Kansas CARTS FY2020 Report

Basic State Information

Welcome!

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

1. State or territory name:

Kansas

2.

Program type:

○   Both Medicaid Expansion CHIP and Separate CHIP

○   Medicaid Expansion CHIP only

◉   Separate CHIP only

3. CHIP program name(s):

CHIP NA--Kansas does not have a Medical Expansion Program

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

4. Contact name:

Lisa Goins

5. Job title:

RN Policy Analyst

6. Email:

lisa.goins@ks.gov

7. Full mailing address:

Include city, state, and zip code.

KDHE DHCF 900 SW Jackson, Suite 900N Topeka, Kansas 66612

8. Phone number:

785-213-3117

Program Fees and Policy Changes

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

1.

Does your program charge an enrollment fee?

○ Yes

○ No

2.

Does your program charge premiums?

○   Yes

○   No

3.

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

○   Yes

○   No

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

5.

Which delivery system(s) do you use?

Select all that apply.

☐   Managed Care

☐   Primary Care Case Management

☐   Fee for Service

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

NA--Kansas does not have a Medicaid Expansion program.

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.

No.

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.

Monthly premiums are based on gross monthly-income. One premium covers all eligible children and they are billed monthly.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

○   Yes

○   No

○   N/A

2.

Have you made any changes to the eligibility redetermination process?

○   Yes

○   No

○   N/A

3.

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

For example: increasing income eligibility levels.

○   Yes

○   No

○   N/A

4.

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

For example: adding benefits or removing benefit limits.

○   Yes

○   No

○   N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

○   No

○   N/A

6.

Have you made any changes to your outreach efforts?

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

○   Yes

○   No

○   N/A

7.

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

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

○   Yes

○   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

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

○ Yes

○ No

○ N/A

9.

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

For example: removing a waiting period.

○ Yes

○ No

○ N/A

10.

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

○ Yes

○ No

○ N/A

11.

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

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

○ Yes

○ No

○ N/A

12.

Have you made any changes to premium assistance?

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

○ Yes

○ No

○ N/A

13.

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

○ Yes

○ No

○ N/A

14.

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

○ Yes

○ No

○ N/A

15.

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

○ Yes

○ No

○ N/A

16.

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

○   Yes

○   No

○   N/A

Part 4: Separate CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

◉   Yes

○   No

○   N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

○ No

○ N/A

3.

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

For example: increasing income eligibility levels.

○ Yes

○ No

○ N/A

4.

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

For example: adding benefits or removing benefit limits.

○ Yes

○ No

○ N/A

5.

Have you made any changes to the single streamlined application?

◉ Yes

◯ No

◯ N/A

6.

Have you made any changes to your outreach efforts?

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

◯ Yes

◉ No

◯ N/A

7.

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

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

○ Yes

◉ No

○ N/A

8.

Have you made any changes to your cost sharing requirements?

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

◉ Yes

○ No

○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

○ Yes

○ No

○ N/A

10.

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

○ Yes

○ No

○ N/A

11.

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

○ Yes

○ No

○ N/A

12.

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

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

○ Yes

◉ No

○ N/A

13.

Have you made any changes to premium assistance?

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

○ Yes

◉ No

○ N/A

14.

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

○   Yes

◉   No

○   N/A

15.

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

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

○   Yes

◉   No

○   N/A

16.

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

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

○   Yes

◉   No

○   N/A

17.

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

○   Yes

◉   No

○   N/A

18.

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

○   Yes

◉   No

○   N/A

19.

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

○ Yes

◉ No

○ N/A

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

Regarding question 3 We adjust our program income-based guidelines each year according to the Federal Poverty Level standards provided by CMS. 1. Removed waiting period if household voluntarily drops other private health insurance. 2. Financial yearly reviews on hold due to Covid-19 pandemic. 3. Removal of 90 day waiting period if household drops other health insurance. 4. Waived cost-sharing/ premium penalties during COVID-19 Pandemic.

21.

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

○ Yes

◉ No

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

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

Program	Number of children enrolled in FFY 2019	Number of children enrolled in FFY 2020	Percent change
Medicaid Expansion CHIP	15,078	15,853	5.14%
Separate CHIP	54,732	53,102	-2.978%

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

One possible reason for the 4.5% increase in the Medicaid Expansion CHIP population is the economic downturn caused by the pandemic; namely, some children could have become newly eligible for M-CHIP due to a loss in household income. This could also explain the negative 2.5% change in the Separate CHIP population - it is possible household incomes decreased to the point where some children are below the income eligibility levels for CHIP.

Part 2: Number of Uninsured Children in Your State

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

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2015	23,000	4,000	3.1%	0.6%
2016	19,000	3,000	2.6%	0.4%
2017	23,000	3,000	3.1%	0.5%
2018	22,000	3,000	3%	0.5%
2019	25,000	4,000	3.5%	0.6%

Percent change between 2018 and 2019
Not Available

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

Between 2016-2018, some annual eligibility reviews were not timely completed due to performance issues with the state's eligibility clearinghouse contractor that led to application backlogs. Those backlogs were caught up between 2018-2019 and eligibility reviews resumed, leading to a number of beneficiaries losing eligibility because they no longer qualified financially, or because they failed to return their review. The biggest drop in covered children occurred in CY 2019, but those numbers have improved in CY 2020.

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?

Per the Families First Coronavirus Response Act, Kansas has maintained eligibility for all beneficiaries except for those who request termination of their coverage and those who are no longer Kansas residents. As a result, Medicaid and CHIP enrollment numbers will be higher in FFY2020 and FFY2021.

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.

Participation in health fairs and back-to-school events. Working with health departments and head start have also been effective. Effectiveness is measured by the number of applications received at events.

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

The Covid-19 pandemic has limited outreach activities.

5.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

Substitution of Coverage

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

1.

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

○ Yes

◉ No

○ N/A

2.

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

○ Yes

○ No

○ N/A

0	%

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

For Question 3, this information is pending with the KEES project.

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?

> System updates were made to increase/improve interface results and reduce the need for consumers to complete a full review form. Previous policy that required consumers to complete a review form if they had received a passive review two years in a row was ended. Consumers can now receive an unlimited number of passive reviews as long as they meet the criteria. We have removed the restriction of having access to the State Employee Health Plan for CHIP eligible children. We have removed the three-month Crowd-out penalty for children who dropped their private insurance and qualified for CHIP coverage.

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

> Increased passive review criteria and improved interface functionality.

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

> We have not tracked this in the past, but effective December 2020 a quarterly report has been initiated for these tracking purposes.

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

> Not at this time.

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2020?

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

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?

46863

4.

How many applicants were denied CHIP coverage for other reasons?

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

Unfortunately, there are limitations to the way our system collects data, which prevents us from accessing the numbers requested. The reason KEES was unable to pull the data was because we don't have data points in the system to track denials at the program level - i.e. we don't have denial reasons linked to specific programs, so it's not systematically possible to report specifically on CHIP denials.

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 2020?

100

2.

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

100

3.

How many children were retained in CHIP after redetermination?

0

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.

> 100

> **Computed:** 100
>
> 4a.
>
> How many children were disenrolled for procedural reasons?
>
> This could be due to an incomplete application, missing documentation, or a missing enrollment fee.
>
> > 0
>
> 4b.
>
> How many children were disenrolled for eligibility reasons?
>
> This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.
>
> > 100

4c.

How many children were disenrolled for other reasons?

0

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

Kansas is working with CMS and our System contractors to obtain additional data elements via T-MSIS change orders. Implementation dates are pending.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	100	100%
Children retained after redetermination	0	0%
Children disenrolled after redetermination	100	100%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	100	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	100	100%
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 2020?

100

2.

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

100

3.

How many children were retained in Medicaid after redetermination?

0

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.

100

Computed: 100

4a.

How many children were disenrolled for procedural reasons?

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

0

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

100

4c.

How many children were disenrolled for other reasons?

0

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

Kansas is working with CMS and our System contractors to obtain additional data elements via T-MSIS change orders. Implementation dates are pending. Due to processes because of the COVID pandemic, we are not able to obtain accurate data for 2020. It looks like 2021 may be the same story as well. After the Public Health Emergency ends, we hope to be able to provide, "How many children were eligible for redetermination in Medicaid" and "Of the eligible children, how many children were screened for redetermination in Medicaid"

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	100	100%
Children retained after redetermination	0	0%
Children disenrolled after redetermination	100	100%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	100	100%
Children disenrolled for procedural reasons	0	0%
Children disenrolled for eligibility reasons	100	100%
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 year you'll report on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

⦿   Yes

◯   No

January - March 2020 (start of the cohort)

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
169	492	783	323

July - September 2020 (6 months later)

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
136	377	654	263

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	3	5	1

6.

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

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

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
32	112	124	59

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
19	57	42	15

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

No.

January - March 2021 (12 months later)

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

10.

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

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

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

11.

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

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

12.

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

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

13.

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

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

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

14.

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

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

July - September of 2021 (18 months later)

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

15.

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

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

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

16.

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

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

17.

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

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

18.

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

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

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

19.

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

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

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

No.

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

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉   Yes

○   No

January - March 2020 (start of the cohort)

3.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
4063	2005	2498	1148

July - September 2020 (6 months later)

4.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3956	1941	2449	1111

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
13	14	15	8

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
1	0	2	1

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
94	50	34	29

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
4	6	4	4

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

No.

January - March 2021 (12 months later)

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

10.

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

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

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

11.

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

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

12.

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

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

13.

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

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

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

14.

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

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

July - September of 2021 (18 months later)

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

15.

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

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

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

16.

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

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

17.

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

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

18.

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

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

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

19.

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

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

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

No.

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?

NA-Premium billing is handled through a state contractor, and the premium amounts are based on poverty level standards and will never exceed 5% of the household income due to the design of the formula.

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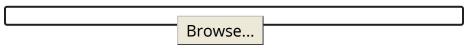
NA

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

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

_____

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

_____

9.

Optional: Attach any additional documents here.

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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?

MCO's investigate fraud, waste and abuse as well as develop investigative preventive tools. Fiscal agent SURS staff has a business practice manual and develops audit plans as necessary.

5.

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

⊙   Yes

◯   No

◯   N/A

6.

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

9

7.

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

8

8.

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

0

9.

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

0

10.

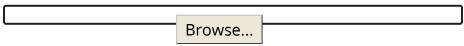How many cases related to provider billing were investigated in FFY 2020?

```
0
```

11.

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

```
31
```

12.

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

```
0
```

13.

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

```
0
```

14.

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

○   CHIP only

◉   Medicaid and CHIP combined

15.

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

◉   Yes

○   No

16.

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

◉   Yes

○   No

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

The answer to question 10 is "unknown."

18.

Optional: Attach any additional documents here.

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Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

◉ Yes

◯ No

2.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
353	3918	7450	12723	16440	10804

3.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
4	803	3786	7942	9657	5403

Dental care service codes and definitions

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

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

4.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	729	3580	7646	9378	4971

5.

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

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
3	71	1156	3523	3635	2426

Dental treatment service codes and definitions

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

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

6.

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

2748

Sealant codes and definitions

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

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

7.

Do you provide supplemental dental coverage?

○   Yes

◉   No

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

No.

9.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

1.

Did you collect the CAHPS survey?

(•)　　Yes

( )　　No

Part 2: You collected the CAHPS survey

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

1.

Upload a summary report of your CAHPS survey results.

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

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

[   ] Browse...

2.

Which CHIP population did you survey?

○   Medicaid Expansion CHIP

◉   Separate CHIP

○   Both Separate CHIP and Medicaid Expansion CHIP

○   Other

3.

Which version of the CAHPS survey did you use?

○   CAHPS 5.0

◉   CAHPS 5.0H

○   Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

☐ None

☑ Children with Chronic Conditions

☐ Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

☑ NCQA HEDIS CAHPS 5.0H

☐ HRQ CAHPS

☐ Other

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

> Surveys were conducted and reported to AHRQ CAHPS by each the three Kansas managed care plans. Statewide results are calculated as weighted averages of plan-level rates, weighted by membership.

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.

Enrollment in KanCare TXXI continues to increase at 3% annually.

2.

What type of goal is it?

○ New goal

◉ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Total number of Title XXI children eligible as of September 2020.

4.

Numerator (total number)

49508

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Total number of Title XXI children eligible as of September 2019.

6.

Denominator (total number)

44447

Computed: 111.39%

7.

What is the date range of your data?

Start

mm/yyyy

| 09 | / | 2019 |

End

mm/yyyy

| 09 | / | 2020 |

8.

Which data source did you use?

◉   Eligibility or enrollment data

○   Survey data

○   Another data source

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

Last year's percentage was .05% compared to 111.39% this year.

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

> We continue to work toward improving our interface results through system updates. We also conduct research into streamlining eligibility processes to increase the speed of determinations and wait time.

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

> No.

12.

Do you have any supporting documentation?

Optional

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

Browse...

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.

> Annually a minimum of 80% of children enrolled in KanCare TXXI report overall satisfaction with their health plan.

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?

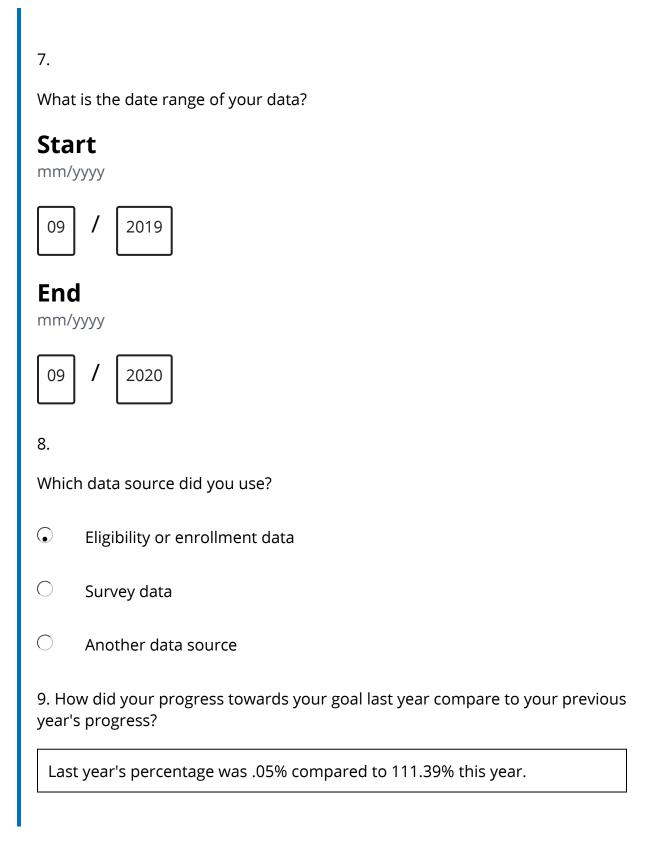For example: The number of children enrolled in CHIP in the last federal fiscal year.

The population includes children enrolled in TXXI the numerator is the number of survey response ratings of 8-10. General Child population includes TXXI enrolled children. CCC population includes TXXI enrolled children who qualified based on five surveys screening questions.

4.

Numerator (total number)

1

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 Population includes TXXI enrolled children, the denominator includes
the number of survey response ratings of 0-10. General Child population
includes TXXI enrolled children. CCC population includes TXXI enrolled
children who qualified based on five surveys screening questions.

6.

Denominator (total number)

1

Computed: 100%

7.

What is the date range of your data?

Start
mm/yyyy

07 / 2019

End
mm/yyyy

07 / 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 reported combined average of consumer satisfaction in 2019 was 90.43%. The reported rate for the 2020 TXXI General Child is 90.09% which reflects a decrease in reported member satisfaction.

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

> The state requires the MCO's to sample and report the CAHPS surveys according to CMS reporting guidelines rather than NCQA guidelines.

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

> No.

12.

Do you have any supporting documentation?

Optional

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

[Browse...]

Do you have another in this list?
Optional

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

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

Increasing Access to care

1. Briefly describe your goal for this objective.

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

Increase the rate of children enrolled in CHIP who receive any preventive dental services by 10 percentage points over the next 5 years.

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.

Total number of TXXI who received any preventative dental service.

4.

Numerator (total number)

26304

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 TXXI children enrolled in KanCare at the time the CMS 416 report was submitted.

6.

Denominator (total number)

54820

Computed: 47.98%

7.

What is the date range of your data?

Start
mm/yyyy

| 10 | / | 2018 |

End
mm/yyyy

| 09 | / | 2019 |

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

◉   Another data source

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

The rate reflects a decrease in number of children receiving preventative dental services from 52.4% in 2019 to 47.9% for 2020.

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

For 2020, there was a Performance Improvement Project designed to increase the participation rate and screening ratio in EPSDT. The data reported on this measure are collected through encounter data reported to the Fiscal agent. This rate decrease will be reported to the MCO's for them to strategize methods to increase rate of access to preventive dental care. KDHE collaborates with other agencies, such as Oral Health Kansas and and with Public Health for the Dental Homes For Kids grant.

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

There is likely a decrease due to the Covid-19 pandemic.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

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

Increase the use of preventative care

1. Briefly describe your goal for this objective.

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

[   ]

2.

What type of goal is it?

○　　New goal

○　　Continuing goal

○　　Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

🔲 , 🔲
/

End
mm/yyyy

🔲 , 🔲
/

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

_____

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

_____

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

_____

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

🔲 , 🔲
/

End
mm/yyyy

🔲 , 🔲
/

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

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

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

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

🔲 , 🔲
  /

End
mm/yyyy

🔲 , 🔲
  /

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

○ Another data source

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

[   ]

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

[   ]

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

[   ]

12.

Do you have any supporting documentation?

Optional

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

Do you have another in this list?

Optional

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

[　　　　　　　　　　　　　　　　　　　]

1. Briefly describe your goal for this objective.

2.

What type of goal is it?

○ New goal

○ Continuing goal

○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

☐ , ☐
/

End
mm/yyyy

☐ , ☐
/

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

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

[   ]

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

[   ]

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

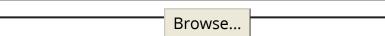[   ]

12.

Do you have any supporting documentation?

Optional

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

Do you have another objective in your State Plan?
Optional

Part 2: Additional questions

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

Three Managed Care Organizations are contracted to provide Medicaid and CHIP services under an 1115 Waiver demonstration in Kansas. The MCO's report HEDIS measures and CAHPS survey results to the State. Each MCO participates in Performance Improvement Projects (PIPs) which are designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. In addition, each MCO shall develop a PIP on EPSDT Screening when their overall CMS 416 rates drop below eighty-five percent (85%). Currently, all three MCOs meet this requirement and have implemented EPSDT PIPs to increase their rates. The MCOs are required to have at least 5 interventions for each PIP topic. EPSDT interventions include activities such as gift card rewards for members, text message reminders and rewards for providers who close care gaps. A member-friendly description of all PIP activities can be found on the KanCare website. Data on EPSDT participation rates are reported monthly in order to track for trends and concerns. For example, a clear drop in rates occurred in March of 2020 due to Covid. The MCOs are adjusting their intervention methods to follow CDC guidelines and to provide information to members and providers on how to safely complete EPSDT visits. Kansas contracts with an External Quality Review Organization (EQRO) to conduct validation of MCO computer systems, oversight of PIP activities, on-site annual compliance audits, review and analysis of CAHPS surveys and HEDIS measures to assess health outcomes and quality of care provided to members by each MCO. Pay for Performance measures are also included in the Managed Care contracts and monitored by the State. Two of these 2020 measures directly impact the CHIP population: Childhood Immunization Status: Combination 10 and Lead Screening in Children. The State also collects, analyzes and reports annually on the Child Core Set measures.

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?

Over the next few months the KanCare 2.0 Quality Management Strategy (QMS) will be revised and the current QMS will be reviewed for its effectiveness. Feedback received recently from CMS will be incorporated to improve our QMS strategy. For example, the regulations require the state to describe its plan to identify, evaluate, and reduce health disparities based on age, sex, primary language, and disability status. The revised quality strategy will include a plan to address each of these disparity types. Kansas continues to report Child Core set measures and requires MCOs to individually submit program data on quality measures as outlined in their contracts. Depending on State reporting requirements, data is available monthly, quarterly or annually.

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?

No studies, focused solely on CHIP members, have been conducted. A member-friendly listing of the current PIPs can be found here: https://www.kancare.ks.gov/policies-and-reports/quality-measurement

4.

Optional: Attach any additional documents here.

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

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

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

Part 1: Benefit Costs

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

1.

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

2020	2021	2022
$ 156,206,165	$ 178,816,060	$ 186,934,406

2.

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

2020	2021	2022
$ 2,464,522	$ 1,490,000	$ 1,650,000

3.

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

2020	2021	2022
$ 0	$ 0	$ 0

4.

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

2020	2021	2022
$ 4,125,125	$ 4,000,000	$ 4,000,000

Table 1: Benefits Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	156206165	178816060	186934406
Fee for Service	2464522	1490000	1650000
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	4125125	4000000	4000000
Total benefit costs	162795812	184306060	192584406

Part 2: Administrative Costs

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

1.

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

This includes wages, salaries, and other employee costs.

2020	2021	2022
$ 695,236	$ 729,997	$ 766,497

2.

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

2020	2021	2022
$ 476,568	$ 500,396	$ 525,416

3.

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

2020	2021	2022
$ 7,394,200	$ 7,763,910	$ 8,152,106

4.

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

2020	2021	2022
$ 3,474,440	$ 3,648,162	$ 3,830,570

5.

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

2020	2021	2022
$ 0	$ 0	$ 0

6.

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

2020	2021	2022
$ 0	$ 0	$ 0

7.

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

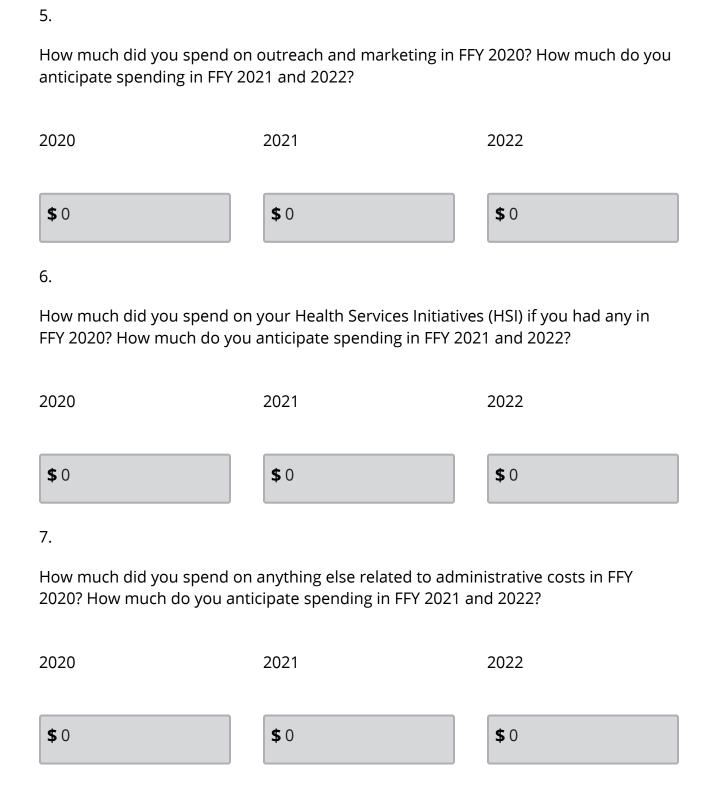| 2020	2021	2022
$ 0	$ 0	$ 0

Table 2: Administrative Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Personnel	695236	729997	766497
General administration	476568	500396	525416
Contractors and brokers	7394200	7763910	8152106
Claims processing	3474440	3648162	3830570
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	12040444	12642465	13274589
10% administrative cap	17171729.11	19589562.22	20509378.44

Table 3: Federal and State Shares

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

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

Type	FFY 2020	FFY 2021	FFY 2022
Total program costs	174836256	196948525	205858995
eFMAP	82.91	71.78	72.11
Federal share	144956739.85	141369651.25	148444921.29
State share	29879516.15	55578873.76	57414073.71

8.

What were your state funding sources in FFY 2020?

Select all that apply.

☑ State appropriations

☐ County/local funds

☐ Employer contributions

☐ Foundation grants

☐ Private donations

☐ Tobacco settlement

☐ Other

9.

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

○ Yes

◉ No

Part 3: Managed Care Costs

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

1.

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

2020

2021

2022

69094

73391

76888

2.

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

Round to the nearest whole number.

2020

2021

2022

$ 188

$ 202

$ 203

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	69094	73391	76888
PMPM cost	188	202	203

Part 4: Fee for Service Costs

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

1.

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

2020

2021

2022

15754

16857

17531

2.

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

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

2020

2021

2022

$ 15

$ 16

$ 16

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	15754	16857	17531
PMPM cost	15	16	16

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

No.

2.

Optional: Attach any additional documents here.

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Challenges and Accomplishments

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

The FFY 2020 is the first entire FFY that the State of Kansas' new governor, Laura Kelly, has been serving. Governor Kelly has pushed the Kansas Legislature to accept the Medicaid expansion under the Affordable Care Act. The Kansas Legislature has not approved or cooperated with Medicaid expansion at this time. Governor Kelly has also supported reforming KanCare so that more citizens have access to health insurance.

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

Lack of outreach activities due to the onset of the Covid-19 pandemic.

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

Elimination of any eligibility application backlog.

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

Elimination of any crowd-out rules for CHIP. The crowd-out rule affected very few applications for eligibility and was a barrier that was not worth the eligibility labor for no more children than it affected.

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

No.

6.

Optional: Attach any additional documents here.

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