N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

◉   No

○   N/A

6.

Have you made any changes to your outreach efforts?

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

○   Yes

◉   No

○   N/A

7.

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

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

○   Yes

◉   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

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

○   Yes

◉   No

○   N/A

9.

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

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

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

○ Yes

◉ No

○ N/A

11.

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

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

○ Yes

◉ No

○ N/A

12.

Have you made any changes to premium assistance?

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

○ Yes

◉ No

○ N/A

13.

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

○ Yes

◉ No

○ N/A

14.

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

○ Yes

◉ No

○ N/A

15.

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

○ Yes

◉ No

○ N/A

16.

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

○   Yes

◉   No

○   N/A

Part 4: Separate CHIP Program and Policy Changes

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	113,535	111,645	-1.665%
Separate CHIP	0	0	0%

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	25,000	4,000	2.2%	0.3%
2016	27,000	4,000	2.3%	0.3%
2017	36,000	5,000	3.1%	0.4%
2018	31,000	5,000	2.7%	0.4%
2019	40,000	6,000	3.5%	0.5%

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?

5.

Optional: Attach any additional documents here.

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

	Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

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

○ Yes

◉ No

2.

Are you targeting specific populations in your outreach efforts?

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

○ Yes

◉ No

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

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

The agency continues to operate the Express Lane Eligibility program which enables us to work with the South Carolina Department of Social Services (SCDSS) to use data matching to identify families who receive benefits from SCDSS that may qualify for Medicaid but are not currently enrolled. Eligible families are then automatically enrolled in South Carolina Healthy Connections Medicaid. SCDSS-operated benefits include the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families program. The agency also suspended annual reviews to comply with the Families First Coronavirus Response Act (FFCRA), which has helped ensure continuity of care for all members, including children.

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

The state has not implemented additional outreach strategies focused on increasing the enrollment of children during the public health emergency (PHE). However, as part of the agency's response to COVID-19, it has created new methods and mediums to communicate directly with Medicaid members. The agency also continues to communicate temporary policy changes, available resources and other relevant information to providers and other stakeholders to help ensure access to health care during the PHE.

5.

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[ ] Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

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

1.

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

○   Yes

◉   No

○   N/A

2.

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

○   Yes

◉   No

○   N/A

0	%

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

No.

6.

Optional: Attach any additional documents here.

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

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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?

> The state utilizes electronic data matches at time of renewal for continuation of benefits when possible. If successful, the beneficiary receives a Continuation of Benefits notice and is not required to complete a review form. If not successful, a review form is sent. This includes Express Lane Eligibility data.

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

> Use of Electronic Data Sources, including the ELE process is effect.

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

> System reporting of cases auto-renewed each month.

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

No.

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

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

1716

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.

1287

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.

429

3a.

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

4

4.

How many applicants were denied CHIP coverage for other reasons?

0

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

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	1716	100%
Denied for procedural reasons	1287	75%
Denied for eligibility reasons	429	25%
Denials for other reasons	0	0%

Part 3: Redetermination in CHIP

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

1.

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

3014

2.

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

3014

3.

How many children were retained in CHIP after redetermination?

51

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.

2963

Computed: 2963

4a.

How many children were disenrolled for procedural reasons?

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

2209

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.

656

4c.

How many children were disenrolled for other reasons?

98

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

Currently we are only able to report from our Legacy system that includes only Title XXI cases that are in blended Non-MAGI households. Planned system integrations should allow SC to fully report beginning FFY2021

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	3014	100%
Children retained after redetermination	51	1.69%
Children disenrolled after redetermination	2963	98.31%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	2963	100%
Children disenrolled for procedural reasons	2209	74.55%
Children disenrolled for eligibility reasons	656	22.14%
Children disenrolled for other reasons	98	3.31%

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?

53779

2.

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

53779

3.

How many children were retained in Medicaid after redetermination?

9242

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.

44537

Computed: 44537

4a.

How many children were disenrolled for procedural reasons?

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

36561

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.

4430

4c.

How many children were disenrolled for other reasons?

3546

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

Currently we are only able to report from our Legacy system that includes only Title XXI cases that are in blended Non-MAGI households. Planned system integrations should allow SC to fully report beginning FFY2021

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	53779	100%
Children retained after redetermination	9242	17.19%
Children disenrolled after redetermination	44537	82.81%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	44537	100%
Children disenrolled for procedural reasons	36561	82.09%
Children disenrolled for eligibility reasons	4430	9.95%
Children disenrolled for other reasons	3546	7.96%

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
229	2067	4264	1867

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
168	1791	3772	1672

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	10	20	6

6.

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

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

| 1 | 9 | 17 | 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

| 60 | 266 | 472 | 189 |

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

| 56 | 220 | 425 | 171 |

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

[   ]

January - March 2021 (12 months later)

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

10.

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

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

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

[   ]   [   ]   [   ]   [   ]

11.

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

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

[   ]   [   ]   [   ]   [   ]

12.

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

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

13.

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

Possible reasons for not being enrolled:
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?

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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
9141	6751	7368	3426

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
8961	6422	6953	3253

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	19	19	11

6.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6	10	16	8

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
167	310	396	162

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
76	181	319	129

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

January - March 2021 (12 months later)

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

10.

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

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

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

11.

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

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

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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

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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

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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

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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

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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.

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

Eligibility, Enrollment, and Operations

Dental Benefits

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

Part 3: You didn't collect the CAHPS survey

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

1.

Why didn't you collect the CAHPS survey?

Check all that apply.

☐ Entire population wasn't included in the survey

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

☐ Data wasn't available due to budget constraints

☑ Data wasn't available due to staff constraints

☐ Data wasn't consistent or accurate

☐ Data source wasn't easily accessible

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

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

☐ Data wasn't collected by a provider

☐ Sample size was too small (fewer than 30)

☐ Other

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

Data not available because of contractual staff constraints.

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

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 total enrollment of children within 90% or greater of current levels through Express Lane Eligibility (ELE) and efforts to maintain current member contact information.

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.

Total Enrollment FFY2020 - Children

4.

Numerator (total number)

740170

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 Enrollment FFY2019 - Children

6.

Denominator (total number)

751257

Computed: 98.52%

7.

What is the date range of your data?

Start

mm/yyyy

| 10 | / | 2018 |

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?

Our progress is consistent with the previous year's progress.

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

Use of Electronic Data Sources, including the Express Lane Eligibility (ELE) process and efforts to maintain current member contact information.

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

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

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

Increase access to care

1. Briefly describe your goal for this objective.

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

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

☐ , ☐
/

End
mm/yyyy

☐ , ☐
/

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

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

[   ]

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

[   ]

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

[   ]

12.

Do you have any supporting documentation?

Optional

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.

Increase the use of preventative care

1. Briefly describe your goal for this objective.

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

_____

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

_____

4.

Numerator (total number)

_____

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

▯ , ▯
 /

End

mm/yyyy

▯ , ▯
 /

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[ ]

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

[ ]

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

[ ]

12.

Do you have any supporting documentation?

Optional

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

| Browse... |

Do you have another in this list?
Optional

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

Provide access for children to medical care delivered in the most appropriate setting.

1. Briefly describe your goal for this objective.

Decrease the overall percent of Medicaid/CHIP children's emergency room visits for non-emergent conditions.

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?

Count of Medicaid/CHIP children's emergency room visits for non-emergent conditions.

4.

Numerator (total number)

61752

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Count of all Medicaid/CHIP children's emergency room visits.

6.
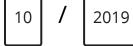
Denominator (total number)

244635

Computed: 25.24%

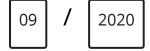7.

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?

> South Carolina's progress is consistent with the previous year's progress as we have continued to decrease the percent of Medicaid/CHIP children's emergency room visits for non-emergent conditions.

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

> Through public involvement, ongoing efforts to inform South Carolina residents of the availability of assistance with their healthcare needs include: information and education for SC residents about health care options for children and the importance of preventive care, enhanced literature and website for improved usability, and increased support for providers to assist in educating and informing patients of our programs. Public hearings are held with providers and advocates to elicit suggestions for changes in the Medicaid and CHIP programs to make them more responsive to needs of its customers. The State's Medical Care Advisory Committee (MCAC) meets regularly to provide input in program development and revision to improve agency's response to the health needs of children.

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

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

🔲 , 🔲
/

End

mm/yyyy

🔲 , 🔲
/

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

[   ]

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

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

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

☐ , ☐
  /

End
mm/yyyy

☐ , ☐
  /

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

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

[   ]

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

[   ]

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

[   ]

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?
Optional

Do you have another objective in your State Plan?
Optional

Part 2: Additional questions

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

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?
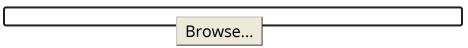
3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

<div style="border:1px solid #000; height:40px;"></div>

4.

Optional: Attach any additional documents here.

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

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

[Browse...]

Program Financing

Tell us how much you spent on your CHIP program in FFY 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
$ 167,183,623	$ 158,155,707	$ 166,063,493

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
$ 33,172,831	$ 31,381,498	$ 32,950,573

3.

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

2020	2021	2022
$ 0	$	$

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

$ 0 $ $

Table 1: Benefits Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	167183623	158155707	166063493
Fee for Service	33172831	31381498	32950573
Other benefit costs	0	Not Answered	Not Answered
Cost sharing payments from beneficiaries	0	Not Answered	Not Answered
Total benefit costs	200356454	189537205	199014066

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
$ 4,288,710	$ 4,057,120	$ 4,259,976

2.

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

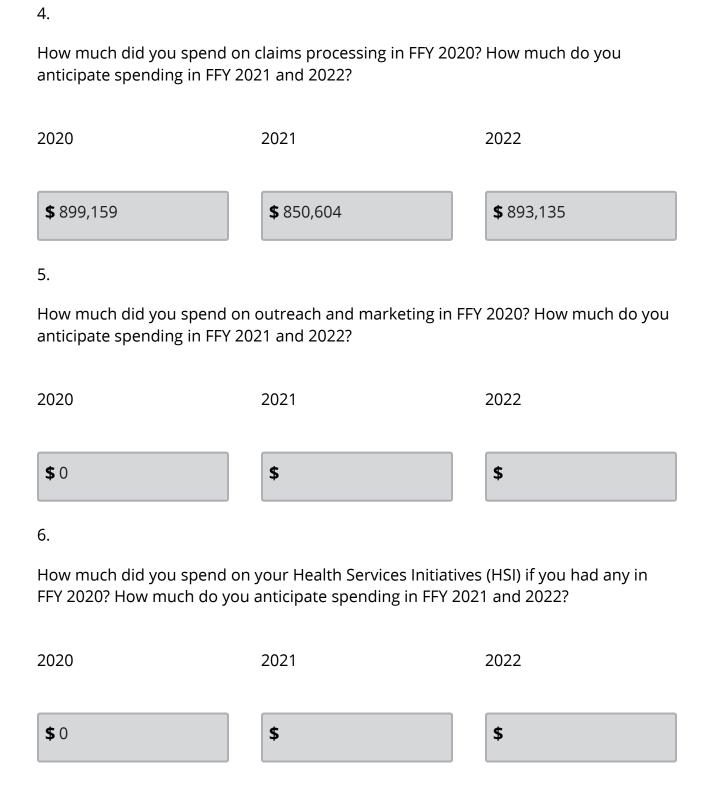| 2020	2021	2022
$ 346,619	$ 327,902	$ 344,297

3.

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

2020	2021	2022
$ 1,935,312	$ 1,830,805	$ 1,922,345

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
$ 899,159	$ 850,604	$ 893,135

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
$ 0	$	$

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
$ 0	$	$

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
$ 1,215,433	$ 1,149,800	$ 1,207,290

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	4288710	4057120	4259976
General administration	346619	327902	344297
Contractors and brokers	1935312	1830805	1922345
Claims processing	899159	850604	893135
Outreach and marketing	0	Not Answered	Not Answered
Health Services Initiatives (HSI)	0	Not Answered	Not Answered
Other administrative costs	1215433	1149800	1207290
Total administrative costs	8685233	8216231	8627043
10% administrative cap	22261828.22	21059689.44	22112674

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	209041687	197753436	207641109
eFMAP	90.99	79.44	79.53
Federal share	190207031	157095329.56	165136973.99
State share	18834656	40658106.44	42504135.01

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

112221

106161

117832

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

$ 168

$ 159

$ 167

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	112221	106161	117832
PMPM cost	168	159	167

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

23471

22204

24625

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

$ 508

$ 481

$ 505

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	23471	22204	24625
PMPM cost	508	481	505

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 political and fiscal environment as it relates to healthcare for this population has remained relatively unchanged. The agency continues to receive support from the Director and the Governor.

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

The Public Health Emergency (PHE) presented challenges for families to directly access the agency, particularly during the early months of the PHE. The PHE has also slowed progress toward timely completion of redeterminations.

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

Express Lane Eligibility continues to be successful. System functionality is stable. The agency continues to use the Change Agent Network as part of the Organizational Change Management process to solicit staff feedback on system, policy and process improvements.

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 planned changes.

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

A primary focus for FFY 2021 will be to resume normal operations and progress toward timely redeterminations once the PHE ends.

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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