

# Mississippi 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:

Mississippi

2.

Program type:

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

3. CHIP program name(s):

Mississippi Health Benefits

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

4. Contact name:

Karson Luther

5. Job title:

Deputy Administrator for Eligibility

6. Email:

karson.luther@medicaid.ms.gov

7. Full mailing address:

Include city, state, and zip code.

550 High Street Suite 1000 Walter Sillers Building Jackson MS 39201

8. Phone number:

(601) 359-9147

## 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.

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

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

The Medicaid Expansion CHIP population has a managed care delivery system. Members are placed into managed care based on their assigned category of eligibility. Family income, household size, age are the primary factors considered in the eligibility process for category assignment.

## **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.

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.

The Separate CHIP population has a managed care delivery system. Members are placed into managed care based on their assigned category of eligibility. Family income, household size, age are the primary factors considered in the eligibility process for category assignment.

## 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.

In Reference to the response to Question 4: A benchmark coverage change was made effective November 1, 2019, to simplify the state's managed care contract review process by specifying services offered to align with Medicaid, but there were no substantive benefits changes. (MS SPA-20-0013) In reference to the response to Question 16: Temporary adjustments related to timely application and renewal processing were implemented, with CMS concurrence, during the Public Health Emergency. In addition, the state implemented maintenance of effort provisions for eligibility and enrollment to meet requirements for the 6.2% FFMAP increase, pursuant to FFCRA, as amended by the CARES Act.

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

In Reference to the response to Question 4: A benchmark coverage change was made effective November 1, 2019, to simplify the state's managed care contract review process by specifying services offered to align with Medicaid, but there were no substantive benefits changes. (MS-SPA-20-0013). Related to the response to Question 19: Temporary changes were made via MS SPA 20-0014, CHIP COVID-19 Eligibility and Cost-Sharing during an Emergency SPA, which allows temporary adjustments to enrollment, redetermination and cost-sharing policies during Governor or federally-declared disasters.

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.

<b>Program</b>	<b>Number of children enrolled in FFY 2019</b>	<b>Number of children enrolled in FFY 2020</b>	<b>Percent change</b>
Medicaid Expansion CHIP	34,393	35,088	2.021%
Separate CHIP	52,096	49,371	-5.231%

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

This data appears to continue a trend from the 2018-2019 comparison, i.e., small gains in the Medicaid expansion group and decreases in Separate CHIP. Income fluctuations and other economic issues could cause more children to be eligible for Medicaid and fewer eligible for CHIP. Continued eligibility for Medicaid in the 6.2% FMAP option could also impact Medicaid and CHIP enrollment in FFY 2020. Otherwise, there are no other reasons known for the fluctuation between these years.

## **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	20,000	3,000	2.7%	0.4%
2016	22,000	3,000	3%	0.5%
2017	21,000	4,000	2.8%	0.5%
2018	21,000	3,000	2.9%	0.4%
2019	26,000	4,000	3.5%	0.5%

Percent change between 2018 and 2019
Not Available

2.

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

Yes

No



3.

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

Yes

No

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

No

5.

Optional: Attach any additional documents here.

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

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

Browse...

# Eligibility, Enrollment, and Operations

## Program Outreach

1.

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

Yes

No

2.

Are you targeting specific populations in your outreach efforts?

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

Yes

No

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

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

The agency website provides the public information on available programs, basic eligibility requirements, services and contact information for further assistance. In FFY 2020, there was an average of 4,000 visits monthly to the website for program information.

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

No

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

### 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

10

%

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

No

6.

Optional: Attach any additional documents here.

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

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

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?

Passive renewals, multiple access points for renewal, use of electronic data sources, expanded reinstatement periods, etc., continue to facilitate and simplify the renewal process for families.

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

When there has been no response by the renewal due date, the casework attempts a follow-up telephone contact to encourage completion of the process. If an incomplete renewal has been submitted, a follow-up contact is made to attempt to facilitate completion.

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

Retention is tracked through analysis reports generated from eligibility data. The number of months a previously eligible individual was without coverage from month of termination to month of new opening is tracked from 0, or no break in coverage, up to 12 months.

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

NA

## 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.

3406

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.

0

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.

3406

3a.

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

0

4.

How many applicants were denied CHIP coverage for other reasons?

0

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

MS uses the streamlined application to assess Medicaid first. An application is denied for Separate CHIP when eligibility is prohibited by creditable health coverage or excess income, not for procedural reasons.



Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	3406	100%
Denied for procedural reasons	0	0%
Denied for eligibility reasons	3406	100%
Denials for other reasons	0	0%

### Part 3: Redetermination in CHIP

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

1.

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

22362

2.

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

22362

3.

How many children were retained in CHIP after redetermination?

16517

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.

5845

**Computed:** 5845

4a.

How many children were disenrolled for procedural reasons?

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

4493

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.

1165

4c.

How many children were disenrolled for other reasons?

187

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

CHIP annual reviews were delayed during the Public Health Emergency for a portion of the FFY. Delayed reviews are not included in the numbers reported above.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	22362	100%
Children retained after redetermination	16517	73.86%
Children disenrolled after redetermination	5845	26.14%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	5845	100%
Children disenrolled for procedural reasons	4493	76.87%
Children disenrolled for eligibility reasons	1165	19.93%
Children disenrolled for other reasons	187	3.2%

## 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?

170634

2.

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

170634

3.

How many children were retained in Medicaid after redetermination?

120851

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.

49783

**Computed:** 49783

4a.

How many children were disenrolled for procedural reasons?

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

45502

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.

1998

4c.

How many children were disenrolled for other reasons?

2283

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

Medicaid annual reviews were delayed during the Public Health Emergency for a portion of the FFY. Delayed reviews are not included in the numbers reported above.

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	170634	100%
Children retained after redetermination	120851	70.82%
Children disenrolled after redetermination	49783	29.18%



Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	49783	100%
Children disenrolled for procedural reasons	45502	91.4%
Children disenrolled for eligibility reasons	1998	4.01%
Children disenrolled for other reasons	2283	4.59%

## 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

20

1763

2222

1096

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

19

1722

2175

1079

5.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

2

1

0

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

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

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

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

No
----

January - March 2021 (12 months later)

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

10.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13.

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

Possible reasons for not being enrolled:

b" Transferred to another health insurance program other than CHIP

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

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

15.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18.

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

Possible reasons for not being enrolled:

b" Transferred to another health insurance program other than CHIP

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16



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

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

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

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

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

### Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

Yes

No

January - March 2020 (start of the cohort)

3.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

6313

4332

5186

2329

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

6209

4259

5140

2306

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

2

10

4

3

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

0

2

0

0

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

102

63

42

20

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

6

19

11

2

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

No

January - March 2021 (12 months later)

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

10.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13.

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

Possible reasons for not being enrolled:

b" Transferred to another health insurance program other than Medicaid

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later)

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

15.

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

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18.

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

Possible reasons for not being enrolled:

b" Transferred to another health insurance program other than Medicaid

b" Didn't meet eligibility criteria anymore

b" Didn't complete documentation

b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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

## Eligibility, Enrollment, and Operations

### Cost Sharing (Out-of-Pocket Costs)

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



coinsurance, and copayments.

1.

Does your state require cost sharing?

Yes

No

2.

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

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

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

Molina's policy is to send a letter to the member and the primary care physician notifying them when the cost sharing limit is reached. United Healthcare's policy is to notify providers on the provider remittance advice and send a letter to the member when the copay maximum has been reached. The member would have the letter to provide at time of service if needed.

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

0

5.

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

Yes

No

6.

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

Yes

No

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

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)

Browse...

## **Eligibility, Enrollment, and Operations**

### **Employer Sponsored Insurance and Premium Assistance**

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

1.

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

Yes

No

## **Eligibility, Enrollment, and Operations**

### **Program Integrity**

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

1.

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

Yes

No

2.

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

Yes

No

3.

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

Yes

No

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

The Office of Program Integrity (PI) is primarily responsible for monitoring and oversight of Medicaid/CHIP program integrity activities. Within the Division of Medicaid (DOM), PI works with the Office of Eligibility on recipient issues. Reports of possible recipient fraud or abuse are received from various sources. These reports may be referred to the local eligibility office for review, benefit adjustment, client education, etc. If fraud is suspected, the case is referred for further investigation and disposition by Program Integrity. PI works with the Office of Coordinated Care within DOM and oversees the managed care entities on issues relative to prevention, investigation and referral of fraud and abuse. PI also partners with the Medicaid Fraud Control Unit (MFCU) within the Attorney General's office and other law enforcement agencies, as applicable, to prevent, investigate and refer Medicaid and CHIP fraud or abuse for appropriate legal action.

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?

3

7.

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

1

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?

73

11.

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

8

12.

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

2

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?

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)

## **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

34

3608

6988

11326

16132

12015

3.

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

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

0

771

3589

7032

9694

6261

## 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?



## Dental care service codes and definitions

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

5.

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

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	61	866	2767	4132	3378

#### 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?

1431

## 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)

Browse...

# Eligibility, Enrollment, and Operations

## CAHPS Survey Results

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

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

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

The CAHPS surveys ascertain member satisfaction via self-report of members' experiences with their health services. Molina Healthcare of Mississippi's GO LIVE date for the CHIP line of business was November 1, 2019. The contract was previously with Magnolia Healthcare. The 2020 CAHPS surveys started dissemination around February 2020. This means that Molina's CHIP beneficiaries had less than three months of being enrolled with the health plan. Therefore, CHIP beneficiaries may have had limited experience with Molina's services and/or there may not have been an ample sample size of members who could complete the survey. b◆ The 2020 CAHPS data provided was collected by United HealthCare.

## **Part 3: You didn't collect the CAHPS survey**

### **Eligibility, Enrollment, and Operations**

#### **Health Services Initiative (HSI) Programs**

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

1.

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

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

Yes

No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Mississippi CHIP Vision HSI

2.

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

Yes

No

3. Which populations does the HSI program serve?

The qualified provider will target Mississippi's low-income children by identifying Title I schools in which at least 51% of the student body qualifies to receive free or reduced price meals. In Mississippi, this includes 83% of schools statewide. The qualified provider will provide to the Division of Medicaid the list of schools where vision services will be provided. The Division of Medicaid's CHIP CCO will verify that each school on the list meets the 51% threshold for free or reduced price meals. The qualified provider will initially implement this HSI program in schools with the largest schools with the highest percentage of students eligible for free/reduced lunch (FRL) program first and then expand to additional schools in the state who meet the HSI criteria.

4.

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

0

5.

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

0

**Computed:**

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

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

About a quarter of all school-aged children have a significant vision problem, and too few children receive the vision screening services that they need. This will be measured through claims, and the increase in eye exams for children. The agency or its contractor will monitor the number of increased eye exams, and direct contractors to send communications to members health information regarding the importance of obtaining these eye exams. b◇

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

None at this time as no children are currently being served. The Vision to Learn HSI was approved; however, the vendor did not proceed with operations. DOM and VTL had agreed on the process for billing for children with CHIP, Medicaid, other insurance, and uninsured. The vendor was requested to change the Opt-Out form for children to an Opt-In form, and this was not received by DOM. This was to ensure that when members opted into the program, they could also provide needed information, including demographics and insurance coverage, and parental consent. In the state of Mississippi parental consent is required for children 18 years old or younger.

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

MS SPA 18-0010, Health Services Initiatives, was approved effective October 2019 to allow the Division to cover vision services for low-income children throughout the state at certain MS schools when services are provided by qualified CHIP providers.

9.

Optional: Attach any additional documents.

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

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

**Do you have another in this list?**

Optional

## State Plan Goals and Objectives

### Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.

Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

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

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or an increase in enrollment of eligible children in Medicaid and Separate CHIP compared to the prior year.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The results of the monthly average of eligible children enrolled in Medicaid and CHIP in FFY 2020 minus the same in FFY 2019

4.

Numerator (total number)

7150



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 monthly average number of eligible children enrolled in Medicaid and CHIP FFY 2020.

6.

Denominator (total number)

389420

**Computed:** 1.84%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

8.

Which data source did you use?

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

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

The prior year resulted in a 3.6% decrease. The current year resulted in a 1.84% increase.

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

Continued emphasis on program access streamlined processes and timely, accurate determinations.

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

The 6.2% FMAP continuous eligibility provision and other temporary provisions in place during the public health emergency are impacting factors on enrollment data for FFY2020.

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 reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or to increase enrollment of eligible children in Separate CHIP compared to the previous year.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The results of the monthly average of eligible children enrolled in CHIP in FFY 2020 minus the same in FFY 2019.

4.

Numerator (total number)

907

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 monthly average of eligible children enrolled in CHIP FFY 2020

6.

Denominator (total number)

46998

**Computed:** 1.93%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

8.

Which data source did you use?

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

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

The prior year resulted in 1.43% decline. The current year resulted in a 1.93% increase.

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

Continued emphasis on program access, streamlined processes and timely, accurate determinations

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

The 6.2% FMAP continuous eligibility provision and other temporary provisions in place during the public health emergency are impacting factors on enrollment data for FFY2020.

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 reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

In an effort to reduce the number of uninsured children, our goal is maintenance of effort or to increase enrollment of eligible children in Medicaid compared to the previous year.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

The monthly average of eligible children enrolled in Medicaid in FFY 2020 minus the same in FFY 2019.

4.

Numerator (total number)

6484

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 monthly average of eligible children enrolled in Medicaid FFY 2020

6.

Denominator (total number)

351605



**Computed:** 1.84%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

8.

Which data source did you use?

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

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

In the prior year, there was a .08% decline. In the current year, there was an increase of 1.84%.

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

Continued emphasis on program access, streamlined processes and timely, accurate determinations

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

The 6.2% FMAP continuous eligibility provision and other temporary provisions in place during the public health emergency are impacting factors on enrollment data for FFY2020.

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.

At least 85% of children enrolled in CHIP will have access to: a. A primary care physician within 15 miles in urban/suburban areas and 30 miles in rural areas. b. A hospital within 30 miles in urban/suburban areas and 60 miles in rural areas. c. Pharmacy within 30 miles in urban/suburban areas and 60 miles in rural areas. Increase access to care

1. Briefly describe your goal for this objective.

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

Our goal is to ensure that at least 85% of children enrolled in CHIP will have adequate access to primary care, inpatient care, and pharmacy services. Access is measured by the CCOs using GeoAccess software applied to the CHIP enrollment file and network provider file.

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.

Access is measured by the CCOs using GeoAccess software applied to the CHIP enrollment file and network provider file.

4.

Numerator (total number)

48281

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 CHIP with access to PCP, Hospital and Pharmacy as of September 30, 2020.

6.

Denominator (total number)

48281

**Computed:** 100%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

8.

Which data source did you use?

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

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

The access to care for these providers, PCP, hospital and pharmacy is at 100%.

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

Continuously monitoring access to these providers.

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

No

12.

Do you have any supporting documentation?

Optional

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

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

Browse...

**Do you have another in this list?**

Optional



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

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

At least 85% of children 2 years of age enrolled in CHIP will receive all immunizations as recommended by ACIP. At least 85% of children between 2 to 6 years of age enrolled in CHIP will receive at least one (1) preventive or primary care visit during the year. At least 85% of children enrolled in CHIP will receive required screenings 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%.

In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more immunizations, PCP visits, and screenings to at least 85%

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Total events per measure specification

4.

Numerator (total number)

586

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 population with required event or diagnosis /immunization COMBO 2)

6.

Denominator (total number)

755

**Computed:** 77.62%

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?

Immunizations are not yet at 85%

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

Efforts are continuously made by the managed care organizations to encourage parents to obtain child immunizations, including telephone calls and member incentives. We continue to monitor this measure and will implement an action plan to improve.

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

We will evaluate the reasons immunizations are not obtained. School attendance requires immunizations of early ages, so coordination with the school system would be a strategy for improvement.

12.

Do you have any supporting documentation?

Optional


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

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

Browse...

**Do you have another in this list?**

Optional



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

Families of CHIP enrollees will be surveyed annually regarding their satisfaction with the services provided under the Program.

1. Briefly describe your goal for this objective.

Satisfaction is measured by the CCOs through an annual member satisfaction survey. At least 70% of families responding to the member satisfaction survey will express satisfaction with customer service and provider access.

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 total number of members responding positively to customer service survey question

4.

Numerator (total number)

252

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

Total population responding to survey

6.

Denominator (total number)

279

**Computed:** 90.32%

7.

What is the date range of your data?

**Start**

mm/yyyy

10

/

2019

**End**

mm/yyyy

09

/

2020



8.

Which data source did you use?

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

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

The satisfaction level is 90.32% for customer service and 89.2% for provider access/getting care

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

Continual emphasis to members of importance of responding to Member Satisfaction Survey for program assessment and improvement.

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

We will evaluate and plan to increase the number of responders and the percentage over the next three years.

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?

No

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

We plan to reevaluate current objectives, strategies and measures to ensure they are reasonable, achievable and supported by available data.

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; however, focus studies may be considered in the future.

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 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

\$ 157,859,018

\$ 161,328,744

\$ 161,367,025

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

\$ 157,859,018

\$ 161,328,744

\$ 161,367,025

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

\$ 3,264,505

\$ 2,700,000

\$ 2,700,000

4.

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

2020

2021

2022

\$ 0

\$ 0

\$ 0

Table 1: Benefits Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	157859018	161328744	161367025
Fee for Service	3264505	2700000	2700000
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	161123523	164028744	164067025

## 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

\$ 1,912,332

\$ 2,516,044

\$ 2,287,313

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

\$ 2,267,971

\$ 2,983,956

\$ 2,712,687

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

\$ 0

\$ 0

\$ 0

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

\$ 0

\$ 0

\$ 0

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.

<b>Type</b>	<b>FFY 2020</b>	<b>FFY 2021</b>	<b>FFY 2022</b>
Personnel	1912332	2516044	2287313
General administration	2267971	2983956	2712687
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	0	0	0
Other administrative costs	0	0	0
Total administrative costs	4180303	5500000	5000000
10% administrative cap	17902613.67	18225416	18229669.44

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	165303826	169528744	169067025
eFMAP	95.39	84.43	84.82
Federal share	157683319.62	143133118.56	143402650.6
State share	7620506.38	26395625.44	25664374.4

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

561763

563739

563739

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

\$ 281

\$ 286

\$ 286

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	561763	563739	563739
PMPM cost	281	286	286

## 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

561763

563739

563739

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

\$ 6

\$ 5

\$ 5

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	561763	563739	563739
PMPM cost	6	5	5

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.

**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?

The state operated under the maintenance of effort provision and within the confines of budgetary constraints during this reporting period.

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

There were several great challenges to the program in FFY 2020. One major challenge is the reduction of CHIP federal matching funds. Another challenge is the reduction in patients visiting medical offices and receiving preventive care during the pandemic. In addition, the pandemic presents continual internal challenges in staffing and program operation which must be addressed.

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

A significant accomplishment was aligning the CHIP program more with the Medicaid program for continuity of care and streamlined processes. This effort also required significant interagency review, interaction and coordination

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?

Several CHIP State Plan Amendments were submitted for program simplification and improvement: CHIP Benchmark Coverage - to simplify the state's managed care contract review process by specifying in the CHIP State Plan that the services offered are identical to Medicaid with the following noted exceptions/exclusions: Non-Emergency Transportation (NET), Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Mississippi Youth Programs Around the Clock (MYPAC) and Community Service Programs (CSP). There are no substantive benefit changes, effective November 1, 2019. CHIP COVID-19 Eligibility and Cost-Sharing during an Emergency - allows the Division of Medicaid to implement temporary adjustments to enrollment and redetermination during Governor or federally-declared disasters and waive certain cost-sharing during the COVID-19 emergency effective March 18, 2020. CHIP Behavioral Health - in conjunction with the SUPPORT Act to allow the Division of Medicaid to include mental health coverage as a mandatory benefit for all CHIP beneficiaries. Mandatory coverage will include services necessary to prevent, diagnose and treat a broad range of mental health symptoms and disorders, including substance use disorders, effective July 22, 2020.

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.**

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