Colorado CARTS FY2021 Report

Basic State Information

Welcome!

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

1. State or territory name:

Colorado

2.

Program type:

- (•) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

Colorado CHP+

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

4. Contact name:

Amy Ryan

5. Job title:

CHP+ Program & Contracts Administrator

6. Email:

amy.ryan@state.co.us

7. Full mailing address:

Include city, state, and zip code.

1570 Grant St Denver CO 80203

8. Phone number:

303-866-5717

PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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.

N/A

5.

Which delivery system(s) do you use?

Select all that apply.

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

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

The Accountable Care Collaborative (ACC) is the overall service delivery structure for Colorado's Medicaid program. in which seven Regional Accountable Entities (RAEs) are responsible for administering both physical and behavioral health services. Enrollment in ACC is now mandatory for all Medicaid members, and therefore all members are, at minimum, enrolled into a PCCM model. In a few counties in CO, Medicaid members are able to choose to enroll in a managed care model.

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.

N/A

5.

Which delivery system(s) do you use?

Select all that apply.

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

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

All CHP+ beneficiaries are enrolled in an Managed Care Organization.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2.

Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3.

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

For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4.

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

For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

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

- ○ Yes
- ◉ No
- ○ N/A

7.

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

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

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

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

- ○ Yes
- ◉ No
- ○ N/A

9.

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

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

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

- ○ Yes
- ◉ No
- ○ N/A

11.

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

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

- ○ Yes
- ◉ No
- ○ N/A

12.

Have you made any changes to premium assistance?

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

- ○ Yes
- ◉ No
- ○ N/A

13.

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

- ○ Yes
- ◉ No
- ○ N/A

14.

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

- ○ Yes
- ◉ No
- ○ N/A

15.

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

- ○ Yes
- ◉ No
- ○ N/A

16.

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

- ○ Yes
- ◉ No
- ○ N/A

Part 4: Separate CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2.

Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3.

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

For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4.

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

For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

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

- ○ Yes
- ◉ No
- ○ N/A

7.

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

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

- (•) Yes
- ( ) No
- ( ) N/A

8.

Have you made any changes to your cost sharing requirements?

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

- ( ) Yes
- (•) No
- ( ) N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

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

- ○ Yes
- ○ No
- ◉ N/A

11.

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

- ◉ Yes
- ○ No
- ○ N/A

12.

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

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

- ○ Yes
- ◉ No
- ○ N/A

13.

Have you made any changes to premium assistance?

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

- ○ Yes
- ◉ No
- ○ N/A

14.

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

- ○ Yes
- ◉ No
- ○ N/A

15.

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

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

- ○ Yes
- ◉ No
- ○ N/A

16.

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

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

- ○ Yes
- ◉ No
- ○ N/A

17.

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

- ○ Yes
- ◉ No
- ○ N/A

18.

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

- ○ Yes
- ◉ No
- ○ N/A

19.

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

- (•) Yes
- ( ) No
- ( ) N/A

20.

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

- (•) Yes
- ( ) No

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

We removed the FFS (fee for service) payment method for presumptive eligible members ans well as our prenatal members. Now all members are immediately enrolled into managed care. We are now enrolling ALL members into managed care on the day they are determined eligible. We continue the changes implemented from last fiscal year due to the PHE. We were going to delay collection of the enrollment fee and are now waiving the enrollment fee at the time of eligibility determination.

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

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

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	85,364	0	-100%
Separate CHIP	26,728	0	-100%

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

The Public Health Emergency continues, resulting in decreased enrollment for CHP+. This follows the national trend. We have also locked in Medicaid members, reducing the regular churn experienced to and from CHP+.

Part 2: Number of Uninsured Children in Your State

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

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	28,000	5,000	2.1%	0.4%
2017	26,000	4,000	2%	0.3%
2018	28,000	5,000	2.2%	0.4%
2019	32,000	5,000	2.5%	0.4%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

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

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.

Colorado does not have measures to support this level of outreach.

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

The Department looks forward to future reporting on its CHP+ outreach efforts under the new Connect for Health Colorado contract.

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

11 %

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

N/A

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

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

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

- ○ Yes
- ◉ No
- ○ N/A

2.

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

- ◉ Yes
- ○ No

3.

Do you send renewal reminder notices to families?

- (•) Yes
- ( ) No

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

Our online portal and web application has made it easier for CHP+ members to apply and enroll.

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

We have streamlined and simplified our application and redetermination documentation for members so that it is shorter and more readable and member-friendly. We are investing in technology and modifying forms and processes to make it as simple as possible for the member. Currently, due to the Public Health Emergency CHP+ members are locked into coverage, resulting in full retention.

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

The state looks at the number of applications and enrollments done on the PEAK application or website compared to county-assisted applications.

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 2021?

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

4076

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.

5

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.

4056

3a.

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

231

4.

How many applicants were denied CHIP coverage for other reasons?

15

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

No.

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	4076	100%
Denied for procedural reasons	5	0.12%
Denied for eligibility reasons	4056	99.51%
Denials for other reasons	15	0.37%

Part 3: Redetermination in CHIP

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

1.

How many children were eligible for redetermination in CHIP in FFY 2021?

99931

2.

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

57293

3.

How many children were retained in CHIP after redetermination?

33565

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.

7758

Computed: 7758

4a.

How many children were disenrolled for procedural reasons?

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

4132

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.

2968

4c.

How many children were disenrolled for other reasons?

658

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

No

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	57293	100%
Children retained after redetermination	33565	58.58%
Children disenrolled after redetermination	7758	13.54%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	7758	100%
Children disenrolled for procedural reasons	4132	53.26%
Children disenrolled for eligibility reasons	2968	38.26%
Children disenrolled for other reasons	658	8.48%

Part 4: Redetermination in Medicaid

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

1.

How many children were eligible for redetermination in Medicaid in FFY 2021?

550324

2.

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

380725

3.

How many children were retained in Medicaid after redetermination?

340361

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.

38741

Computed: 38741

4a.

How many children were disenrolled for procedural reasons?

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

11972

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.

26741

4c.

How many children were disenrolled for other reasons?

28

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

No

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	380725	100%
Children retained after redetermination	340361	89.4%
Children disenrolled after redetermination	38741	10.18%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	38741	100%
Children disenrolled for procedural reasons	11972	30.9%
Children disenrolled for eligibility reasons	26741	69.03%
Children disenrolled for other reasons	28	0.7%

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

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

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

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

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉ Yes

○ No

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

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

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
514	4988	7085	3543

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

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
435	3550	5020	2444

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
9	65	60	34

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	9	12	6

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
70	1373	2005	1029

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
33	731	1079	567

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

N/A

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

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

10.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
359	2327	3277	1632

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
10	66	54	32

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
0	5	5	2

13.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
145	2595	3855	1879

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
102	1933	2807	1373

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

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

15.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
262	2036	2889	1445

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
8	60	59	39

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
0	5	2	3

18.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
244	2892	4137	2059

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
195	2215	3171	1555

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

N/A

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

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

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

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

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2021. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉ Yes

○ No

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

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

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
8093	9553	12674	5920

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

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

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7667	7991	10584	5010

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
78	227	260	142

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
3	54	78	40

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
348	1315	1560	768

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
29	320	452	215

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

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

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

10.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6686	5547	7349	3337

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
206	795	916	449

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
12	215	276	140

13.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1201	1391	4490	2134

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
220	663	947	451

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

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

15.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
5424	5022	6597	2970

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
926	1729	2344	1084

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
172	504	727	338

18.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1670	2782	3733	1866

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
450	774	1051	524

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

N/A

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

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

1.

Does your state require cost sharing?

- (•) Yes
- ( ) No

2.

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

- (•) Families ("the shoebox method")
- ( ) Health plans
- ( ) States
- ( ) Third party administrator
- ( ) Other

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

The members will notify the eligibility and enrollment contractor, who will notify the HMO, who will issue a letter stating the member has reached their out of pocket limit. The member will show the provider the letter.

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?

N/A

9.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

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?

The CHP+ Managed Care Organizations (MCOs) each have a plan. Since care is delivered by the MCOs, the stet does not need its own plan.

5.

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

- (•) Yes
- ( ) No
- ( ) N/A

6.

How many eligibility denials have been appealed in a fair hearing in FFY 2021?

0

7.

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

0

8.

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

0

9.

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

0

10.

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

0

11.

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

0

12.

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

0

13.

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

0

14.

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

- (•) CHIP only
- ( ) Medicaid and CHIP combined

15.

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

- (•) Yes
- ( ) No

16.

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

- (•) Yes
- ( ) No

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

N/A

18.

Optional: Attach any additional documents here.

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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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
499	3361	10083	15504	19943	15565

3.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
8	822	4636	8360	10054	6395

Dental care service codes and definitions

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

4.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
3	748	4432	7970	9574	5819

Dental care service codes and definitions

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

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
2	29	1046	3532	3796	2480

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6.

How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2021?

1974

Sealant codes and definitions

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

7.

Do you provide supplemental dental coverage?

- ○ Yes
- ◉ No

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

N./A

9.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

1.

Did you collect the CAHPS survey?

- (•) Yes
- ( ) No

Part 2: You collected the CAHPS survey

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?

N/A

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

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.

Decrease the number of children in Colorado who are eligible but not enrolled in CHP+.

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.

The number of children under 19 years in Colorado without health insurance coverage in 2020. Because COVID-19 has delayed the ACS data, we are using ACS data estimates for 2020 rather than reported numbers.

4.

Numerator (total number)

69739

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 children under 19 years in Colorado.

6.

Denominator (total number)

1313628

Computed: 5.31%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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?

We are unable to compare to last year as this data is an estimate made by ACS, not actual reported numbers of uninsured children.

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

The state is working on more robust program outreach efforts and preparing for the end of the Public Health Emergency when we will better understand who is no longer eligible for Medicaid and who may be eligible for CHP+.

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

We hope to have more accurate numbers once the ACS report is officially released.

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%.

Improve managed care organization's customer service and provide service call center metrics by maintaining an average speed of answer below 150 seconds.

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.

Months out of the fiscal year (and also the first reporting year for this measure) where all five CHP+ Managed Care Organizations met the average speed of answer goal for customer service call centers. The call centers serve Colorado CHP+ members who call their Managed Care Organization call center.

4.

Numerator (total number)

10

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.

the 12 months in the reporting year where the goal was set and strived for.

6.

Denominator (total number)

12

Computed: 83.33%

7.

What is the date range of your data?

Start

mm/yyyy

07 / 2020

End

mm/yyyy

06 / 2021

8.

Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

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

This is a new goal, set as a overarching goal by the Department to improve member experience. The numbers have improved throughout the year as we continue to improve measurement techniques and discuss implications.

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

The CHP+ program meets with each MCO monthly to discuss call center metrics. Improving the average speed of answer is a statewide goal, and each month we compare the numbers in table and graph form. Regular check-ins with Managed Care Organizations as well as Department leadership keeps the goal of call center training and prompt meeting of members' needs paramount.

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

Call center staffing and training seem to be the key to keeping this metric in the desired range. This requires regular communication and relationship building across the state.

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.

Improve access to dental care for CHP+ beneficiaries.

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%.

Increase the Percentage of Children Enrolled Under the Age of 20 Who Received at Least One Dental Service Within the Reporting Year.

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.

Annual Dental Visit HEDIS Measure: One or more dental visits with a dental practitioner during the measurement year.

4.

Numerator (total number)

26137

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.

Members 2-20 years as of December 31 of the measurement year.

6.

Denominator (total number)

43266

Computed: 60.41%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 2021

8.

Which data source did you use?

- (•) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

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

Colorado did not collect this measure for 2019. We look forward to tracking it to compare to next year.

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

DentaQuest staff meet monthly with Quality Improvement, Practice Transformation and Member Engagement staff from Regional Accountable Entity (RAE) that operates in Weld County to collaborate on meeting dental utilization goals in this region. A CareQuest provider education webinar on the importance of children's oral health was offered for continuing education units to providers in this region. And, DentaQuest plans to implement a direct member call campaign to parents of 3 - 5 year old CHP+ enrolled children in Weld County.

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

The Public Health Emergency has delayed but not halted efforts to achieve this goal. Compared to 2020, dental benefit utilization in 2021 has increased across most CHP+ enrolled members. The 3-5 age group is a historically difficult population to increase utilization due to low oral health literacy of parents and in some cases provider apprehension to treat this age group.

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 preventive care.

1. Briefly describe your goal for this objective.

Increase well-child visits in the First 30 Months of Life by 10% per fiscal year.

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?

HEDIS Measure W30 "Well-Child Visits in the First 30 Months of Life" is a new measure so we will look at two or more well child visits on different dates of service on or before the 30-month birthday.

4.

Numerator (total number)

1031

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Children who turn 30 months old during the measurement year.

6.

Denominator (total number)

1410

Computed: 73.12%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

12 / 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 measures had changed and NCQA does not advise comparing methodologies. Last year the HEDIS measure only looked at the first 15 months of life. In looking at the numerator that measures six or more well child visits on different dates of service on or before the 15-month birthday, the 2020 rate is 48.90%.

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

We are now collecting these numbers on a quarterly basis so to monitor trends and have regular discussions about improvement. As we are also prioritizing childhood vaccines, well child visits will also be prioritized and monitored.

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.
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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 the goal to maintain an average speed of answer below 150 seconds, we use MCO call center data to average out each month. We then averaged out the total for each month. We continue to communicate with call centers to ensure proper data collection and training or policy change to keep the wait time members spend on the phone down.

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?

We would like to explore looking at member portal data since many choose not to use the call center but communicate primarily online. There is no set timeline for this endeavor.

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

N/A

4.

Optional: Attach any additional documents here.

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

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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Program Financing

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

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

1.

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

2021	2022	2023
$ 203,274,133	**$** 200,443,514	**$** 203,500,932

2.

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

2021	2022	2023
$ 137,280,153	**$** 143,131,736	**$** 157,255,735

3.

How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

4.

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

2021	2022	2023
$ 215,615	**$** 290,932	**$** 680,423

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	203,274133	200443514	203500932
Fee for Service	137280153	143131736	157255735
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	215615	290932	680423
Total benefit costs	Not Available	343866182	361437090

Part 2: Administrative Costs

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

1.

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

This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 512,417	**$** 512,417	**$** 512,417

2.

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

2021	2022	2023
$ 1,522,922	**$** 1,522,922	**$** 1,522,922

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 2,692,503	**$** 2,692,503	**$** 2,692,503

4.

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

2021	2022	2023
$ 2,469,421	**$** 2,469,421	**$** 2,469,421

5.

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

2021	2022	2023
$ 2,458,421	**$** 2,458,421	**$** 2,458,421

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

7.

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	**$** 0	**$** 0

Table 2: Administrative Costs

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

Type	**FFY 2021**	**FFY 2022**	**FFY 2023**
Personnel	512417	512417	512417
General administration	1522922	1522922	1522922
Contractors and brokers	2692503	2692503	2692503
Claims processing	2469421	2469421	2469421
Outreach and marketing	2458421	2458421	2458421
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	9655684	9655684	9655684
10% administrative cap	37815407.89	38142702	40008471.56

Table 3: Federal and State Shares

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

FMAP Table	**FFY 2021**	**FFY 2022**	**FFY 2023**
Total program costs	350425585	353521866	371092774
eFMAP	65	65	Not Available
Federal share	227776630.25	229789212.9	Not Available
State share	122648954.75	123732653.1	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

- [x] State appropriations
- [ ] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [x] Other

8a. What other type of funding did you receive?

The non-federal funding for CHP+ expenditures include state appropriations, tobacco settlement, the CO Immunization Fund, and the Colorado Health Accountability and Sustainability Fund.

9.

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

- ○ Yes
- ◉ No

Part 3: Managed Care Costs

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

1.

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

2021	2022	2023
72687	66162	82068

2.

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

Round to the nearest whole number.

2021	2022	2023
$ 233	**$** 252	**$** 207

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	72687	66162	82068
PMPM cost	233	252	207

Part 4: Fee for Service Costs

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

1.

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

2021	2022	2023
67327	69134	60773

2.

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

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

2021	2022	2023
$ 170	**$** 172	**$** 215

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	67327	69134	60773
PMPM cost	170	172	215

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.
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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?

We politically and fiscally decided to continue to provide insurance to women and children during the Public Health Emergency, this demonstrates commitment. We have furthered investment in the program by approving additional staff and resources to manage and modernize the program. The State has recently passed family planning bills to expand prenatal coverage for CHP+ and Medicaid members. We continue to serve low income pregnant population via the 1115 waiver.

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

The COVID-19 pandemic has continued to introduced challenges for the CHP+ program throughout SFY20-21 as the state of Colorado responds to the ongoing Public Health Emergency (PHE). The PHE has presented opportunities for the state to implement programmatic and regulatory changes in support of public health. However, the need to modify policies and procedures to facilitate access to coverage and care has continued to shift limited resources to focus on responding to the public health crisis. Additionally, the Maintenance of Eligibility (MOE) provision, introduced in the Families First Coronavirus Response Act (FFCRA), which requires states to maintain eligibility for Medicaid beneficiaries until the end of the PHE, has caused a decrease in CHP+ program enrollment, bringing the average monthly caseload to 66,187 children and pregnant adults during SFY20-21. The COVID-19 PHE also introduced a unique challenge to ensure CHP+ members are completing vital primary and preventative care visits. Throughout the pandemic, rates of vaccinations, primary, and preventative services among children have declined, which may impact long-term health outcomes for children. In response, the Department has taken steps to introduce flexibilities in accessing care via telehealth and will continue to collaborate closely with CHP+ Managed Care Organizations (MCOs) to ensure children catch up on missed vaccines, preventative services, and maintain access to care.

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

Despite the challenges presented during FY20-21, significant strides were made in CHP+ program improvement. In 2018, through the HEALTHY KIDS and ACCESS Acts, federal funding for the CHP+ program has been extended through FFY2027. This long-term funding extension has allowed the Department to focus on strategic improvements to modernize the CHP+ program. Throughout SFY20-21, a priority for the Department has been to identify key areas of alignment between the CHP+ program and the Accountable Care Collaborative (ACC) program, and therefore bring the CHP+ program into increased alignment with the overall goals of improving member health, furthering performance outcomes, and reducing the cost of care for Coloradans. In alignment with those objectives, key areas of focus within the CHP+ program have included: b" Establishingb/increased alignment between the requirements for CHP+ and Medicaid MCOs b" Improvingb/the exchange of necessary data and information to more effectively monitor program performance and member health b" Identifying key outcome and performance metrics to strengthen reporting requirements and consistency across CHP+ MCOs so the Department can better measure and manage the quality and cost of care across the CHP+ program b" Building the foundation of quality metrics, performance goals, and strategies to hold CHP+ MCOs accountable for achieving benchmarks b" Providing a framework for identifying targeted populations and conditions to ensure consistent application of evidence-based programs across CHP+ MCOs b" Identifying areas to improve operational processes and performance b" Fostering increased engagement with key stakeholders and improving mechanisms for collaboratingb/inb/the sharing of ideas and best practices As part of the effort to modernize the CHP+ program, at the end of SFY21, the Department ended the State Managed Care Network (SMCN), the administrative service organization (ASO) for the CHP+ program. Moving forward, all CHP+ eligible members will be enrolled into a managed care organization. This expansion of a managed care delivery model within the CHP+ program represents improve continuity of care for members and a reduction in duplicative administrative tasks through leveraging the Department's capabilities and infrastructure. Additionally, during SFY21, the Department was granted approval from CMS for a five-year extension of the state's 1115 Prenatal Demonstration. This Demonstration will continue to allow the state to receive Title XXI funds to support increased access to high-quality prenatal, delivery, and postpartum care,

and improved health outcomes for low-income mothers and their babies.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

SFY21 represented significant strides toward improving and modernizing the CHP+ program, which are detailed above. The Department will leverage the successes of the past year to continue pursuing strategic programmatic improvements, seek feedback and recommendations from key stakeholders to identify opportunities for alignment between CHP+ and Medicaid, and implement overall strategies to further improvement in the CHP+ program. CO recently passed SB21-194, which allows a person who was eligible for all pregnancy-related and postpartum services under Medicaid and CHP+ for 60 days following pregnancy, to remain continuously eligible for all services under the program for the 12-month postpartum period. Colorado will be working on implementing this expanded benefit during FFY 2022.

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

N/A

6.

Optional: Attach any additional documents here.

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