Kansas CARTS FY2021 Report

Basic State Information

Welcome!

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

1. State or territory name:

Kansas

2.

Program type:

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

3. CHIP program name(s):

CHIP

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

4. Contact name:

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5. Job title:

Policy Analyst/Clinical Supervisor

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Include city, state, and zip code.

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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.

NA

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.

Managed Care

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

1.

Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2.

Does your program charge premiums?

- ◉ Yes
- ○ No

3.

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

- ◉ Yes
- ○ No

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

The State of Kansas CHIP program does not have premiums differ for different Separate CHIP populations beyond the Federal Poverty Level.

5.

Which delivery system(s) do you use?

Select all that apply.

- [x] 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.

Managed Care is our primary delivery system for all Medicaid and CHIP populations regardless of income level, age range, etc. The State of Kansas determines the monthly premiums assessed for each CHIP household based on gross monthly income (considering pre-tax and federal deductions). Each CHIP household is assessed one premium for all eligible children and is billed monthly. Families that include participating American Indian/Alaska Native (AI/AN) children are not subject to premium requirements. American Indian and Alaska Native beneficiaries are also not required to enroll in an Managed Care plan and may instead be covered under fee for service.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2.

Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3.

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

For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4.

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

For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5.

Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6.

Have you made any changes to your outreach efforts?

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

- ○ Yes
- ◉ No
- ○ N/A

7.

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

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

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

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

- ○ Yes
- ◉ No
- ○ N/A

9.

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

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

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

- ○ Yes
- ◉ No
- ○ N/A

11.

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

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

- ○ Yes
- ◉ No
- ○ N/A

12.

Have you made any changes to premium assistance?

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

- ○ Yes
- ◉ No
- ○ N/A

13.

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

- ○ Yes
- ◉ No
- ○ N/A

14.

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

- ○ Yes
- ◉ No
- ○ N/A

15.

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

- ○ Yes
- ◉ No
- ○ N/A

16.

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

- ○ Yes
- ◉ No
- ○ N/A

Part 4: Separate CHIP Program and Policy Changes

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

1.

Have you made any changes to the eligibility determination process?

- ◉ Yes
- ○ No
- ○ N/A

2.

Have you made any changes to the eligibility redetermination process?

- (•) Yes
- ( ) No
- ( ) N/A

3.

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

For example: increasing income eligibility levels.

- (•) Yes
- ( ) No
- ( ) N/A

4.

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

For example: adding benefits or removing benefit limits.

- ( ) Yes
- (•) No
- ( ) N/A

5.

Have you made any changes to the single streamlined application?

- (•) Yes
- ( ) No
- ( ) N/A

6.

Have you made any changes to your outreach efforts?

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

- ( ) Yes
- (•) No
- ( ) N/A

7.

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

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

- ○ Yes
- ◉ No
- ○ N/A

8.

Have you made any changes to your cost sharing requirements?

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

- ◉ Yes
- ○ No
- ○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10.

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

- ○ Yes
- ◉ No
- ○ N/A

11.

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

- ◉ Yes
- ○ No
- ○ N/A

12.

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

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

- ○ Yes
- ◉ No
- ○ N/A

13.

Have you made any changes to premium assistance?

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

- ○ Yes
- ◉ No
- ○ N/A

14.

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

- ○ Yes
- ◉ No
- ○ N/A

15.

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

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

- ○ Yes
- ◉ No
- ○ N/A

16.

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

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

- ○ Yes
- ◉ No
- ○ N/A

17.

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

- ○ Yes
- ◉ No
- ○ N/A

18.

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

- ○ Yes
- ◉ No
- ○ N/A

19.

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

- (•) Yes
- ( ) No
- ( ) N/A

20.

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

- (•) Yes
- ( ) No

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

At this time, due to the continued COVID-19 Public Health Emergency (PHE) declaration, consumers are not being sent pre-populated renewals. In March 2020 Kansas requested concurrence from CMS, to allow the state to exercise flexibilities under 42 CFR 435.912(e) in meeting timeliness standards for completing annual renewals statewide for the duration of the PHE period. CMS concurrence was received, and the state created Policy Directive: PD2020-03-01. Additionally, Kansas has made changes to the cost-sharing requirements for CHIP programs due to the onset of the COVID-19 Public Health Emergency (PHE) declaration on March 23rd, 2020. Effective March 1st, 2020 throughout the scope of the PHE, no penalties for failure to pay premiums will be applied to current CHIP recipients. Due to the current PHE, updated guidance was issued in March of 2021 regarding minor children enrolled in Foster Care Medical through another state agency. Policy was further clarified/updated to indicate any minor child(ren) who returned home or left state custody and applies for KanCare, minor child(ren) over Medicaid guidelines and places them in the CHIP must continue receiving Medicaid even if the household income places the category.

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7:

"Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	7,166	15,604	117.75%
Separate CHIP	53,102	49,671	-6.461%

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

The economic downturn brought about by the pandemic is one possible cause for the continuing decrease in the number of Separate CHIP beneficiaries. While the drop was 6.12% from FFY 2020 to FFY 2021, a similar trend was experienced as the number dropped 2.5% from FFY 2019 to FFY 2020. it is possible household incomes continue to decrease to the point where some children are below the income eligibility levels for CHIP. In addition, it's possible that there may have been some impact by the agency not processing pre-populated renewals not risk non-compliance with section 6008 of the FFCRA (for the enhanced FMAP). Previously, some Medicaid children would have switched to CHIP at review. This is a change not allowed during the PHE.

Part 2: Number of Uninsured Children in Your State

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

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	19,000	3,000	2.6%	0.4%
2017	23,000	3,000	3.1%	0.5%
2018	22,000	3,000	3%	0.5%
2019	25,000	4,000	3.5%	0.6%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

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

2.

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

- ○ Yes
- ◉ No

3.

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

- ○ Yes
- ◉ No

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

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 State of Kansas finds working with low income clinics and WIC offices to be most effective in performing program outreach.

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

%

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?

The State of Kansas has nothing further to add.

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?

All pre-populated and passive renewal forms (KC-1200, KC-1300, KC-1600 and KC-1700) were updated and implemented in July 2021. Also implemented in July 2021, the online Self-Service Portal was updated to allow consumers to submit their review online and receive notifications through their online user account. Changes were made to increase readability at the consumer level, questions reworded to provide further clarification and additional questions were added to increase responses necessary for determinations. System updates are continuously made to enhance interfaces that return results and reduce the need for additional information from the consumer. Please note - At this time, due to the continued COVID-19 Public Health Emergency (PHE) declaration, consumers are not being sent pre-populated renewals. In March 2020 Kansas requested concurrence from CMS, to allow the state to exercise flexibilities under 42 CFR 435.912(e) in meeting timeliness standards for completing annual renewals statewide for the duration of the PHE period. CMS concurrence was received, and the state created Policy Directive: PD2020-03-01.

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

While we have implemented online reviews, increased clarity in our correspondences with consumers, and have continued to improve readability and clarity on our review forms and letters (pre-populated and ex parte), the overall success of these strategies cannot be fully measured at this time due to the policies/procedures related to the COVID-19 PHE. For the past fiscal year the State of Kansas has maintained compliance with section 6008 of the FFCRA and has delayed termination for any Medicaid or CHIP recipient regardless of changes in circumstances. In this way, all qualifying applicants and recipients during the PHE have been retained on equal or better coverage than that for which they originally qualified.

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

We have thus far not had a solid data source in place to track retention due to system limitations. A recent system update was made in November 2021 that we expect to increase our ability to track retention; however, as stated above, all qualifying applicants and recipients during the PHE have been retained on equal or better coverage than that for which they originally qualified.

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

The State of Kansas has no additional information to provide currently.

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2021?

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

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

3a.

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

21531

4.

How many applicants were denied CHIP coverage for other reasons?

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

As previously indicated, the State of Kansas has identified limitations within our eligibility system that prevents the State from accessing the information requested.

Table: CHIP Eligibility Denials (Not Redetermination)

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

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

Part 3: Redetermination in CHIP

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

1.

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

49614

2.

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

49614

3.

How many children were retained in CHIP after redetermination?

46586

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.

0

Computed: 3028

4a.

How many children were disenrolled for procedural reasons?

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

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.

3028

4c.

How many children were disenrolled for other reasons?

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

Kansas is working with CMS and our systems contractors to obtain additional data elements via T-MSIS, and Eligibility System change orders.

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	49614	100%
Children retained after redetermination	46586	93.9%
Children disenrolled after redetermination	0	0%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	0	Not Answered
Children disenrolled for procedural reasons	Not Answered	Not Answered
Children disenrolled for eligibility reasons	3028	Not Answered
Children disenrolled for other reasons	Not Answered	Not Answered

Part 4: Redetermination in Medicaid

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

1.

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

215552

2.

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

215552

3.

How many children were retained in Medicaid after redetermination?

215552

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.

Computed:

4a.

How many children were disenrolled for procedural reasons?

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

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.

4c.

How many children were disenrolled for other reasons?

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

Kansas is working with CMS and our systems contractors to obtain additional data elements via T-MSIS, and Eligibility System change orders.

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	215552	100%
Children retained after redetermination	215552	100%
Children disenrolled after redetermination	Not Answered	Not Answered

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	Not Answered	Not Answered
Children disenrolled for procedural reasons	Not Answered	Not Answered
Children disenrolled for eligibility reasons	Not Answered	Not Answered
Children disenrolled for other reasons	Not Answered	Not Answered

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

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

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

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

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉ Yes

○ No

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

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

3.

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

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

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

4.

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

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

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

5.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	3	5	1

6.

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

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

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
32	112	134	59

8.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
19	57	42	15

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

No.

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

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

10.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
162	662	1046	444

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
1	0	2	0

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
1	0	1	0

13.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
156	592	900	381

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
10	46	41	17

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

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

15.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
142	552	978	413

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
38	154	157	63

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
1	0	1	0

18.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
24	96	108	55

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
16	73	82	39

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

Helpful hints on age groups

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

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

1.

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

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

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

2.

Do you have data for individual age groups?

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

◉ Yes

○ No

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

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

3.

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

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

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

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

4.

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

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

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

5.

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

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

6.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1		2	1

7.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
94	50	34	29

8.

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
4	6	4	4

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

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

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

10.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3932	2321	2631	1122

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
19	17	9	11

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
2	3	1	0

13.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
113	38	55	30

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
0	2	1	1

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

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

15.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3771	2186	2510	1082

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
263	237	200	92

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
8	8	7	1

18.

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

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

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
113	38	55	30

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
0	7	10	4

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

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?

FFS fraud, waste, and abuse are handled by a SURS unit within our fiscal agent that employees multiple staff members. The SURS unit utilizes business practice manuals and develops audit plans as needed. Monthly meetings occur between KDHE PI and SURS staff to review and discuss best practices as well as investigative and prevention issues. Additionally, each of our contracted MCOs employ dedicated staff within their Special Investigative Unit's that address fraud, waste, and abuse issues. Regular meetings occur between KDHE PI and SIU staff to review and discuss best practices as well as investigative and prevention issues. SIU members also utilize business practice manuals and develop audit plans as needed. KDHE, SURS, and each SIU work closely with Kansas' Medicaid Fraud Control Unit to ensure proper criminal and civil actions are being addressed if needed. Responsibilities of SIUs and SURS follow state contracts and agreements.

5.

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

- (•) Yes
- ( ) No
- ( ) N/A

6.

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

3

7.

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

2

8.

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

0

9.

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

0

10.

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

161

11.

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

24

12.

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

0

13.

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

0

14.

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

- ○ CHIP only
- ◉ Medicaid and CHIP combined

15.

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

- ◉ Yes
- ○ No

16.

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

- ◉ Yes
- ○ No

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

No.

18.

Optional: Attach any additional documents here.

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

Browse...

Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

- (•) Yes
- ( ) No

2.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
401	3540	6831	12017	16079	10860

3.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
369	2768	4229	5055	7211	4309

Dental care service codes and definitions

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

4.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1	619	3061	6700	8488	4946

Dental care service codes and definitions

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

5.

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

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1	57	932	2997	3181	2304

Dental treatment service codes and definitions

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

6.

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

2381

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.

9.

Optional: Attach any additional documents here.

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

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

Browse...

Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

1.

Did you collect the CAHPS survey?

- (•) Yes
- ( ) No

Part 2: You collected the CAHPS survey

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

1.

Upload a summary report of your CAHPS survey results.

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

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

Browse...

2.

Which CHIP population did you survey?

- ○ Medicaid Expansion CHIP
- ◉ Separate CHIP
- ○ Both Separate CHIP and Medicaid Expansion CHIP
- ○ Other

3.

Which version of the CAHPS survey did you use?

- ○ CAHPS 5.0
- ◉ CAHPS 5.0H
- ○ Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- ☐ None
- ☑ Children with Chronic Conditions
- ☐ Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

- ☑ NCQA HEDIS CAHPS 5.0H
- ☐ HRQ CAHPS
- ☐ Other

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

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

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

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

1.

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

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

- ○ Yes
- ◉ No

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different. Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

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

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

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

Numerator = Total number of eligible TXXI children as of September 2021.

4.

Numerator (total number)

2939

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.

Denominator = Total number of TXXI children eligible as of September 2020.

6.

Denominator (total number)

2777

Computed: 105.83%

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2020

End

mm/yyyy

08 / 2021

8.

Which data source did you use?

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

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

Yes, 6% increase in children eligible as 09/2020-08/2021.

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

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

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

No

12.

Do you have any supporting documentation?

Optional

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

Browse...

1. Briefly describe your goal for this objective.

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

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

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

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

4.

Numerator (total number)

1

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

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

6.

Denominator (total number)

1

Computed: 100%

7.

What is the date range of your data?

Start

mm/yyyy

07 / 2020

End

mm/yyyy

07 / 2021

8.

Which data source did you use?

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

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

The reported average of consumer satisfaction for TXXI General Child in 2020 was 90.09%. The reported rate for the 2021 TXXI General Child is 85.85%. The reported rate for the 2021 TXXI CCC is 86.54%, which reflects a decrease in reported member satisfaction.

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

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

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

No

12.

Do you have any supporting documentation?

Optional

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

Browse...

Do you have another in this list?

Optional

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

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

Increase Access to Care

1. Briefly describe your goal for this objective.

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

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

2.

What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Total number of TXXI who received any preventive dental services.

4.

Numerator (total number)

24197

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

Total number of TXXI children enrolled in KanCare at the time the EPS-1021A was submitted.

6.

Denominator (total number)

55067

Computed: 43.94%

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 rate reflects a decrease in the number of children receiving preventative dental services from 47.9% for 2020 to 43.9% in 2021.

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

This rate decrease will be reported to the MCOs for them to strategize methods to increase the rate of access to preventive dental care. KDHE collaborates with other agencies, such as Oral Health Kansas and with Public Health for the Dental Homes for kids grant.

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

The COVID-19 pandemic likely caused the decreased 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.
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.

1. Briefly describe your goal for this objective.

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

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8.

Which data source did you use?

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

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

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

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

12.

Do you have any supporting documentation?

Optional

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

Browse...

1. Briefly describe your goal for this objective.

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

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6.

Denominator (total number)

0

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8.

Which data source did you use?

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

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

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

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Do you have any supporting documentation?

Optional

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Browse...

Do you have another in this list?

Optional

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

1. Briefly describe your goal for this objective.

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

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Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

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Which data source did you use?

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

12.

Do you have any supporting documentation?

Optional

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Browse...

Do you have another in this list?

Optional

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

1. Briefly describe your goal for this objective.

2.

What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8.

Which data source did you use?

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

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

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

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

12.

Do you have any supporting documentation?

Optional

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Browse...

Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

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

Three Managed Care Organizations are contracted to provide Medicaid and CHIP services under an 1115 Waiver demonstration in Kansas. The MCO's report HEDIS measures and CAHPS survey results to the State. Each MCO participates in Performance Improvement Projects (PIPs) which are designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction. In addition, each MCO shall develop a PIP on EPSDT Screening when their overall CMS 416 rates drop below eighty-five percent (85%). The MCOs are required to have at least 5 interventions for each PIP topic. EPSDT interventions include activities such as gift card rewards for members, text message reminders and rewards for providers who close care gaps. A member-friendly description of all PIP activities can be found on the KanCare website. Data on EPSDT participation rates are reported monthly in order to track for trends and concerns.

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?

No

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

No studies, focused solely on CHIP members, have been conducted.

4.

Optional: Attach any additional documents here.

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

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

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

Part 1: Benefit Costs

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

1.

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

2021	2022	2023
$ 161,842,574	**$** 175,549,406	**$** 162,550,000

2.

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

2021	2022	2023
$ 1,119,505	**$** 2,300,947	**$** 1,555,000

3.

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

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

4.

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

2021	2022	2023
$ 3,990,196	**$** 4,000,000	**$** 4,000,000

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	161842574	175549406	162550000
Fee for Service	1119505	2300947	1555000
Other benefit costs	Not Answered	Not Answered	Not Answered
Cost sharing payments from beneficiaries	3990196	4000000	4000000
Total benefit costs	166952275	181850353	168105000

Part 2: Administrative Costs

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

1.

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

This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 871,419	**$** 840,430	**$** 840,430

2.

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

2021	2022	2023
$ 751,180	**$** 773,715	**$** 773,715

3.

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

2021	2022	2023
$ 7,440,168	**$** 7,663,373	**$** 7,663,373

4.

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

2021	2022	2023
$ 3,360,114	**$** 3,522,912	**$** 3,522,912

5.

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

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

6.

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

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

7.

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

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

Table 2: Administrative Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Personnel	871419	840430	840430
General administration	751180	773715	773715
Contractors and brokers	7440168	7663373	7663373
Claims processing	3360114	3522912	3522912
Outreach and marketing	Not Answered	Not Answered	Not Answered
Health Services Initiatives (HSI)	Not Answered	Not Answered	Not Answered
Other administrative costs	Not Answered	Not Answered	Not Answered
Total administrative costs	12422881	12800430	12800430
10% administrative cap	17663542.56	19316705.89	17789444.44

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	**FFY 2021**	**FFY 2022**	**FFY 2023**
Total program costs	Not Available	194650783	180905430
eFMAP	71.78	72.11	Not Available
Federal share	Not Available	140362679.62	Not Available
State share	Not Available	54288103.38	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

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

9.

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

- ( ) Yes
- (•) No

Part 3: Managed Care Costs

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

1.

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

2021	2022	2023
65352	69273	65809

2.

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

Round to the nearest whole number.

2021	2022	2023
$ 206	**$** 211	**$** 206

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	65352	69273	65809
PMPM cost	206	211	206

Part 4: Fee for Service Costs

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

1.

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

2021	2022	2023
15510	16441	15619

2.

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

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

2021	2022	2023
$ 18	**$** 15	**$** 18

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	15510	16441	15619
PMPM cost	18	15	18

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

2.

Optional: Attach any additional documents here.

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

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

Kansas is a non-expansion state, which hinders our ability to provide healthcare to low-income families. The current eligibility threshold for adult caretakers is 38% of FPL. The current Kansas legislative makeup is not supportive of extending Medicaid coverage to more non-disabled, non-elderly adults. Research indicates that if Medicaid expansion passed in Kansas, more children would become Medicaid or CHIP-eligible as their parents began applying for coverage.

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

Encouraging COVID-19 vaccine uptake and preparing for the eventual end of the Public Health Emergency. It has also been challenging to ensure that policies are swiftly adjusted as new CMS requirements are released and COVID-19 tests/ therapies/vaccines are approved.

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

Maintaining high-quality access to care, and making needed pivots to ensure that care continued throughout the pandemic.

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

There is legislative interest in increasing the income threshold for CHIP eligibility. Whether such legislation passes is TBD.

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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