Idaho 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:

Idaho

2.

Program type:

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

3. CHIP program name(s):

Children's Health Insurance Program

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

4. Contact name:

Cindy Brock

5. Job title:

Medicaid Program Policy Analyst

6. Email:

Cindy.Brock@idaho.gov

7. Full mailing address:

Include city, state, and zip code.

3232 Elder Street; Boise, ID 83705

8. Phone number:

208-364-1983

PRA Disclosure Statement.

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

Program Fees and Policy Changes

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

1.

Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2.

Does your program charge premiums?

- ○ Yes
- ◉ No

3.

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

- ○ Yes
- ◉ No

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

N/A

5.

Which delivery system(s) do you use?

Select all that apply.

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

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

Medicaid CHIP Expansion, Separate CHIP and Medicaid children receive services through the same three networks. State administered Primary Care Case Management (PCCM), fee-for-service, and a Pre-Paid Ambulatory Health Plan (PAHP) for dental and a PAHP for behavioral health.

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.

Medicaid CHIP Expansion, Separate CHIP and Medicaid children receive services through the same three networks. State administered Primary Care Case Management (PCCM), fee-for-service, and a Pre-Paid Ambulatory Health Plan (PAHP) for dental and a PAHP for behavioral health.

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.

Idaho submitted three CHIP State Plan Amendments during Federal Fiscal Year 2020. These amendments were to add/modify services to align with the benefits within our Alternative Benefit Plan's; Implement changes specific to eligibility and cost sharing during the Public Health Emergency (PHE) and to demonstrate our compliance with the SUPPORT 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 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.

Idaho submitted three CHIP State Plan Amendments during FFY20. These amendments were to add/modify services to align with the benefits within our ABP's; Implement changes specific to eligibility and cost sharing during the PHE and to demonstrate our compliance with the SUPPORT Act.

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	4,603	9,353	103.194%
Separate CHIP	35,716	34,966	-2.1%

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

The state is working on a data correction for Medicaid Expansion CHIP for SEDs, (system that feeds into the CARTs annual reporting system) and hopes to have this corrected soon.

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	13,000	2,000	2.9%	0.5%
2016	11,000	3,000	2.3%	0.6%
2017	7,000	2,000	1.5%	0.4%
2018	14,000	3,000	3%	0.6%
2019	12,000	3,000	2.5%	0.6%

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?

N/A

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.

Typically, it is our back-to-school outreach. However, due to the transition of Idaho schools to completely virtual, or hybrid education methods during the PHE and the growth of the virus in Idaho, this has not been effective during this FFY. The Department's new web site and its user friendly functionality is our newest method. We hope to develop additional outreach methods once the PHE has ended.

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

N/A

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

2 %

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

n/a

6.

Optional: Attach any additional documents here.

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

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

Browse...

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

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

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

- (•) Yes
- ( ) No
- ( ) N/A

2.

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

- ( ) Yes
- (•) No

3.

Do you send renewal reminder notices to families?

- (•) Yes
- ( ) No

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

We auto renew families when we can determine reasonable compatibility through data matches. We send an initial reminder notice which is 60 days before the end of the current certification period and then follow with a 30 day notice.

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

Providing advanced notice with pre-populated information and our online portal for completing a renewal, when necessary is quite effective.

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

N/A

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

Our presumptive eligibility is limited to inpatient hospital only.

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.

26659

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.

336

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.

26323

3a.

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

5067

4.

How many applicants were denied CHIP coverage for other reasons?

0

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

no

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	26659	100%
Denied for procedural reasons	336	1.26%
Denied for eligibility reasons	26323	98.74%
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?

45502

2.

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

45502

3.

How many children were retained in CHIP after redetermination?

36030

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.

9472

Computed: 9472

4a.

How many children were disenrolled for procedural reasons?

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

8437

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.

1035

4c.

How many children were disenrolled for other reasons?

0

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

No

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	45502	100%
Children retained after redetermination	36030	79.18%
Children disenrolled after redetermination	9472	20.82%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	9472	100%
Children disenrolled for procedural reasons	8437	89.07%
Children disenrolled for eligibility reasons	1035	10.93%
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?

208304

2.

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

208304

3.

How many children were retained in Medicaid after redetermination?

174572

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.

33732

Computed: 33732

4a.

How many children were disenrolled for procedural reasons?

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

30925

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.

2807

4c.

How many children were disenrolled for other reasons?

0

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

No

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	208304	100%
Children retained after redetermination	174572	83.81%
Children disenrolled after redetermination	33732	16.19%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	33732	100%
Children disenrolled for procedural reasons	30925	91.68%
Children disenrolled for eligibility reasons	2807	8.32%
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
259	3323	5032	2607

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
193	2534	4010	2160

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
2	3	3	4

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	3	1	1

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
65	786	1019	444

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
48	678	887	391

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
2848	3797	4750	2402

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
2627	3570	4501	2274

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
27	31	25	7

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
5	6	5	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
197	197	224	122

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
9	7	14	19

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?

When providers access the automated system to verify eligibility (prior to rendering a service) the participant's indicator for co-pays has been suspended to demonstrate the participant is not subject to co-pays. Also, the provider handbook provides guidance to providers on co-pays

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

We did not have any families that exceeded the 5% cap.

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?

Currently as a result of the PHE and the temporary changes Idaho has implemented, we are not able to provide comparison.

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?

Idaho leverages our provider credentialing process, retrospective claims review, prior authorization and claims processing procedures to safeguard against inappropriate utilization or payment of services.

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?

18

7.

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

0

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?

271

11.

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

15

12.

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

313

13.

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

5

14.

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

- ○ CHIP only
- ◉ Medicaid and CHIP combined

15.

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

- ○ Yes
- ◉ No

16.

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

- ◉ Yes
- ○ No

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

N/A

18.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

- ○ Yes
- ◉ No

2.

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

2a.

Total for all ages (0-18)

25667

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?

3a.

Total for all ages (0-18)

14891

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?

4a.

Total for all ages (0-18)

14201

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.

5a.

Total for all ages (0-18)

6082

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?

2311

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)

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.

- [x] None
- [ ] Children with Chronic Conditions
- [ ] Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

- [x] NCQA HEDIS CAHPS 5.0H
- [ ] HRQ CAHPS
- [ ] Other

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

N/A

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

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

1.

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

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

- (•) Yes
- ( ) No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Healthy Schools Initiative

2.

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

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Low income pre-K up to 12th grade students

4.

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

8000

5.

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

100%

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.

Reduction in the percentage of pregnant young women who drop out of school.

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

We have observed a significant reduction in the rate of drop-outs. 2018 = 18% 2019 = 8% This FFY our percentage was 0% for the three quarters of comparable data. As a result of the PHE on schools, comparable data was not available on this measure for the equivalent of one quarter. School nurses were tasked with such duties as providing education on COVID to families, updating immunization records and generating reminders, etc.

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

N/A

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)

Browse...

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.

Our goal is to increase the number of children participating in child health coverage programs by 8,000 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.

# of children in the previous FFY enrolled in title XIX and XXI coverage.

4.

Numerator (total number)

203870

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.

# of children in the current FFY enrolled in title XIX or XXI coverage.

6.

Denominator (total number)

208387

Computed: 97.83%

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?

Idaho made progress towards our goal, but did not achieve it.

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

We are implementing program and operational improvements to assist us in meeting this goal, which includes adopting more effective quality assurance processes and procedures for eligibility determination, adding enhancements to our automated systems and enhancing our outreach efforts.

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

Idaho's population has not declined in the past ten years and continues to steadily increase. Additionally, Idaho's minimum wage has not increased and the lack of affordable housing and child care options in Idaho all impact the ability of families to improve their socioeconomic status. As a result, we anticipate seeing nothing but growth in our enrollment for the foreseeable future.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

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

Increase CHIP Enrollment

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 number of children enrolled in title XXI programs by 2,000 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 who visited a primary care physician in the last federal fiscal year.

# of children enrolled in title XXI current FFY

4.

Numerator (total number)

29805

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.

# of children enrolled in title XXI previous FFY

6.

Denominator (total number)

25667

Computed: 116.12%

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?

Idaho made improvement towards our goal, but did not meet it.

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

We are implementing program and operational improvements to assist us in meeting this goal, which includes adopting more effective quality assurance processes and procedures for eligibility determination, adding enhancements to our automated systems and enhancing our outreach efforts.

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

Idaho's population has not declined in the past ten years and continues to steadily increase. Additionally, Idaho's minimum wage has not increased and the lack of affordable housing and child care options in Idaho impacts the ability of families to improve their socioeconomic status. As a result of these, we anticipate seeing nothing but growth in our enrollment for the foreseeable future.

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

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

Increase Access to 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 access to care, our objective is to enroll 95% of children who are enrolled in title XIX and XXI health care coverage into a medical home within our state administered PCCM program.

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.

# of children enrolled with a medical home in our PCCM (Healthy Connections)

4.

Numerator (total number)

1741450

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.

# of children enrolled in title XIX or XXI this FFY

6.

Denominator (total number)

191368

Computed: 910%

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?

Idaho Medicaid was met with precedent setting challenges during FFY20. January 1, 2020, we implemented coverage for the "Adult Group" under Medicaid which provided coverage for an additional 100,000 Idahoans. By March, Idaho had its first case of CSV2 and state agencies went into their emergency operations mode. These activities have had a very significant impact on Idaho Medicaid's operations, and both the national and the Idaho healthcare system as a whole. As a result, Idaho did not make progress, but did regress since the previous FFY from 94% to 91%.

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

Idaho implemented a fixed enrollment process within its PCCM in July 2020 to facilitate access to care within our medical home model of care. We are implementing value-based care during FFY2021 and we anticipate these activities will have positive impacts and assist us in achieving our goal.

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

N/A

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

Increase the Use of Preventive Care

1. Briefly describe your goal for this objective.

Our goal is to have 90% of children under the age of 35 months, up to date on vaccinations.

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?

N/A

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

N/A

6.

Denominator (total number)

0

Computed:

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?

Idaho's rate was 67.9% in FF19 and 71.2% during the most recent survey. However, we do estimate a reduction rather than an improvement will be demonstrated as a result of the PHE and impacts on access to care. Outreach and education to the general public on immunization practices, as a result of the pandemic is expected to improve our rates next year.

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

Idaho implemented a fixed enrollment process within its PCCM in July 2020. We also completed a significant overhaul of our participant handbook. The Department's website was transitioned to a more user friendly and enhanced platform in late 2020 and in 2021 we are implementing value-based care. We anticipate that all of these activities will have positive impacts and assist us in achieving our goal, as Idaho and the nation recovers from the PHE.

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

This is a hybrid measure. It is based on the Idaho rate for 35 month olds as provided by the CDC through the National Immunization Survey Rate.

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?

Idaho is in the process of preparing to launch its value care program and hopes to have additional opportunities to measure and report on performance and quality in 2022.

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?

See response to #1 above.

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, we have not.

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
$ 20,680,800	**$** 21,712,050	**$** 21,975,200

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
$ 62,320,400	**$** 6,465,200	**$** 65,350,010

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
$ 389	**$** 365	**$** 370

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
$ 833,100	**$** 925,100	**$** 1,026,300

Table 1: Benefits Costs

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

Type	FFY 2020	FFY 2021	FFY 2022
Managed Care	20680800	21712050	21975200
Fee for Service	62320400	6465200	65350010
Other benefit costs	389	365	370
Cost sharing payments from beneficiaries	833100	925100	1026300
Total benefit costs	83834689	29102715	88351880

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
$ 0	**$** 0	**$** 0

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
$ 153,000	**$** 154,500	**$** 155,100

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
$ 1,595,400	**$** 1,599,400	**$** 1,602,300

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
$ 422,600	**$** 421,650	**$** 425,400

7.

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

2020	2021	2022
$ 1,485,700	**$** 1,490,500	**$** 1,499,400

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	0	0	0
General administration	153000	154500	155100
Contractors and brokers	0	0	0
Claims processing	1595400	1599400	1602300
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	422600	421650	425400
Other administrative costs	1485700	1490500	1499400
Total administrative costs	3656700	3666050	3682200
10% administrative cap	9129832.11	3028057.22	9588808.89

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	87491389	32768765	92034080
eFMAP	90.74	79.29	79.15
Federal share	79389686.38	25982353.77	72844974.32
State share	8101702.62	6786411.23	19189105.68

8.

What were your state funding sources in FFY 2020?

Select all that apply.

- [x] 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
30376	29805	30092

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
$ 57	**$** 61	**$** 61

Type	FFY 2020	FFY 2021	FFY 2022
Eligible children	30376	29805	30092
PMPM cost	57	61	61

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
30376	29805	30092

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
$ 171	**$** 181	**$** 181

Type	**FFY 2020**	**FFY 2021**	**FFY 2022**
Eligible children	30376	29805	30092
PMPM cost	171	181	181

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.

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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?

Idaho significantly expanded enrollment in its program with the addition of the Adult Group under title XIX authority on 1/1/20. This has increased healthcare coverage for over 100,000 Idahoans. Resources, staff attrition and the PHE have strained our program due to this significant amount of work and the work from additional projects, to enhance coverage within our program.

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

The Public Health Emergency (in addition to several other large projects, including completing expansion) and serving our participants and providers from remote operations for the first time ever.

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

Our team successfully transitioned to remote operations for the first time ever concurrently with developing and implementing huge expansions in our telehealth policy and operations to allow our participants to receive healthcare services as safely as possible.

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?

Telehealth services have proved so successful during the PHE. We intend to maintain a more robust telehealth policy and developing operational processes to support this will be a key change for both our Medicaid and CHIP programs. The launch of our value care project will also occur this year. The maintenance of a more stable cost structure will be significant in projecting future costs. The opportunity for improved population health, which this project will provide through quality metrics, will provide Idaho with the opportunity to make significant changes in its healthcare system.

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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