North Carolina 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:

North Carolina

2.

Program type:

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

3. CHIP program name(s):

North Carolina Health Choice

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

4. Contact name:

Ivy J Jones

5. Job title:

CHIP Program Manager II

6. Email:

ivy.jones@dhhs.nc.gov

7. Full mailing address:

Include city, state, and zip code.

2501 Mail Service Center Raleigh, NC 27699-2501

8. Phone number:

919-527-7680

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.

Can receive PCCM or FFS

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.

N/A

5.

Which delivery system(s) do you use?

Select all that apply.

- [ ] Managed Care
- [x] Primary Care Case Management
- [x] 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.

Can receive PCCM and FFS

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.

SPA # 18-007-Implemented provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor declared or federally declared disaster areas in North Carolina. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

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.

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.

SPA # 18-007-Implemented provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor declared or federally declared disaster areas in North Carolina. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

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	55,378	208,973	277.357%
Separate CHIP	59,520	96,673	62.421%

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

The increase in CHIP enrollment, The State reviewed changes in CHIP Enrollment are a result of the COVID-19 Public Health Emergency. First, this population is sensitive to changes in the unemployment rate. Typically, as unemployment decreases our CHIP program population increases and, when there are increases in unemployment our CHIP population decreases. There was a surge in unemployment during this time as a result of COVID-19 and, it is highly likely that this impacted our CHIP population. Typically, when this occurs they do not disenroll completely but rather become eligible for Medicaid (and are enrolled). Furthermore, as a direct result of the PHE (and under the guidance of CMS) changes have been made to the way the State of North Carolina determines eligibility for Medicaid and CHIP. For the duration of the Public Health Emergency, when a recipients eligibility period concludes they are no longer allowed to have their benefits terminated (with a few exceptions which I will list) or transfer to another coverage group where they will receive lesser benefits. Therefore, a beneficiary who would ordinarily move from Medicaid to CHIP would be prevented from doing so by these measures and, they would remain in Medicaid. The only way a member may lose eligibility would be; the death of the member, voluntarily asking to terminate benefits or, members moving their residence outside of North Carolina. In addition, as of June 2021, CHIP beneficiaries may lose eligibility if they are found to be ineligible (aging out of the program, etc.) at the end of their eligibility certification period when they re-determined.

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	67,000	5,000	2.8%	0.2%
2017	66,000	7,000	2.8%	0.3%
2018	67,000	8,000	2.8%	0.3%
2019	69,000	7,000	2.9%	0.3%
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?

The increase in CHIP enrollment, The State reviewed changes in CHIP Enrollment are a result of the COVID-19 Public Health Emergency. First, this population is sensitive to changes in the unemployment rate. Typically, as unemployment decreases our CHIP program population increases and, when there are increases in unemployment our CHIP population decreases. There was a surge in unemployment during this time as a result of COVID-19 and, it is highly likely that this impacted our CHIP population. Typically, when this occurs they do not disenroll completely but rather become eligible for Medicaid (and are enrolled). Furthermore, as a direct result of the PHE (and under the guidance of CMS) changes have been made to the way the State of North Carolina determines eligibility for Medicaid and CHIP. For the duration of the Public Health Emergency, when a recipients eligibility period concludes they are no longer allowed to have their benefits terminated (with a few exceptions which I will list) or transfer to another coverage group where they will receive lesser benefits. Therefore, a beneficiary who would ordinarily move from Medicaid to CHIP would be prevented from doing so by these measures and, they would remain in Medicaid. The only way a member may lose eligibility would be; the death of the member, voluntarily asking to terminate benefits or, members moving their residence outside of North Carolina. In addition, as of June 2021, CHIP beneficiaries may lose eligibility if they are found to be ineligible (aging out of the program, etc.) at the end of their eligibility certification period when they re-determined.

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.

In NC, the pandemic highlighted the need and led to increased internet connectivity options in rural, low-resource communities allowing us to expand our virtual reach to these communities. Removing time and cost barriers associated with travel led to a participation surge in presentations. Using an online platform, the outreach team was able to exponentially increase the number of presentations targeting uninsured children from 14 (FFY 19-20) to 40 (FFY 20-21) reaching over 500 attendees. The outreach team continues to consider innovative ways to capitalize on the virtual environment and adapt outreach strategies as the landscape evolves.

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

The CYSHCN Help Line serves as a statewide resource to assist families in identifying applicable information and services for their child with special needs, especially in their community. Help Line callers consistently report Medicaid/NC Health Choice as their primary insurance source (66% in FFY 20-21). Eighty-two (82%) percent of callers requested resources to access community supports, medical or health care services applicable to their child's reported needs. Seventy-three percent (73%) of callers represent families/caregivers. Ninety- eight percent (98%) of responding callers report the helpfulness and how well their questions were addressed. Further, 89% callers reported they would use the Help Line again or refer others for use. Family partners attended the CSHCN Commission's two subcommittees - Behavioral Health and Oral Health. These groups provided valuable feedback and recommendations to the outreach team on services or policies impacting Medicaid populations. Outreach staff, in cooperation with the NC Pediatric Society, continue to facilitate the quarterly NC Coalition to Promote Children's Health Insurance. The Coalition continues as a forum for statewide stakeholders to address topics that can directly impact marginalized or vulnerable populations who would most benefit from enrollment and services available via NC Medicaid and Health Choice. Regular attendees represent: NC Division of Public Health - Children and Youth Branch, Fostering NC Project via the NC Pediatric Society, Office of Rural Health, Office on Refugee Health, NC Association of Community Health Centers, NC Child, NC Justice, NC Budget & Tax Center, Community Care of North Carolina, Family Resource Center South Atlantic, and the NC Partnership for Children. Coalition meeting topics have included: rich discussion on NC's Medicaid transformation, the Child Tax Credit, and legislative updates on Build Back Better. The outreach team, in collaboration with the Family Liaison Specialist and Pediatric Medical Consultant, began development of a training cadre to explain the medical home constructs targeting families of children with all abilities. The training will incorporate AAP elements of a medical home and how parents can build and maintain a successful partnership with their child's health provider, along with empowering their child to be comfortable in eventual ownership of their health care, including transition to adult health care. Plans include engaging youth to provide input. Additionally, the outreach team promotes a dental home for children with special needs developed in cooperation with the NC Commission on Children with Special Needs and the Division of Public Health's Children and Youth Branch. The initiative includes two trainings targeting

dental providers and families addressing how a dental home is as beneficial as a medical home, in addition to dental care accommodations for special needs children. In FFY 20-21, there were 18 "Dental Home for Children and Youth with Special Health Care Needs" [targeting dental providers] presentations and 17 "Dental Home Partnership Strategies for Success" [targeting families]. The family focused presentation also includes detailed information about the Help Line and DPH's CYSHCN website as resources. All presentations continued in a virtual format with a total of 489 participants. The expansion of the dental home training for serving Hispanic populations was explored and plans are under discussion.

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?

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?

NC conducts full exparte renewals, utilizing agency records, other programs and all available electronic sources to avoid making any contact with the household to determine continued eligibility.

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

Exparte renewals

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

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

No

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.

1144

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.

636

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.

498

3a.

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

4.

How many applicants were denied CHIP coverage for other reasons?

10

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

N/A

Table: CHIP Eligibility Denials (Not Redetermination)

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

Type	Number	Percent
Total denials	1144	100%
Denied for procedural reasons	636	55.59%
Denied for eligibility reasons	498	43.53%
Denials for other reasons	10	0.87%

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?

2.

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

43721

3.

How many children were retained in CHIP after redetermination?

43304

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.

417

Computed: 417

4a.

How many children were disenrolled for procedural reasons?

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

61

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.

49

4c.

How many children were disenrolled for other reasons?

307

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

N/A

Table: Redetermination in CHIP

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

Type	Number	Percent
Children screened for redetermination	43721	100%
Children retained after redetermination	43304	99.05%
Children disenrolled after redetermination	417	0.95%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	417	100%
Children disenrolled for procedural reasons	61	14.63%
Children disenrolled for eligibility reasons	49	11.75%
Children disenrolled for other reasons	307	73.62%

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?

2.

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

509875

3.

How many children were retained in Medicaid after redetermination?

464400

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.

480

Computed: 480

4a.

How many children were disenrolled for procedural reasons?

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

111

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.

240

4c.

How many children were disenrolled for other reasons?

129

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

N/A

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	509875	100%
Children retained after redetermination	464400	91.08%
Children disenrolled after redetermination	480	0.9%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	480	100%
Children disenrolled for procedural reasons	111	23.13%
Children disenrolled for eligibility reasons	240	50%
Children disenrolled for other reasons	129	26.88%

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
1871	10319	15095	4643

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
1748	9639	14292	4419

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
3	44	82	19

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
2	12	8	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 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
120	636	721	205

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
93	475	500	131

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
19	2423	3950	1462

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
2	38	91	25

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
2	16	28	9

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
1850	7858	11054	3156

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
298	1581	2003	588

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
1147	6626	10163	3215

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
49	299	259	65

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
46	251	165	35

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
675	3394	4673	1363

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
615	3086	4241	1240

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
18723	15742	17868	7581

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
18290	14802	16855	7186

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
47	113	178	65

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	30	79	27

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
386	827	835	330

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
68	416	447	159

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

N/A

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
5190	3902	4851	2049

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
54	123	142	38

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	52	53	13

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
13479	11717	12875	5494

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
539	1038	992	396

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
15792	12560	14769	6320

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
249	456	440	175

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
124	270	260	101

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
2682	2726	2659	1086

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
1752	1688	1652	673

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?

In accordance with 45 CFR 455 and 457, North Carolina has various safeguards to prevent, investigate, and refer cases of Medicaid fraud, waste, and abuse. Written processes are in place to conduct investigations, provider self-audits, recoupments, and referral of credible allegations of fraud to law enforcement. The state uses automated prepayment edits and audits in the MMIS system; robust data analytics to detect aberrant billing patterns; mechanisms for reporting fraud, waste, and abuse electronically and telephonically; prepayment claims review; and targeted post-payment audits.

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?

0

7.

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

0

8.

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

69

9.

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

7

10.

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

641

11.

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

40

12.

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

2053

13.

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

4

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?

NC Medicaid staff are responsible for prevention, investigation and referral of fraud and abuse case. Provider credentialing is completed within MMIS. Vendors support the work of State staff through provider prepayment and post payment audits as a response to allegations of fraud, waste, and abuse. Vendor responsibilities, processes and protocols are detailed in state contracts. Quality assurance activities and monitoring of the contracted vendors are performed by State staff by looking at contractor deliverables. Corrective Action Plans (CAPs) are required when contract performance standards are not met. Quality Assurance activities on contract deliverables are performed by State staff. North Carolina does not utilize managed care health plans or third-party contractors to provide oversight of vendors. The Division of Health Benefits has oversight responsibilities for seven (7) Behavioral Health Managed Care Organizations, as well as five (5) prepaid health plans. One of the oversight tools utilized for compliance are operational reports submitted on a regular cadence by the managed care entities.

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)

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Eligibility, Enrollment, and Operations

Dental Benefits

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

Note on age groups

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

1.

Do you have data for individual age groups?

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

- (•) Yes
- ( ) No

2.

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

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	1	11	24971	49518	36322

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
0	0	6	16227	31407	19855

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
0	0	6	15805	30362	18168

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
0	0	3	7834	12787	9367

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?

69

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.

N/A

9.

Optional: Attach any additional documents here.

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

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Eligibility, Enrollment, and Operations

CAHPS Survey Results

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

Part 3: You didn't collect the CAHPS survey

Since you didn't collect the CAHPS survey, please complete Part 3.

1.

Why didn't you collect the CAHPS survey?

Check all that apply.

- [ ] Entire population wasn't included in the survey
- [ ] Part of the population wasn't included in the survey
- [ ] Data wasn't available due to budget constraints
- [ ] Data wasn't available due to staff constraints
- [ ] Data wasn't consistent or accurate
- [ ] Data source wasn't easily accessible
- [ ] Data source wasn't easily accessible: requires medical records
- [ ] Data source wasn't easily accessible: requires data linkage that doesn't currently exist
- [ ] Data wasn't collected by a provider
- [ ] Sample size was too small (fewer than 30)
- [x] Other

2. Explain in more detail why you weren't able to collect the CAHPS survey.

CAHPS was not conducted for NC Health Choice in 2021. NC opted to include only Medicaid Beneficiaries and added supplemental questions related to beneficiary experience with telehealth during the COVID-19 pandemic. Of note, no CAHPS survey was initiated in 2021.

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?

North Carolina CHIP Health Services Initiative (HSI) to Promote Early Literacy as Part of Pediatric Primary Care

2.

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

- (•) Yes
- ( ) No

3. Which populations does the HSI program serve?

Reach Out and Read seeks to serve all children 0-5 years old eligible for Medicaid in the State, prioritizing counties where Reach Out and Read penetration is low, and well-child visit compliance is also low. Reach out and read is not currently being operated.

4.

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

232000

5.

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

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.

Reach Out and Read is a key strategy for pediatric clinicians to promote the positive, language-rich parent- and caregiver-child interactions that promote attachment, build bonds and help to provide the resilience needed to buffer the impact of Adverse Childhood Experiences (ACEs). The buffering effect of these loving relationships can create more resilient families and improve the health outcomes and well-being of children who face systemic barriers to their ability to thrive. The impacts of ACES on early childhood development lead to disparities in school readiness skills - both cognitive and behavioral - such that children growing up in poverty, in marginalized communities, and in disadvantaged neighborhoods are at greater risk for school problems and the consequent lower levels of achievement and wellbeing that have life-long impacts. Encouraging parents to read aloud together with their young children and create routines and special moments is a tool to combat inequity and address the social determinants of health. Supporting and enhancing healthy early relationships through books and reading aloud builds a foundation for the early childhood development necessary for school readiness. Outcomes for Quality Family Environments b" Clinics see improved relationships with patients b" Participating clinics report improved clinic culture and commitment to local communities Participants in the ROR program had higher immunization and well-child visit rates than the overall NC Medicaid population. See below for a summary of the quality measures to date and Figure 1 for additional details: b" The immunization rate for children ages 0-5 who participated in the program was 41.26%, compared to 36.16% in NC Medicaid overall. b" The well-child visit rate for children in the first 30 months of life who participated in the program was 68.18%, compared to 66.38% in NC Medicaid overall. b" The well-child visit rate for children 3-5 who participated in the program was 49.17%, compared to 45.62% in NC Medicaid overall. b" Data is not yet available for depression screenings between participants and non-participants of the ROR program. Note: This project was largely implemented in 2021. The 2020 data serves to establish a baseline, and further data and analysis of impact will come in the future. Measure Descriptions Childhood Immunization Status (Combination 10): The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA);

two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Child and Adolescent Well-Care Visits: Assesses children 3-21years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Well-Child Visits in the First 30 Months of Life: Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life. Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months.

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

Measure Descriptions Childhood Immunization Status (Combination 10): The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Child and Adolescent Well-Care Visits: Assesses children 3-21years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Well-Child Visits in the First 30 Months of Life: Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life. Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months.

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

The impacts of Reach Out and Read are well-evaluated and tested over time. The unprecedented experience of the pandemic, however, has further demonstrated the critical nature of resilience for children and the adults who care for them alongside the importance of the medical home as a touch point to support families. This HSI project is allowing for significant progress along the goal of scaling high-quality ROR for all Medicaid eligible children across North Carolina, starting at birth.

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)

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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.

To reduce the overall number of uninsured children in NC living in families with incomes below 200% of the federal poverty guidelines.

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 number of children enrolled in CHIP in the last federal fiscal year.

4.

Numerator (total number)

116245

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 estimated number of uninsured children in North Carolina State during 2021

6.

Denominator (total number)

115500

Computed: 100.65%

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?

North Carolina Medicaid has continued their outreach to communities, especially rural communities, with less access to care due to lack of providers or distance to care. North Carolina has begun to make progress towards this goal, conducting outreach and providing education, to beneficiaries, as well as working towards ensuring more equitable access to health care for all NC residents in need.

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

North Carolina Medicaid has continued their outreach to communities, especially rural communities, with less access to care due to lack of providers or distance to care. North Carolina has begun to make progress towards this goal, conducting outreach and providing education, to beneficiaries, as well as working towards ensuring more equitable access to health care for all NC residents in need.

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%.

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.

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?

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...

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

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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

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Which data source did you use?

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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

End

mm/yyyy

12 / 2021

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Which data source did you use?

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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?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

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8.

Which data source did you use?

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

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

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

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

12.

Do you have any supporting documentation?

Optional

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

Do you have another in this list?

Optional

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

1. Briefly describe your goal for this objective.

2.

What type of goal is it?

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

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

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...

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?

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?

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?

4.

Optional: Attach any additional documents here.

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

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

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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
$ 236,879,198	**$** 236,879,198	**$** 236,879,198

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
$ 436,341,742	**$** 436,341,742	**$** 436,341,742

3.

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

2021	2022	2023
$ 0	**$** 0	**$** 0

4.

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

2021	2022	2023
$ 0	**$** 0	**$** 0

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	236879198	236879198	236879198
Fee for Service	436341742	436341742	436341742
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	673220940	673220940	673220940

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
$ 6,063,607	**$** 6,063,607	**$** 6,063,607

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
$ 9,202,142	**$** 9,202,142	**$** 9,202,142

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

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
$ 981,309	**$** 981,309	**$** 981,309

5.

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

2021	2022	2023
$ 0	**$** 0	**$** 0

6.

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

2021	2022	2023
$ 1,101,000	**$** 1,101,000	**$** 1,101,000

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

Table 2: Administrative Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Personnel	6063607	6063607	6063607
General administration	9202142	9202142	9202142
Contractors and brokers	0	0	0
Claims processing	981309	981309	981309
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1101000	1101000	1101000
Other administrative costs	0	0	0
Total administrative costs	17348058	17348058	17348058
10% administrative cap	74802326.67	74802326.67	74802326.67

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	690568998	690568998	690568998
eFMAP	77.18	77.36	Not Available
Federal share	532981152.66	534224176.85	Not Available
State share	157587845.34	156344821.15	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
128583	128583	128583

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
$ 153	**$** 153	**$** 153

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	128583	128583	128583
PMPM cost	153	153	153

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
165815	165815	165815

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
$ 219	**$** 219	**$** 219

Type	**FFY 2021**	**FFY 2022**	**FFY 2023**
Eligible children	165815	165815	165815
PMPM cost	219	219	219

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

No

2.

Optional: Attach any additional documents here.

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

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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?

Throughout the COVID-19 Public Health Emergency, North Carolina was able to ensure coverage was provided to all CHIP beneficiaries with no lapses in coverage.

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

The greatest challenge during FFY 2021 was the COVID-19 Public Health Emergency. While North Carolina was able to ensure there were no lapses in coverage for beneficiaries, many things changed and needed to be reassessed due to the limitations imposed by COVID-9 and the public health emergency. Decisions need to be made quickly to ensure beneficiaries were still able to receive services and continue to be treated during the public health emergency.

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

Again, some of the greatest accomplishments would be navigating through the COVID-19 public health emergency and ensuring our beneficiaries didn't have any lapses in coverage throughout the entire public health emergency, and were still able to receive services and continue to be treated while navigating the limitations imposed by the pandemic, including quarantines and adding telehealth services and conducting outreach to encourage people to get vaccinated for COVID-19.

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?

As of July 1, 2021, NC Medicaid and CHIP have transitioned to Managed Care. Most beneficiaries were transitioned to Standard Plans or Prepaid Health Plans. Some beneficiaries did continue through Fee-for-Service (FFS) if they met the criteria to remain with Medicaid Direct/FFS. During 2022, the launch of NC Medicaid's Tailored Plans will occur, to better assist those with mental health concerns, developmental delays and traumatic brain injuries.

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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