

CHIP MATRIX: ANNUAL REPORT

STRATEGIC OBJECT	PERFORMANCE GOALS	PERFORMANCE MEASURES
<p>1. Reduce the number of uninsured children</p> <p>Date Source: pg. 64/84 in FFY 2021 CARTS doc.</p>	<p>1.1 Maintain or increase the new enrollment of children into Medicaid and CHIP.</p>	<p>1.1.1 Goal will be measured by dividing the number of unduplicated children newly enrolled in Medicaid and CHIP by the number of unduplicated children enrolled in Medicaid and CHIP in the State of Hawaii during FFY 2021 from 10/2020-09/2021 using eligibility/enrollment data.</p> <p>1.1.2 Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division's offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>

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<p>2. Increasing the use of preventative care.</p> <p>Date Source: pg. 68/84 in FFY 2021 CARTS doc.</p>	<p>2.1 Achieve an annual 1% increase in the prevalence of well-care visits among adolescents.</p>	<p>2.1.1 Goal will be measured by reviewing the rate of increase from 10/2020 to 09/2021 using HEDIS data.</p> <p>2.1.2 Reporting of HEDIS measure (Children and Adolescents’ Access to Primary Care Practitioners) is an annual requirement for Medicaid managed care organizations in the State of Hawaii. As such, they are expected to prioritize all measures they report to the state. All health plans are strongly encouraged to complete EPSDT screenings and monthly meetings are held by the division to assess progress and address barriers to screenings. The Division also works closely with the Department of Health to support its efforts to increase screenings among all children, including adolescents. Hawaii will continue ongoing monitoring during and post pandemic to allow identification of gaps and ensure progress.</p>

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		<p>2.1.3 Goal will be measured by reviewing the rate of increase from 10/2020 to 09/2021 using HEDIS data.</p> <p>2.1.4 Reporting of HEDIS measure (Children and Adolescents' Access to Primary Care Practitioners) is an annual requirement for Medicaid managed care organizations in the State of Hawaii. As such, they are expected to prioritize all measures they report to the state. All health plans are strongly encouraged to complete EPSDT screenings and monthly meetings are held by the division to assess progress and address barriers to screenings. The Division also works closely with the Department of Health to support its efforts to increase screenings among all children, including adolescents. Hawaii will continue ongoing monitoring during and post pandemic to allow identification of gaps and ensure progress.</p>

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<p>3. Related to CHIP Enrollment</p> <p>Date Source: pg. 70/84 in FFY 2021 CARTS doc.</p>	<p>3.1 Continue information and outreach activities about Medicaid programs, including Title XXI Medicaid expansion, to maintain or increase total CHIP enrollment of children under age 19.</p>	<p>3.1.1 Goal will be measured using the difference between the number of children enrolled in CHIP and in the State of Hawaii at the end of FFY 2021 compared to FFY 2020 using eligibility and enrollment data.</p> <p>3.1.2 Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division's offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>

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<p>4. Related to Medicaid Enrollment</p> <p>Date Source: pg. 73/84 in FFY 2021 CARTS doc.</p>	<p>4.1 Continue information and outreach activities about Medicaid programs, including Title XXI Medicaid expansion, to maintain or increase total CHIP enrollment of children under age 19.</p>	<p>4.1.1. Goal will be measured using the difference between the number of children enrolled in Medicaid in the State of Hawaii at the end of FFY 2021 compared to FFY 2020 using eligibility and enrollment data.</p> <p>4.1.2. Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division’s offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>

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<p>1. Approved and expand outreach strategies to families of children likely eligible for assistance, to inform of the availability of and assist with enrolling their children in appropriate Medicaid program</p> <p>1. Reduce the number of uninsured children</p> <p>Date Source: pg. 64/84 in FFY 2021 CARTS doc.</p>	<p>1.1 Increase informational and outreach activities about Medicaid programs, including Title XXI Medicaid expansion.</p> <p>1.1 Maintain or increase the new enrollment of children into Medicaid and CHIP.</p>	<p>1.1.1 Train the Trainer Workshops will be conducted for public and private sector agencies/organization and advocacy groups that address the needs or serve the targeted group of children.</p> <p>Baseline: 0</p> <p>Target: At least 7 (1 per island—Kauai, Oahu, Molokai, Lanai, Maui, Hawaii)</p> <p>Data Source: Public Information Officer Report</p> <p>1.1.2 The following new outreach strategies will be implemented:</p> <ul style="list-style-type: none"> • A web site will be developed by 05/00. • An “800” informational hotline will be initiated by 04/00. • New brochures will be developed by 04/00. • Easy to understand Medicaid application instructions will be developed and will be printed, at a minimum, in 6 languages (English, Ilocano/Tagalog, Chinese, Samoan, Vietnamese, Korean) by 03/00. • A minimum of 20 new agencies will be contacted and a minimum of 15 of these agencies will commit to assist with Medicaid program outreach activities by 04/00. (Activities may include dissemination of Medicaid brochures, referral to Medicaid for eligibility determination and assisting the applicant with the process. <p>Date Source: Public Information Officer Report</p> <p>1.1.1 Goal will be measured by dividing the number of unduplicated children newly enrolled in Medicaid and CHIP by the number of unduplicated children enrolled in Medicaid and</p>

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		<p>CHIP in the State of Hawaii during FFY 2021 from 10/2020-09/2021 using eligibility/enrollment data.</p> <p>1.1.2 Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division's offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>
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STRATEGIC OBJECT	PERFORMANCE GOALS	PERFORMANCE MEASURES
<p>2. Reduce the number and proportion of low-income children who are uninsured.</p> <p>2. Increasing the use of preventative care.</p> <p>Date Source: pg. 68/84 in FFY 2021 CARTS doc.</p>	<p>2.1 Low-income children will be enrolled into the appropriate Medicaid program (QUEST or Medicaid fee-for-service or Title XXI Medicaid expansion)</p> <p>2.1 Achieve an annual 1% increase in the prevalence of well-care visits among adolescents.</p>	<p>12.2.1 There will be a decrease in the percentage of uninsured low-income children. (Children with family income level up to 20% FPL)</p> <p>Baseline: Approximately 76.17% of all uninsured (SFY 99 children under age 19 are in families with incomes up to 200% FPL. (76.17% of 12,817=9,763)</p> <p>Target: Decrease the % age uninsured (Year 1) low-income children under age 19 with family income up to 200% FPL from 76.17% to 38% (A decrease of approximately 4,882 children)</p> <p>• Rounded to nearest 100th</p> <p>Data Source: Hawaii Health Survey, Dept. of Health</p> <p>2.1.2 There will be an increase in the number of Medicaid program eligibility applications received for children potentially eligible for QUEST or the Medicaid FFS program.</p> <p>Baseline: 150/month (Year 1) Target: 250/month (Year 2)</p> <p>Data Source: Dept of Human Services Eligibility Information System</p>

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		<p>2.1.3 There will be an increase percentage of currently uninsured Medicaid eligible children under age 19 who will be enrolled into the appropriate Medicaid program.</p> <p>Baseline: 0% _____ (SFY 99) (There are approximately 5,305 uninsured children under age 19 who are projected to be Medicaid eligible but not enrolled).</p> <p>Target: There will be a 50% increase in (Year 1) the number of Medicaid eligible children under age 19 who become enrolled into the appropriate Medicaid program. (Enrollment of approximately 2,653 children)</p> <p>Data Source: Dept. of Human Services</p> <p>2.1.4 There will be an increase in the percentage of children under age 19 with family income greater than 100% but not exceeding 200% FPL who will received health coverage by enrolling in the Title XXI Medicaid expansion program.</p> <p>Baseline: 0 _____ (SFY 99) Target: 50% will be enrolled _____ (Year 1) (50% of 4,458 = 2, 229)</p> <p>Data Source: Hawaii Health Survey, Dept. of Health, and the Department of Human Services Information Systems.</p> <p>2.1.1 Goal will be measured by reviewing the rate of increase from 10/2020 to 09/2021 using HEDIS data.</p>

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		<p>2.1.2 Reporting of HEDIS measure (Children and Adolescents' Access to Primary Care Practitioners) is an annual requirement for Medicaid managed care organizations in the State of Hawaii. As such, they are expected to prioritize all measures they report to the state. All health plans are strongly encouraged to complete EPSDT screenings and monthly meetings are held by the division to assess progress and address barriers to screenings. The Division also works closely with the Department of Health to support its efforts to increase screenings among all children, including adolescents. Hawaii will continue ongoing monitoring during and post pandemic to allow identification of gaps and ensure progress.</p>
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<p>3. Improve Access to Health Care for Targeted Low-Income Children</p> <p>3. Related to CHIP Enrollment</p> <p>Date Source: pg. 70/84 in FFY 2021 CARTS doc.</p>	<p>3.1 Families of targeted low income children will express satisfaction with accessibility to health care services.</p> <p>3.1 Continue information and outreach activities about Medicaid programs, including Title XXI Medicaid expansion, to maintain or increase total CHIP enrollment of children under age 19.</p>	<p>3.1.1 Families of targeted low income children will express similar levels of satisfaction with the accessibility of health care services as QUEST age-comparable group in the following areas:</p> <p>a. Access to medical checkups and minor problems. Baseline: 88% of members sampled (SFY 97) Target: 88% of Title XXI children (Year 2)</p> <p>b. Access to emergency services. Baseline: 80% of members sampled (SFY 97) Target: 80% of Title XXI children (Year 2)</p> <p>c. Access to specialist care Baseline: 75% of members sampled (SFY 97) Target: 75% of Title XXI children (Year 2)</p> <p>Data Source: QUEST members Satisfaction Survey; Complaints and Grievance Logs.</p> <p>3.2.1. The rate of utilization of primary care providers by targeted low income children will be the same as the comparable age group in QUEST.</p> <p>Baseline: 12-24 mths = 89.62% (SFY 98) 25 mths - 6 yrs = 79.61%</p> <p>Target: 12-24 mths = 89.62% (Year 2) 25 mths - 6 yrs = 79.61%</p> <p>Data Source: HEDIS 3.0/1998 reports - QUEST Health Plans</p>

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		<p>3.1.1 Goal will be measured using the difference between the number of children enrolled in CHIP and in the State of Hawaii at the end of FFY 2021 compared to FFY 2020 using eligibility and enrollment data.</p> <p>3.1.2 Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division's offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>
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<p>4. Related to Medicaid Enrollment</p> <p>Date Source: pg. 73/84 in FFY 2021 CARTS doc.</p>	<p>4.4. Children in the targeted low-income group will have, at a minimum, annual dental visits.</p> <p>4.1 Continue information and outreach activities about Medicaid programs, including Title XXI Medicaid expansion, to maintain or increase total CHIP enrollment of children under age 19.</p>	<p>4.4.1 The percentage of children in the Title XXI target group having annual dental visits will be the same as age-comparable children enrolled in QUEST.</p> <p>Baseline: HEDIS 3.0/1998 dental plan date unavailable at printing.</p> <p>Target: Same % age as baseline for QUEST eligible children.</p> <p>Data Source: HEDIS 3.0/1998 reports – QUEST Health Plans</p> <p>4.1.1. Goal will be measured using the difference between the number of children enrolled in Medicaid in the State of Hawaii at the end of FFY 2021 compared to FFY 2020 using eligibility and enrollment data.</p> <p>4.1.2. Hawaii will continue to conduct informational and outreach activities about Medicaid programs to reach and enroll children at risk of being uninsured. Additionally, the division continues to collaborate with other division’s offices, etc. within and outside the department to increase access to Medicaid and continue to encourage the use of on-line portal for applications through notices and MQD website.</p>

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<p>5. Crowd-out strategies will be effective in addressing substitution of Title XXI Medicaid expansion coverage for other health coverage.</p>	<p>5.1. The “firewall” strategy (six-month rule) requiring that children be uninsured for 6 months prior to their Title XXI application will be effective in preventing substitution.</p>	<p>5.1.1. To prepare for the evaluation of the effectiveness of the 6-month firewall rule in preventing the substitution of Title XXI Medicaid expansion coverage for other creditable health coverage, the State will collect data on:</p> <ul style="list-style-type: none"> 5.1.1.1. The number of denials of Title XXI Medicaid expansion eligibility due to non-compliance with the 6-month rule, and 5.1.1.2. The reasons of these denials. <p>Data Source: Information obtained on Medicaid/Title XXI application.</p> <p>5.1.2. The State will evaluate Year 1 findings, and:</p> <ul style="list-style-type: none"> 5.1.2.1. If the collected on denials reaches a threshold of 10% of all Title XXI Medicaid expansion applications, the State will initiate policy changes to the 6-month crowd-out control strategy, including consideration for established a 9-month firewall rule. 5.1.2.2 If the data collected in 5.1.1.2 above indicates that there are situations potentially warranting exceptional consideration to the 6-month rule, the State will consider establishing an administrative review process as well as the criteria to be used to make determinations. <p>Date Source: Information obtained on Medicaid/Title XXI application fir eligibility determination.</p>

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