

Georgia 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:

Georgia

2.

Program type:

- Both Medicaid Expansion CHIP and Separate CHIP
- Medicaid Expansion CHIP only
- Separate CHIP only

3. CHIP program name(s):

PeachCare for Kids

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

4. Contact name:

Stefanie Ashlaw

5. Job title:

Director, PeachCare for Kids

6. Email:

stashlaw@dch.ga.gov

7. Full mailing address:

Include city, state, and zip code.

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NW Atlanta, Ga. 30303

8. Phone number:

470-217-0605

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.

Our Medicaid Expansion CHIP population is not charged premiums.

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

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

All children enrolled in our Medicaid Expansion Group are enrolled in Managed Care

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

1.

Does your program charge an enrollment fee?

Yes

No

2.

Does your program charge premiums?

Yes

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.

Yes. Children under age 6, children in Foster Care, American Indians and Alaskan Natives (AI/AN), are exempt from paying premium payments.

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 children enrolled in our CHIP program are enrolled in Managed Care.

Part 3: Medicaid Expansion CHIP Program and Policy

Changes

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

1.

Have you made any changes to the eligibility determination process?

- Yes
- No
- N/A

2.

Have you made any changes to the eligibility redetermination process?

- Yes
- No
- N/A

3.

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

For example: increasing income eligibility levels.

Yes

No

N/A

4.

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

For example: adding benefits or removing benefit limits.

Yes

No

N/A

5.

Have you made any changes to the single streamlined application?

Yes

No

N/A

6.

Have you made any changes to your outreach efforts?

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

Yes

No

N/A

7.

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

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

Yes

No

N/A

8.

Have you made any changes to your cost sharing requirements?

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

Yes

No

N/A

9.

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

For example: removing a waiting period.

Yes

No

N/A

10.

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

Yes

No

N/A

11.

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

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

Yes

No

N/A

12.

Have you made any changes to premium assistance?

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

Yes

No

N/A

13.

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

Yes

No

N/A

14.

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

Yes

No

N/A

15.

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

Yes

No

N/A

16.

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

- Yes
- No
- N/A

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

Outreach is more virtual rather than going to school open houses, etc., due to COVID. We are not terminating enrollees during the Federal Health Emergency per CMS flexibilities, and renewals have been delayed.

18.

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

- Yes
- No
- N/A

Part 4: Separate CHIP Program and Policy Changes

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

do require a SPA.

1.

Have you made any changes to the eligibility determination process?

Yes

No

N/A

2.

Have you made any changes to the eligibility redetermination process?

Yes

No

N/A

3.

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

For example: increasing income eligibility levels.

Yes

No

N/A

4.

Have you made any changes to the benefits available to 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 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.

Outreach is more virtual rather than going to school open houses, etc., due to COVID. Additionally, although our cost sharing, application, renewal and termination processes have not changed, due to COVID, we have suspended cost sharing and delayed renewals and terminations (per CMS), until the end of the Federal Health Emergency.

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	78,709	87,461	11.119%
Separate CHIP	172,911	80,489	-53.451%

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

This pre-populated section did not include the number of children enrolled in our Separate CHIP for FFY 2020 per our SEDS data. Carts helpdesk was notified and they informed the state that this omission was due to a know issue. Although 2020 CHIP data was not populated, there was a know increase in enrollment which is most likely due the flexibilities that our state has put in place due to the Federal Health Crisis. We have waived all premiums and copays, delayed renewals and we are not terminating children, per CMS guidelines during the Federal Health Crisis.

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	110,000	10,000	4.2%	0.4%
2017	120,000	11,000	4.6%	0.4%
2018	130,000	11,000	5%	0.4%
2019	114,000	11,000	4.4%	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.

Virtual school outreach as well as providing the school with flyers for those that attend in person has been successful at targeting children from various backgrounds that may need medical assistance. We provide schools with outreach materials for their open house functions which allows parents to see what programs they are potentially eligible. The materials include how to contact an eligibility representative that can assist customers with any questions concerning eligibility, enrollment or renewals. Community county fairs that we provide outreach materials to have also been successful in reaching those from around the communities we serve and share about programs and eligibility requirements. We measure the effectiveness by the number of parents who take information on how to apply and the quantity of people who call or email our representatives with questions. Due to our Integrated Eligibility System, it would be difficult to measure an increase in applications after an outreach, due to the applications being assigned to workers that are Statewide. All outreach has all gone virtual due to the Corona Virus, but the State continues to be dedicated to reaching those that may benefit from our programs.

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

The State also maintains the PeachCare for Kids website at www.peachcare.org which has the highest hit rate of all the DCH website pages. The website is continuously updated and includes all information on our CHIP program from eligibility, covered services and cost, as well as the ability to email questions, complaints, or file an appeal. The site also contains a link that takes the customer directly to the Georgia Gateway System where they can apply for medical assistance, as well as a link to the payment portal for clients to make their premium payments. There is also an application on the site that can be downloaded and printed out and mailed in, for those clients that prefer not to apply electronically. The website also includes all information for families related to accommodations that the State has provided during the Pandemic. The DCH website is also updated to provide information on the State response to COVID-19.

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)

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

2.76

%

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?

We do not track CHIP applicants that are denied for the reason of having group health coverage specifically, nor do we track the number of children that have access to private health coverage. After a child is determined eligible for our CHIP program, we run a data match to ensure that they have no other Major Medical Coverage.

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?

Prior to sending out the first renewal packet, our Integrated Eligibility System utilizes data matches, and if all criteria is met, an auto renewal is completed and the member is mailed a new eligibility determination letter that includes their new enrollment period.

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

Reaching out to members early. Having auto renewal, and the ability to complete their renewal online makes it easier and faster to complete their renewals.

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

We can look at a report of how many renewals are completed online versus paper or auto renewals.

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.

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.

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.

3a.

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

4.

How many applicants were denied CHIP coverage for other reasons?

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

We are unable to provide this data due to our Integrated Eligibility System. All applications go to Medicaid first and cascade through all medical assistance programs until it is determined which program the client is eligible for that provides the most benefits for the least cost to the applicant.

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	Not Answered	Not Answered
Denied for procedural reasons	Not Answered	Not Answered
Denied for eligibility reasons	Not Answered	Not Answered
Denials for other reasons	Not Answered	Not Answered

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?

28082

2.

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

12937

3.

How many children were retained in CHIP after redetermination?

9476

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.

3461

Computed: 3461

4a.

How many children were disenrolled for procedural reasons?

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

134

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.

3327

4c.

How many children were disenrolled for other reasons?

0

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

The data that was reported included the time period that the State was utilizing the flexibilities CMS provided due to the PHE. Therefore, the data may not reflect the actual number of enrollees that were enrolled, redetermined or terminated for this fiscal year.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	12937	100%
Children retained after redetermination	9476	73.25%
Children disenrolled after redetermination	3461	26.75%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	3461	100%
Children disenrolled for procedural reasons	134	3.87%
Children disenrolled for eligibility reasons	3327	96.13%
Children disenrolled for other reasons	0	0%

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?

336535

2.

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

228429

3.

How many children were retained in Medicaid after redetermination?

218181

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.

10248

Computed: 10248

4a.

How many children were disenrolled for procedural reasons?

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

4533

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.

5715

4c.

How many children were disenrolled for other reasons?

0

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

The data that was reported included the time period that the State was utilizing the flexibilities CMS provided due to the PHE. Therefore, the data may not reflect the actual number of enrollees that were enrolled, redetermined or terminated for this fiscal year.

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	228429	100%
Children retained after redetermination	218181	95.51%
Children disenrolled after redetermination	10248	4.49%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	10248	100%
Children disenrolled for procedural reasons	4533	44.23%
Children disenrolled for eligibility reasons	5715	55.77%
Children disenrolled for other reasons	0	0%

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

181

7261

7735

3028

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

118

4959

5849

2359

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

70

71

22

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

66

61

22

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

62

2232

1815

647

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

52

2136

1759

621

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

The original cohort and 6 month follow up numbers (questions 3 to 8) reported last year change slightly due to the eligibility data update.

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

104

4330

5229

2138

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

9

204

300

128

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

9

198

291

128

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

68

2727

2206

762

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

56

2590

2105

719

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

98

3755

4652

1954

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

23

326

427

158

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

23

320

418

157

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

60

3180

2656

916

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

47

2979

2492

854

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

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

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

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

You'll identify a new cohort every two years. This 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

21025

20312

24192

9498

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

20445

18859

22441

8749

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

107

523

603

255

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

14

140

145

51

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

473

930

1148

494

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

48

546

737

302

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

20136

18737

22236

8650

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

176

721

857

350

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

17

273

323

102

13.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

800

1430

1806

746

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

86

793

1121

456

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

19285

18004

21369

8311

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

283

928

1123

463

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

68

436

547

196

18.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

1544

1956

2407

972

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

557

1065

1435

583

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

The original cohort and 6 month follow up numbers (questions 3 to 8) reported last year change slightly due to the eligibility data update. However, we cannot update the numbers for questions 3 to 8 in the tables above since they are prepopulated and are not allowed to be changed.

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

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

1.

Does your state require cost sharing?

Yes

No

2.

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

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

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

Providers are notified through our GAMMIS system. When the provider checks eligibility prior to providing services, the system will notify them that the member is no longer required to pay a copayment.

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

Due to the Corona Virus Epidemic, the State waived premium payments. Therefore there were no families that exceeded the 5% cap in this past fiscal year.

5.

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

Yes

No

6.

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

Yes

No

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

9.

Optional: Attach any additional documents here.

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

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

Browse...

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

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

1.

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

Yes

No

Eligibility, Enrollment, and Operations

Program Integrity

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

1.

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

Yes

No

2.

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

Yes

No

3.

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

Yes

No

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

For prevention of fraud and abuse cases, DCH:

- o Conducts streamlined provider credentialing and recredentialing via a Centralized Verification organization (CVO) for FFS and MCO's.
- o Monitors the federal exclusions list for providers and ensures the state's exclusion list is current.
- o Conducts annual Benefits/Quality Assurance Testing to verify that current billing edits are operating effectively and suggest additional billing edits based on billing trends.
- o Updates NCCI Edits in MMIS quarterly and/or when updates are available from CMS.
- o Implemented Electronic Visit Verification (EVV).
- o Conducts quarterly data surveillance utilization reviews on provider claims
- o Communicates to FFS and MCO's providers with identified aberrant billing practices across the enterprise (FFS and CMO providers) for follow up.
- o Maintains an active prepayment process for providers who are identified as repeat policy offenders.
- o Collaborates with Unified Program Integrity Contractors.
- o Conducts provider education when aberrant billing trends are identified across multiple providers.
- o Requires Corrective Action Plans from providers when audit findings suggest waste or abuse.

Investigation

- o The Program Integrity Unit investigates potential fraud, waste and abuse from hotline complaints received from private citizens, other federal/state agencies as well as trend analysis from internal surveillance utilization analysis.
- o Investigators and clinical review teams meet biweekly to discuss the cases referred.
- o Investigators follow leads and gather additional documents for evidence.
- o Onsite investigations are conducted as needed.

Fraud referral

- o Coordinate referral activities through a memorandum of understanding (MOU) with state Medicaid Fraud Control Unit.
- o Collaborate with state Medicaid Fraud Control Unit (MFCU) and refer credible allegations of fraud from FFS and managed care plans.
- o Implement case review timelines for managed care plans for process efficiency.

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?

4

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?

531

11.

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

8

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?

17

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?

No.

18.

Optional: Attach any additional documents here.

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

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

Browse...

Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

Yes

No

2.

How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages
10-14

Ages
15-18

299

11185

27521

42230

56364

46613

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
4	2161	11886	22896	29104	19833

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
2	1963	11313	21887	27915	18140

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
1	383	3720	10609	11870	8867

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?

5289

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.

CY2020 claims data were used for this report. 5923 children who turned into 19 as of December 31, 2020 are included in the 15-18 group.

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)

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)

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

5a. Which administrative protocol did you use?

NCQA HEDIS CAHPS 5.1H

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

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

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

1.

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

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

Yes

No

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.

Increase CHIP enrollment among Georgia's CHIP eligible population.

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 total number of children enrolled in PeachCare as of the end of the measurement period.

4.

Numerator (total number)

215952

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.

The total number of children enrolled in PeachCare as of the end of the measurement period and the total number of uninsured PeachCare eligible population based on ACS estimate for the measurement period.

6.

Denominator (total number)

268973

Computed: 80.29%

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?

The percent of PeachCare eligible that enrolled increased by 1.2% from CY19 to the current measurement period.

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

We utilize an Integrated Eligibility System that will cascade each application and determine the proper Class of Assistance. We are expanding outreach, utilizing email and electronic communications. An App. is being developed to make all enrollment and case information readily available for each client.

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

The ACS 2020 data collection was disrupted by COVID pandemic and not available for this report. Therefore, ACS 2015 to 2019 5-year moving average was used to generate the uninsured PeachCare eligible number for this measurement period.

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)

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.

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%.

Increase the percentage of children reporting timely access to needed care.

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.

The number of children enrolled in PeachCare getting needed care right away in the last 6 months.

4.

Numerator (total number)

0

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.

Total number of PeachCare enrollees surveyed in the CAHPS report conducted in the measurement period.

6.

Denominator (total number)

0

Computed:

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 is a new goal added in FFY2021 report. The statewide weighted result is in process by the survey vendors and will be reported as soon as it becomes available.

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

We plan to encourage each CMO to reach out to newly enrolled children, as well as educate the families of the importance of continuous care.

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)

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%.

Increase the percentage of children with a primary care doctor.

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.

The number of children enrolled in PeachCare who were reported having a personal doctor in the measurement period.

4.

Numerator (total number)

0

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.

Total number of PeachCare enrollees surveyed in the CAHPS report conducted in the measurement period.

6.

Denominator (total number)

0

Computed:

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 is a new goal added in FFY2021 report. The statewide weighted result is in process by the survey vendors and will be reported as soon as it becomes available.

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

Each CMO will reach out to each newly enrolled family and educate them on the importance of regular visits. The providers will also reach out to families and send appointment reminders.

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)

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 preventive 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%.

Increase well-child visits in the first 30 months of life for children enrolled in PeachCare in the measurement period.

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.

Two rates are reported for different age group. Rate 1: Number of PeachCare enrollees with six or more well-child visits on different dates of service on or before the 15-month birthday in the measurement period. Rate 2: Number of PeachCare enrollees with two or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday in the measurement period.

4.

Numerator (total number)

975

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.

Rate 1: Number of PeachCare enrollees who turned age 15 months in the measurement period. Rate 2: Number of PeachCare enrollees who turned age 30 months in the measurement period.

6.

Denominator (total number)

1347

Computed: 72.38%

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 is a new goal added in FFY2021 report.

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

This is a new measure that we are adding and will require providers to reach out to clients to remind them of visits as well as educating parents on importance of their children seeing their doctor on a routine basis.

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

Rate 1 (six or more well-child visits): $975/1347=72.38\%$ Rate 2 (two or more well-child visits): $2783/3291=84.56\%$

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)

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 PeachCare children who have an annual well care visit.

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.

Number of PeachCare enrollees aged 3 to 19 who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN in the measurement period.

4.

Numerator (total number)

54722

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.

Number of children ages 3 to 19 enrolled in PeachCare in the measurement period.

6.

Denominator (total number)

89786

Computed: 60.95%

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 is a new goal added in FFY2021 report.

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

Require CMO's and providers to educate parents and send reminders of their children's appointments.

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)

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%.

Ensure children receive all age-appropriate currently recommended childhood immunizations (combination 2-10).

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.

Number of children age 2 enrolled in PeachCare who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for nine separate combination rates.

4.

Numerator (total number)

347

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.

Children enrolled in PeachCare and turned age 2 in the measurement period.

6.

Denominator (total number)

411

Computed: 84.43%

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 is a new goal added in FFY2021 report.

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

Require CMO's and providers to educate parents and send reminders of their children's appointments to maintain their vaccination schedule current.

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

Nine rates for vaccination combination 2 to 10 are reported under this goal:
Combination 2: $347/411=84.43\%$ Combination 3: $343/411=83.45\%$
Combination 4: $342/411=83.21\%$ Combination 5: $316/411=76.89\%$
Combination 6: $159/411=38.69\%$ Combination 7: $316/411=76.89\%$
Combination 8: $159/411=38.69\%$ Combination 9: $149/411=36.25\%$
Combination 10: $149/411=36.25\%$

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)

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%.

Ensure adolescents receive all currently recommended immunizations
(combination 1-2)

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.

Number of PeachCare enrollees age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

4.

Numerator (total number)

382

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.

Adolescents enrolled in PeachCare and turned age 13 in the measurement period.

6.

Denominator (total number)

411

Computed: 92.94%

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 is a new goal added in FFY2021 report.

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

This is a new goal added in 2021.

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

Two rates for vaccination combination 1 to 2 are reported under this goal:
Combination 1 (Meningococcal, Tdap): $382/411=92.94\%$ Combination 2
(Meningococcal, Tdap, HPV): $163/411=39.66\%$

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)

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 women (age 16-20) receiving a chlamydia screening.

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.

Number of women ages 16 to 20 and enrolled in PeachCare who were identified as sexually active and who had at least one test for chlamydia in the measurement period.

4.

Numerator (total number)

2176

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 total number of women enrolled in PeachCare and ages 16 to 19 as of December 31 of the measurement year and identified as sexually active.

6.

Denominator (total number)

3749

Computed: 58.04%

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 is a new goal added in FFY2021 report.

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

Require CMO's and providers to educate clients to maintain their screening.

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)

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 who adhere to asthma medication management.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The number of PeachCare enrollees ages 5 to 18 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the measurement period.

4.

Numerator (total number)

1471

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 total number of children enrolled in PeachCare and ages 5 to 18 as of December 31 of the measurement year and identified as having persistent asthma.

6.

Denominator (total number)

1793

Computed: 82.04%

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 is a new goal added in FFY2021 report.

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

Have CMO's and providers track and report their enrollees adherence to medication protocols.

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)

1. Briefly describe your goal for this objective.

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

Reduce the number of preventable hospitalizations and ER visits in children.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The number of hospitalizations or ER visits that were identified as preventable (ambulatory care sensitive conditions) in the measurement period. Two rates are reported.

4.

Numerator (total number)

314

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 total number of hospitalizations or ER visits occurred to children enrolled in PeachCare in the measurement period.

6.

Denominator (total number)

1951

Computed: 16.09%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

01 / 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 is a new goal added in FFY2021 report.

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

Tracking and reporting usage of ER and educating parents on proper use of ER and that maintaining medication schedules will prevent the need for ER visits.

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

Two rates are reported under this goal: Preventable hospitalization: 314/1951=16.09% Preventable ER visit: 5118/28261=18.11%

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)

Do you have another in this list?

Optional

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

Increase access to behavioral health services

1. Briefly describe your goal for this objective.

Ensure the provision of recommended developmental screening in the first three years of life.

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?

The number of PeachCare enrollees screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

4.

Numerator (total number)

275

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of children enrolled in PeachCare and turned age 1, 2, or 3 in the measurement period.

6.

Denominator (total number)

411

Computed: 66.91%

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 is a new goal added in FFY2021 report.

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

This is a new goal however we will require the CMO's and providers to educate families of the availability of behavioral health and how to access it as well as performing recommended screenings.

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)

1. Briefly describe your goal for this objective.

Ensure recommended screening for depression and appropriate follow-up.

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?

The number of children ages 12 to 19 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter. Two rates are reported for different age group.

4.

Numerator (total number)

841

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of children enrolled in PeachCare and ages 12 to 19 on date of outpatient encounter in the measurement period.

6.

Denominator (total number)

45225

Computed: 1.86%

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 is a new goal added in FFY2021 report.

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

Require CMO's and providers to perform suggested screenings.

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

Two rates were reported for different age groups under this goal: age 12-17: $841/45225=1.86\%$ age 18-19: $132/6570=2.01\%$

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)

1. Briefly describe your goal for this objective.

Ensure recommended follow-up care for children prescribed ADHD medication.

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?

The number of PeachCare enrollees newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported for different phase.

4.

Numerator (total number)

609

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of children enrolled in PeachCare and ages 6 to 12 with an ambulatory prescription dispensed for ADHD medication in the measurement period.

6.

Denominator (total number)

1257

Computed: 48.45%

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 is a new goal added in FFY2021 report.

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

Require CMO;s and providers to educate parents and children taking ADHD medications and follow up with calls and reminders for follow up appointments.

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

Two rates report for each phase under this goal: Initiation phase: 609/1257=48.45% Continuation and maintenance phase: 143/200=71.50%

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)

1. Briefly describe your goal for this objective.

Ensure recommended use of first-line psychosocial care for children and adolescents on antipsychotics.

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?

The number of PeachCare enrollees ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

4.

Numerator (total number)

69

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of children enrolled in PeachCare and ages 1 to 17 with a new prescription for an antipsychotic medication in the measurement period.

6.

Denominator (total number)

101

Computed: 68.32%

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 is a new goal added in FFY2021 report.

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

Require CMO's and providers to educate parents and children taking antipsychotic medications and follow up with calls and reminders for follow up appointments.

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)

Do you have another in this list?

Optional

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

Improve patient satisfaction with care

1. Briefly describe your goal for this objective.

Improve satisfaction with child's pediatric primary care provider.

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?

The number of children who rated their personal doctors with score 8, 9, or 10.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of PeachCare enrollees surveyed in the CAHPS report conducted in the measurement period.

6.

Denominator (total number)

Computed:

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 is a new goal added in FFY2021 report. The statewide weighted result is in process by the survey vendors and will be reported as soon as it becomes available.

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

This is a new goal. We will adjust what we will require as we see the results,

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)

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?

The number of children who rated their health plans with score 8, 9, or 10.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of PeachCare enrollees surveyed in the CAHPS report conducted in the measurement period.

6.

Denominator (total number)

0

Computed:

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 is a new goal added in FFY2021 report. The statewide weighted result is in process by the survey vendors and will be reported as soon as it becomes available.

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)

1. Briefly describe your goal for this objective.

Improve the continuity of care for PeachCare enrollees.

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?

The number of children enrolled in PeachCare for at least 11 months in the measurement period.

4.

Numerator (total number)

107557

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

The total number of children enrolled in PeachCare in the measurement period.

6.

Denominator (total number)

215952

Computed: 49.81%

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 is a new goal added in FFY2021 report.

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

Track enrollment and send reminders for payments and renewals. Encourage clients to utilize electronic communication that is easily accessible. Also utilize CMO to reach out to clients is they have missed an appointment.

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)

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?

The majority of our CHIP population is enrolled in Managed Care. Through our contracts with our managed care entities, the state of Georgia requires that each managed care entity provide various mandatory reports. These reports are submitted monthly, quarterly, annually, and ad hoc. As part of our monitoring and oversight efforts, Georgia conducts routine, comprehensive reviews of network access, utilization management, prior authorizations, and timely access to services. These reviews include the following: b" An examination of claims data to interpret utilization trends and patterns; b" Analysis of Prior Authorization approvals and denials, as well as turnaround times; b" Validation of provider network access reports. This includes a review of network deficiency reports and provider directory listings; b" Evaluation of trends in access to care; and b" Completion of secret shopper calls to validate appointment wait times, and timely access to services. In addition to the activities above, the DCH estimates performance for the PeachCare population using select HEDIS measures. Our PeachCare program performs above the national average on 4 measures and seeks to improve on an additional 2 measures. See attached graph.

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?

DCH has identified a set of meaningful measures that specifically address the needs of the PeachCare for Kids (PCK) population. This will allow us to report hybrid measures where appropriate rather than reporting all measures as administrative. DCH will also begin receiving PCK-only CAHPS results by leveraging the previously mentioned relationship with the CMOs. This will allow us to better understand the PCK member experience.

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?

Performance improvement projects are implemented for the Medicaid and PeachCare for Kids members combined. These activities are not focused studies on the CHIP population exclusively.

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)

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

\$ 364,892,640

\$ 371,374,696

\$ 359,976,622

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

\$ 12,215,551

\$ 4,295,788

\$ 2,357,560

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

\$ 33,510,511

\$ 5,218,897

\$ 3,991,752

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	364892640	371374696	359976622
Fee for Service	12215551	4295788	2357560
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	33510511	5218897	3991752
Total benefit costs	410618702	380889381	366325934

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

\$ 2,289,768

\$ 2,289,768

\$ 2,289,768

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

\$ 807,781

\$ 891,443

\$ 1,071,424

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

\$ 26,377,788

\$ 26,031,327

\$ 26,015,298

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

\$ 2,719,062

\$ 2,719,062

\$ 2,719,062

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

\$ 0

\$ 0

\$ 0

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

\$ 29,448

\$ 29,892

\$ 30,558

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	2289768	2289768	2289768
General administration	807781	891443	1071424
Contractors and brokers	26377788	26031327	26015298
Claims processing	2719062	2719062	2719062
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	29448	29892	30558
Total administrative costs	32223847	31961492	32126110
10% administrative cap	38177520	41161287.44	39815825.56

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	442842549	412850873	398452044
eFMAP	76.92	76.8	Not Available
Federal share	340634488.69	317069470.46	Not Available
State share	102208060.31	95781402.54	Not Available

8.

What were your state funding sources in FFY 2021?

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

166901

175120

177798

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

\$ 182

\$ 177

\$ 169

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	166901	175120	177798
PMPM cost	182	177	169

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

4310

4543

4613

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

\$ 236

\$ 79

\$ 43

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	4310	4543	4613
PMPM cost	236	79	43

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

LIM Kids paid with Title XXI 2021: Managed Care: 162658974 FFS:(9401615) 2022: Managed Care: 165644105 FFS: 8140627 2023: Managed Care: 167464365 FFS:17339023

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)

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?

Healthcare for low income and uninsured children and families continues to be a top priority in the state of Georgia. As the single state agency responsible for administering the Medicaid and CHIP programs, our mission is to advance the health and wellness of our Medicaid and CHIP populations by providing access to quality care throughout the state of Georgia. In response to the Corona Virus Federal Disaster, the State wanted to provide families financial relief and peace of mind knowing that their enrolled children would not lose their health care coverage. Georgia submitted and the CMS approved our Emergency Waiver that allowed us to waive premiums for our CHIP enrollees, as well as extending the renewals for each family. We have also concentrated on setting Quality Measures and CAHPS report that would be reported separately by each CMO for the CHIP enrollees. We have also worked on virtual outreach with our community partners to encourage enrollees to maintain vaccinations and continue their well visits. We are now shifting and strategizing on unwinding the flexibilities that were provided as a result of the PHE.

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

Our greatest challenge this reporting period was ensuring safe and continuous care for our members during the Corona Virus Federal Emergency. Applying CMS guidance and regulations to ensure that the proper process was followed to provide premium waivers and extend the renewal periods for our CHIP enrollees. Many members were afraid to go to their doctors offices. Now that the vaccine is approved for more ages, we are working with our community partners to encourage vaccinations for COVID 19, Flu, and to catch up on the vaccines that were missed throughout the PHE.

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

Georgia's CHIP program, Peachcare for KidsB. submitted our Disaster Relief State Plan Amendment and received approval from CMS on May 7, 2020. We also submitted our Behavioral Health State Plan Amendment demonstrating our compliance with the Support Act and received CMS approval on October 13, 2020. During the COVID-19 epidemic, we were able to obtain approval from CMS to waive premiums for members as well as extend renewals in order to keep children enrolled with health care coverage. We have increased our enrollment during the pandemic which means that more children had full health care benefits.

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?

PeachCare for KidsB. is looking forward to exploring new ways of providing improved health care to more of our low-income children and families. We will also plan our return to pre COVID-19 policies, and reinstating premiums and renewals. The state is also developing ELE enrollment policy that we hope to submit to CMS for approval soon.

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

We will continue to work with our Governor to evaluate what initiatives will work best for Georgia. We are focusing on Quality Outcomes and Delivery of our program.

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.

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