

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

Preamble

Section 2108(a) and Section 2108(e) of the Social Security Act (the Act) provide that each state and territory* must assess the operation of its state child health plan in each federal fiscal year and report to the Secretary, by January 1 following the end of the federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the state must assess the progress made in reducing the number of uncovered, low-income children. The state is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The state is also out of compliance if any section of this report relevant to the state's program is incomplete.

The framework is designed to:

- Recognize the **diversity** of state approaches to CHIP and allow states **flexibility** to highlight key accomplishments and progress of their CHIP programs, **AND**
- Provide **consistency** across states in the structure, content, and format of the report, **AND**
- Build on data **already collected** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance **accessibility** of information to stakeholders on the achievements under Title XXI

The CHIP Annual Report Template System (CARTS) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

* - When "state" is referenced throughout this template it is defined as either a state or a territory.

***Disclosure.** 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. 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. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: Louisiana
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a) and Section 2108(e)).

Signature: Jen Steele

CHIP Program Name(s): LaCHIP

CHIP Program Type:

- ☐ CHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☐ Combination of the above

Reporting Period: 2016 Note: Federal Fiscal Year 2016 starts 10/1/2015 and ends 9/30/2016.

Contact Person/Title: Jen Steele/Medicaid Director

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Submission Date: 1/1/2017

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

[Check box] Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

| | CHIP Medicaid Expansion Program | Separate Child Health Program |
|--|--|-------------------------------|
| | * Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u> | |

| | | | | | | | | | | |
|--|--|----------|----------|----------|--|-------------------------------------|-----------------------|----------|--|--|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/> | No | | | | <input type="checkbox"/> | No | | | |
| | <input type="checkbox"/> | Yes | | | | <input checked="" type="checkbox"/> | Yes | | | |
| | Enrollment fee amount | | | | Enrollment fee amount | | | | | |
| | Premium amount | | | | Premium amount | | \$50/M per household. | | | |
| | | | | | | | | | | |
| | If premiums are tiered by FPL, please breakout by FPL. | | | | If premiums are tiered by FPL, please breakout by FPL. | | | | | |
| | Premium Amount | | | | Premium Amount | | | | | |
| | Range from | Range to | From | To | Range from | Range to | From | To | | |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL | | |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL | | |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL | | |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL | | |
| | If premiums are tiered by FPL, please breakout by FPL. | | | | If premiums are tiered by FPL, please breakout by FPL. | | | | | |
| | Yearly Maximum Premium Amount per Family | | \$_____ | | Yearly Maximum Premium Amount per Family | | \$_____ | | | |
| | Range from | Range to | From | To | Range from | Range to | From | To | | |

| | | | | | | | | |
|--------------------------|--|---------|----------|--------------------------|--|---------|----------|----------|
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL |
| | \$_____ | \$_____ | % of FPL | % of FPL | \$_____ | \$_____ | % of FPL | % of FPL |
| | If yes, briefly explain fee structure in the box below | | | | If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include federal poverty levels where appropriate) | | | |
| | [500] | | | | [500] | | | |
| <input type="checkbox"/> | | N/A | | <input type="checkbox"/> | | N/A | | |

| | | | | |
|---|--|------------------------------|--|------------------------------|
| Which delivery system(s) does your program use? | <input checked="" type="checkbox"/> | Managed Care | <input checked="" type="checkbox"/> | Managed Care |
| | <input type="checkbox"/> | Primary Care Case Management | <input type="checkbox"/> | Primary Care Case Management |
| | <input checked="" type="checkbox"/> | Fee for Service | <input checked="" type="checkbox"/> | Fee for Service |
| | Please describe which groups receive which delivery system [500] | | The primary delivery system for LaCHIP is Healthy Louisiana, the state's full-risk MCO health care delivery model. Dental benefits are provided through a single Dental Benefit Manager operating as a Prepaid Ambulatory Health Plan (PAHP) with 1915(b) waiver authority. Applied Behavioral Analysis is provided through the fee-for-service delivery model, as is nursing facility care. | |

- 2) Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking the appropriate column.

For FFY 2016, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

| | Medicaid Expansion CHIP Program | | | Separate Child Health Program | | |
|---|---------------------------------|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|--------------------------|
| | Yes | No Change | N/A | Yes | No Change | N/A |
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Application | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | Medicaid Expansion CHIP Program | | | Separate Child Health Program | | |
|----|---|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | Yes | No Change | N/A | Yes | No Change | N/A |
| d) | Cost sharing (including amounts, populations, & collection process) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) | Crowd out policies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f) | Delivery system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) | Eligibility determination process | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h) | Implementing an enrollment freeze and/or cap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) | Eligibility levels / target population | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j) | Eligibility redetermination process | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k) | Enrollment process for health plan selection | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l) | Outreach (e.g., decrease funds, target outreach) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m) | Premium assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| n) | Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o) | Expansion to "Lawfully Residing" children | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p) | Expansion to "Lawfully Residing" pregnant women | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q) | Pregnant Women state plan expansion | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) | Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| s) | Other – please specify | | | | | | |
| a. | <u>[50]</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <u>[50]</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <u>[50]</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) For each topic you responded "yes" to above, please explain the change and why the change was made, below:

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | |
| b) Application | |
| c) Benefits | |
| e) Cost sharing (including amounts, populations, & collection process) | |
| f) Crowd out policies | |
| g) Delivery system | |
| h) Eligibility determination process | |
| i) Implementing an enrollment freeze and/or cap | |
| j) Eligibility levels / target population | |
| m) Eligibility redetermination process | |
| n) Enrollment process for health plan selection | |
| p) Outreach | |
| q) Premium assistance | |
| r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) | |
| s) Expansion to "Lawfully Residing" children | |
| t) Expansion to "Lawfully Residing" pregnant women | |
| u) Pregnant Women state plan expansion | |

| | |
|---|--|
| w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | |
| x) Other – please specify | |
| a. [50] | |
| b. [50] | |
| c. [50] | |

Enter any Narrative text related to Section I below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

SECTION IIA: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your state for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your state's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

| Program | FFY 2015 | FFY 2016 | Percent change FFY 2015-2016 |
|------------------------------------|----------------|----------------|---------------------------------|
| CHIP Medicaid Expansion Program | 122,878 | 147,702 | 20.2% |
| Separate Child Health Program | 12,736 | 13,542 | 6.33% |

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

[7500] The increase in the CHIP Medicaid Expansion Program is due, in part, to CMS-approved renewal freeze that lasted from January 1, 2014 to December 31, 2014, in order to allow states to focus on ACA implementation. Due to delays in system modifications, Medicaid and CHIP renewals were not fully reinstated until September 2015. As a result of the freeze, some CHIP children, who would have been closed, remained enrolled until the renewals were processed. The monthly enrollment for CHIP Medicaid Expansion has been consistent but this unduplicated count for the year reflects increased disenrollment and new enrollees that entered the program during FFY16.

The increase in the Separate Child Health Program is due to the reclassification of pregnant women between 134 and 200% FPL, who were previously classified as CHAMP but effective January 1, 2014, were certified in the CHIP Phase IV Unborn Option instead.

2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in this information automatically, and significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. .

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reduce the number of uninsured children. This data illustrates how effective the phased-in approach of the eligibility expansion model has been, as well as the focus on simplification of policies to keep children enrolled. This has resulted in Louisiana being ahead of the curve on this very important healthcare indicator.

[7500]

- B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. While the CPS has very small sample sizes, the ACS has a very large sample for Louisiana. However, we are able to better customize the question wording to get more accurate data (things like specifically referring to Managed Care and we are also able to do a Medicaid bias correction that accounts for survey misreporting). In order to obtain more reliable state specific data we commissioned a household insurance survey by LSU, our state's flagship university.
3. Please indicate by checking the box below whether your state has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.
- ☒ Yes (please report your data in the table below)
- ☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

| | |
|--|---|
| Data source(s) | Louisiana Health Insurance Survey conducted by the LSU Economics & Policy Research Group in partnership with the LSU Public Policy Research Lab. |
| Reporting period (2 or more points in time) | Initial survey conducted during Summer 2003 and adapted in Summer 2005, Summer 2007, Summer 2009, Summer 2011, Summer 2013 and Summer 2015 |
| Methodology | The Louisiana Health Insurance Survey (LHIS), a biennial survey designed to assess Louisiana's uninsured populations, consists of three separate surveys: a full telephone survey, a shortened cell phone survey, and a targeted Medicaid bias survey. Results are based on telephone surveys of 8,000 Louisiana households, which represents over 20,000 residents, chosen using stratified random sampling, where strata are chosen to ensure that our results measure the number of uninsured across key demographic groups. A minimum of 2,000 household are contacted via mobile phone. The analysis portion of this project will estimate the Medicaid bias in LHIS based on 500 randomly selected Medicaid recipients and construct a forecasting model to incorporate LHIS, CPS, Medicaid enrollment data and economic data. The forecasting model will be updated semi-annually. Overall, at least 8,500 interviews will be conducted. |
| Population (Please include ages and income levels) | All Louisiana households, Population estimate by Louisiana State Census Data Center July 1, 2014 – 4,649,676. |
| Sample sizes | 8,000 Louisiana households |

| | |
|---|---|
| Number and/or rate for two or more points in time | 11.1% of all children were uninsured in 2003. This number decreased to 7.6% in 2005, 5.4% in 2007, 5% in 2009, 3.5% in 2011, 4.4% in 2013, but has slightly decreased to an estimated 3.8% in 2015. |
| Statistical significance of results | The margin error from the LHIS (meaning all of the data) is approximately 0.4 for the uninsured rate among kids. |
| | |
| | |
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| | |

- A.** Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
Prior to beginning this survey in 2003, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's "Annual Social and Economic Supplement" (also referred to as the "March Supplement"). While the Current Population Survey (CPS) estimates have been invaluable as the only consistent longitudinal, statewide estimates of the uninsured, they have historically been limited in terms of the overall sample size for any given state and the geographical distribution of respondents. The American Community Survey estimates uninsured rates, which has a very large sample size. However, the Louisiana Health Insurance Survey still addresses several other problems with traditional health insurance surveys.
- B.** What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.
This study also addresses what health researchers have long known—that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates and underestimate Medicaid enrollment. Because Louisiana has a high proportion of respondents who are enrolled in Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature. This study also allows for the timely release of small area estimates like the semi-annual parish estimates.
- C.** What are the limitations of the data or estimation methodology?
None that we are aware of at this time.
- D.** How does your state use this alternate data source in CHIP program planning?
State officials plan to use the data from this survey to target hard-to-reach eligible children for enrollment into LaCHIP, while at the same time make informed decisions about how to focus on policy to build coverage options for those subsets of children who remain uninsured.

Enter any Narrative text related to Section IIA below. [7500]

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SECTION IIB: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your state's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- CHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2014 and FFY 2015) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2016).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

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- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2016.

Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as “Provisional”, the state must specify why the data are provisional and when the state expects the data will be final.

- Final: Check this box if the data you are reporting are considered final for FFY 2016.
- Same data as reported in a previous year’s annual report: Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which states may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

HEDIS® Version:

Please specify HEDIS® Version (example 2015). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

If “Other”, measurement specification is selected, please complete the explanation of the “Other” measurement specification. The explanation field must be completed when “Other” measurement specification has been selected.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used).

to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please

- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded). The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

Deviations from Measure Specification

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected..

The five types (and examples) of deviations are:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

Please report the year of data for each performance measure. The year (or months) should correspond to the period in which enrollment or utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Date Range: available for 2016 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2017, 2018 and 2019. Based on your recent performance on the measure (from FFY 2014 through 2016), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 & 3)

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| Goal #1 (Describe) | Goal #1 (Describe) | Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for LaCHIP. Prevent a reduction in enrollment of children as of the end of FFY16 thus decreasing the number of uninsured eligible children by Oct. 1, 2017. |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: this measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: this measure calculates net change, not a rate; therefore a denominator is not applicable | Definition of Population Included in the Measure: Definition of denominator: this measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: this measure calculates net change, not a rate; therefore a denominator is not applicable | Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 9/2016 |
| Performance Measurement Data: | Performance Measurement Data: | Performance Measurement Data: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY13 from the number enrolled at the end of FFY14. Actual enrollment increased by 848 children to a total of 124070. Numerator: Denominator: Rate: | Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY14 from the number enrolled at the end of FFY15. Actual enrollment increased by 1,038 children to a total of 125,108. Numerator: Denominator: Rate: | Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY15 from the number enrolled at the end of FFY16. Actual enrollment decreased by 971 children to a total of 124,137. Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Louisiana met our objective of preventing greater than 5% decline in enrollment by having a net decrease of 0.77% in enrollment What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued simplified application/renewal processes and focused on minimizing the number of closures due to procedural reasons. Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2017: To prevent more than a 5% decline in enrollment by Oct 1, 2017 in Title XXI CHIP Annual Performance Objective for FFY 2018: To prevent more than a 5% decline in enrollment by Oct 1, 2018 in Title XXI CHIP Annual Performance Objective for FFY 2019: To prevent more than a 5% decline in enrollment by Oct 1, 2019 in Title XXI CHIP Explain how these objectives were set: Based on current year enrollment data and the proportion of remaining uninsured children in the income group per the 2016 LHIS which we are targeting to add every fiscal year. A 12 month trending model of actual enrollment for this group was also used. | | |
| Other Comments on Measure: Decline in enrollment may be attributed to the reinstatement of renewals in 2015. Louisiana received a waiver to extend renewals in 2014 while systems were modified to accommodate the Affordable Care Act changes. | | |

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 & 3) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|----------|----------|
| Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| Other Comments on Measure: | | |

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 & 3) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| <p>Other Comments on Measure:</p> | | |

Objectives Related to CHIP Enrollment

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| Goal #1 (Describe)) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V) | Goal #1 (Describe)) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V) | Goal #1 (Describe) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. | Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. | Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. |
| Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014 | Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015 | Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016 |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|--|--|
| Performance Measurement Data: Describe what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY13 from the number enrolled at the end of FFY14. Actual enrollment decreased by 380 children. Numerator: 0 Denominator: 0 Rate: | Performance Measurement Data: Describe what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY14 from the number enrolled at the end of FFY15. Actual enrollment decreased by 84 children. Numerator: 0 Denominator: 0 Rate: | Performance Measurement Data: Describe what is being measured: Increase enrollment in separate CHIP/Phase V for children between 213-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY15 from the number enrolled at the end of FFY16. Actual enrollment decreased by 82 children. Numerator: 0 Denominator: 0 Rate: |
| Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable. | Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable. | Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable. |
| Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Louisiana met its goal of preventing more than a 10% decline in enrollment with an actual decline of 2.8% for the year.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued simplified application/renewal processes and the focus on minimizing the number of closures due to procedural reasons.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: To prevent more than a 10% decline in enrollment by Oct 1, 2017 in Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2018: To prevent more than a 10% decline in enrollment by Oct 1, 2018 in Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2019: To prevent more than a 10% decline in enrollment by Oct 1, 2019 in Title XXI CHIP.</p> <p>Explain how these objectives were set:</p> | | |
| Other Comments on Measure: Due to MAGI conversion of the applicable Federal Poverty Levels, the window of eligibility for the CHIP Phase V group shrunk by 12 percentage points which effectively made more children eligible for the CHIP Expansion Phase IV group. The lower limit went from 201% to 217% while the upper limit increased from 250% to 255% (These figures include the 5% disregard). Decline in enrollment may be attributed to the reinstatement of renewals in 2015. Louisiana received a waiver to extend renewals in 2014 while systems were modified to accommodate the Affordable Care Act changes. | | |

Objectives Related CHIP Enrollment (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| <p>Other Comments on Measure:</p> | | |

Objectives Related to CHIP Enrollment (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| <p>Other Comments on Measure:</p> | | |

Objectives Related to Medicaid Enrollment

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment and retention of families eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of procedural closures of eligible children. | Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment and retention of families eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of procedural closures of eligible children. | Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment and retention of families eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of procedural closures of eligible children. |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. | Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. | Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable. |
| Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014 | Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015 | Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016 |

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| Performance Measurement Data: Describe what is being measured: what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY13 from the number enrolled in Medicaid at the end of FFY14. Actual net enrollment increased by 14,659. Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY14 from the number enrolled in Medicaid at the end of FFY15. Actual net enrollment increased by 25,187 Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY15 from the number enrolled in Medicaid at the end of FFY16. Actual net enrollment decreased by 14,337 Numerator: 0 Denominator: 0 Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Louisiana exceeded its objective of preventing more than a 3% decline in enrollment of eligible children with a net decrease of 14,337 Medicaid children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The availability of insurance for parents through the Affordable Care Act, coupled with the requirement of enrollment of children into Medicaid/CHIP prior to the MarketPlace, appears to have captured those who may not have previously applied for Medicaid.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017: To have a 3% decrease in the number of procedural closures by Oct 1, 2017 in Medicaid Title XIX Program.</p> <p>Annual Performance Objective for FFY 2018: To have a 3% decrease in the number of procedural closures by Oct 1, 2018 in Medicaid Title XIX Program.</p> <p>Annual Performance Objective for FFY 2019: To have a 3% decrease in the number of procedural closures by Oct 1, 2019 in Medicaid Title XIX Program.</p> <p>Explain how these objectives were set: These objectives were set based on a 12 month trending model of actual enrollment for this group.</p> | | |
| Other Comments on Measure: Decline in enrollment may be attributed to the reinstatement of renewals in 2015. Louisiana received a waiver to extend renewals in 2014 while systems were modified to accommodate the Affordable Care Act changes. | | |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|----------|----------|
| Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Explain how these objectives were set: | | |
| Other Comments on Measure: | | |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: | Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| <p>Other Comments on Measure:</p> | | |

Objectives Related Increasing Access to Care (Usual Source of Care, Unmet Need)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #1 (Describe) | Goal #1 (Describe) | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain: |
| Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate: |
| Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Explain how these objectives were set: | | |
| Other Comments on Measure: | | |

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Measurement Specification: <input type="checkbox"/> HEDIS. Specify Version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain: |
| Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |

| FFY 2014 | FFY 2015 | FFY 2016 |
|--|--|--|
| HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate: |
| Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Explain how these objectives were set: | | |
| Other Comments on Measure: | | |

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
| Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain: | Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain: |
| Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: |
| Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|--|--|
| HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate: |
| Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain | Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Explain how these objectives were set:</p> | | |
| Other Comments on Measure: | | |

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #1 (Describe) | Goal #1 (Describe) | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
| Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: | Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: |
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| Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|--|--|
| HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate: |
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| Other Comments on Measure: | | |

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
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| FFY 2014 | FFY 2015 | FFY 2016 |
|---|--|--|
| HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: | HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate: |
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| Other Comments on Measure: | | |

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

| FFY 2014 | FFY 2015 | FFY 2016 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: | Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain: |
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| FFY 2014 | FFY 2015 | FFY 2016 |
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| Other Comments on Measure: | | |

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found?

The State of Louisiana uses the Medicaid Quality Management Strategy to continually monitor quality measures and performance improvement processes to ensure a culture of improvement for Medicaid/CHIP's care and services. Examples of implementation of Medicaid quality improvement goals include:

- Enable population-level health management through state-wide Quality Collaboratives (Perinatal, Readmissions, Diabetes, Obesity) with numerous meetings and webinars. The collaborative concept has become valuable to the stakeholders and changes in Medicaid policy to improve health outcomes.
- Adoption of the Pediatric EHR format requirements.
- Analysis of provider communication to increase awareness of policy changes and strategies to improve member health outcomes.
- Engagement of families in the development of descriptions of quality measures in order to support quality improvement efforts.
- Obtain feedback from families on the relevance and action ability of the measure results to improve self-efficacy.
- Increase access to care by analyzing patient-level data and provider profiles.
- Alignment of quality measures across managed care organizations has reduced the burden of quality data reporting.
- Move from plan-level to practice-level reporting.
- Improve immunization records by linking institutions to Louisiana's statewide immunization registry.
- Form multi-agency workgroups to address quality measure sets that will include all Medicaid eligibility criteria

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available?

The State of Louisiana intends to promote and further its mission by defining measurable results that will improve Medicaid and CHIP enrolled individuals' access and satisfaction, and will maximize program efficiency, effectiveness, responsiveness and reduce operational and service costs. The following strategies are intended to support the achievement of this mission:

- Evaluate opportunities such as Accountable Care Organizations, along with our Managed Care Organizations and patient-centered medical homes for Medicaid and CHIP eligibles to promote continuity of care;
- Emphasize prevention and self-management in order to improve quality of life; Community partnerships to promote best practices,
- Supply providers and members with evidence-based information and resources to support optimal health management;
- Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures, and.
- Utilize data management and feedback to improve Louisiana health outcomes.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

Continued focused studies through our Managed Care Organizations and our Office of Behavioral Health, and respective Performance Improvement Projects include medical record review studies to evaluate prenatal and postpartum care; care for members with Attention Deficit Hyperactivity Disorder (ADHD); depression screening in primary care; care for members with asthma; discharge practices and risk factors for maternal postpartum hospital readmission and newborn hospital readmission; Early Periodic Screening, Diagnostic and Treatment Services (EPSDT); preventive services for Children with Special Healthcare Needs (CSHCN); and early childhood developmental surveillance and screening.

Administrative data was used for the focused studies to evaluate utilization patterns of Medicaid managed care members with co-occurring physical health and behavioral health conditions, diagnoses and other characteristics associated with emergency department (ED) utilization; diagnoses and characteristics associated with prenatal and postpartum hospital and ED utilization; and co-morbid conditions, behavioral risk factors and demographic factors associated with appropriate asthma medication.

Ongoing data collection occurs with monthly reporting. For example, the focused studies on ADHD have led to interesting findings that may lead to changes in the way the State assesses, diagnoses and treats children with ADHD. According to the CDC's National Survey of Children's Health (2003-2011), Louisiana ranks third nationally, with 13.3% of its children being diagnosed with ADHD between 4-17 years of age. The national average is 8.8%. A recent analysis by the State demonstrated that children aged five years old who are born in the month of September are twice as likely to be medicated as children aged five years old born in the month of October. The kindergarten cut-off date in the State of Louisiana is September 30. These concerning statistics have led to the formation of a special ADHD taskforce within the Department of Health and a state-wide symposium to focus on solutions regarding possible over-prescribing of ADHD medications.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives.

The biannual Louisiana Health Insurance Survey (LHIS) and associated reports provide the Louisiana Department of Health Bureau of Health Services Financing (Louisiana Medicaid) with valuable information on Medicaid and CHIP coverage in Louisiana. The Louisiana State University Division of Economics & Policy Research Group (LSU) conducts the telephone survey which includes 8000 Louisiana residents, 2000 of which are contacted via their mobile phone. LSU analyzes the information they gather and estimates the Medicaid bias in LHIS based on 500 randomly selected Medicaid recipients and constructs a forecasting model to incorporate LHIS, Current Population Survey (CPS), Medicaid enrollment data and economic data. Results are reported for the whole state as well as by civil parish and LDH administrative region. Estimates are updated twice a year. Louisiana Medicaid utilizes this information to monitor enrollment trends and identify potential gaps in coverage of eligible but uninsured adults and children.

Enter any Narrative text related to Section IIB below. **[7500]**

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

Please note that the numbers in brackets, e.g., [7500] are character limits in the State Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

A. OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

On January 12, 2016, Governor John Bel Edwards signed executive order JBE 16-01 to expand Medicaid coverage to low income adults in Louisiana beginning July 1, 2016. The move made Louisiana the 31st State in the Union to expand Medicaid based on provisions of the 2010 Affordable Care Act (ACA) thus affording several hundred thousand Louisiana adults, who previously did not qualify, full Medicaid coverage. This changed our focus to filling the historical gaps in Medicaid eligibility for adults.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

LDH continues our partnership with school systems to provide enrolled students with information about the program, piggy backing with the free/reduced lunch program in sending literature home. Effectiveness can be measured through enrollment in the program in areas of the state that have traditionally had higher uninsured rates for children and families.

3. Which of the methods described in Question 2 would you consider a best practice(s)?

Positive word of mouth outreach has continued to be an important method of getting information to potential clients. LDH continues to conduct in-service trainings to non-profit organizations, faith based organizations, private employers and other government agencies. These trainings provide a clear, consistent message about Medicaid and LaCHIP and the benefits that the programs have to offer.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

☒ Yes ☐ No The new Expansion population.

Have these efforts been successful, and how have you measured effectiveness?

LDH implemented an Expansion team to reach out to this new population. This Healthy Louisiana Initiative included a new website (healthy.la.gov), a new category of Application Centers who assist those outside of their normal populations (Healthy Louisiana Assisters), and a Roadshow to publicize the new program across the state.

We continue to have a bilingual Strategic Enrollment Unit (SEU) that services the Spanish and Vietnamese speaking populations around the state. The SEU continues to reach out to Spanish and Vietnamese communities in our state. LDH also partners with community resource organizations that provide assistance to the immigrant populations in Louisiana.

5. What percentage of children below 200 percent of the federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5]

(Identify the data source used). [7500]

Enter any Narrative text related to Section IIIA below. [7500]

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. Table 1.

| | | |
|--|--|-----|
| Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)? | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes |
| | Specify number of months | 3 |
| | To which groups (including FPL levels) does the period of uninsurance apply? [The substitution of coverage applies to the Separate CHIP program, LaCHIP Affordable Plan. This group includes children with income between 212% and 250% FPL.] | |
| | List all exemptions to imposing the period of uninsurance ref. H-3041 LAP: Lost insurance due to divorce or death of parent; Lifetime maximum reached; COBRA coverage ends (up to 18 months); Insurance ended due to lay-off or business closure; Changed jobs, the new employer does not offer dependent coverage; Employer no longer provides dependent coverage; Monthly family premium exceeds 9.5% of household income; Monthly premium for coverage of the child exceeds 5% of household income; The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a qualified health plan (QHP) through the marketplace because the employer-sponsored insurance plan (ESI) in which the family was enrolled is determined unaffordable, according to the ACA definition; The child has special health care needs. These children have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition, and who also require health and related services of a type or amount beyond that most children require. | |
| Does your program match prospective enrollees to a database that details private insurance status? | <input type="checkbox"/> | N/A |
| | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes |
| | If yes, what database? | |

| | | |
|--|--------------------------|-----|
| | <input type="checkbox"/> | N/A |
|--|--------------------------|-----|

2. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5] 19.3%** and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5] 1.23%** Provide a combined percent if you cannot calculate separate percentages. **[5] N/A**
3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? **[5] 1.23%**
 - a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? **[5] 2.39%**
4. Do you track the number of individuals who have access to private insurance?

☐ Yes ☒ ☒ No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

Enter any Narrative text related to Section IIIB below. **[7500]**

C. ELIGIBILITY

This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? ☐ Yes ☒ No

If yes

 - a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
 - b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.

☒ Conducts follow-up with clients through caseworkers/outreach workers
☐ Sends renewal reminder notices to all families

 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) [500]

Other, please explain: [500]

- ☒ Exparte renewals, telephone renewals, Express Lane Eligibility renewals and Administrative Renewals

1. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. Both are very effective however follow up with enrollees has proven to be a very effective form of retention. It does however require staff resources and through reductions we have trimmed back on this method which has resulted in an increase in procedural closures. We monitor our churn rate due to procedural closures by taking the number of closures for Procedural Reasons (Non-payment, Documents not Returned, Unable to Locate and Returned Mail) and dividing them by the total number of closures. The rate for FFY2015 was approximately 15.65% for FFY2015.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2016

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2016. Please enter the data requested in the table below and the template will tabulate the requested percentages.

| Measure | Number | Percent |
|---|--------|---------|
| 1. Total number of denials of title XXI coverage | 8,394 | 100% |
| a. Total number of procedural denials | 364 | 4.34% |
| b. Total number of eligibility denials | 7,904 | 94.16% |
| i. Total number of applicants denied for title XXI and enrolled in title XIX | 6,726 | 80.13% |
| <input type="checkbox"/> (Check here if there are no additional categories) | 126 | 1.50% |
| c. Total number of applicants denied for other reasons Please indicate: <u>withdrawal, existing pending applications, open in error</u> | | |

2. Please describe any limitations or restrictions on the data used in this table:

Definitions:

1. The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2016. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2016 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2016 (i.e., income too high, income too low for title XXI /referred for

Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)

- i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
- c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2016.

Table 2a. Redetermination Status of Children Enrolled in Title XXI.

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

| | Number | Percent | | | |
|--|---------|---------|--------|--------|--------|
| 1. Total number of children who are enrolled in title XXI and eligible to be redetermined | 130,918 | 100% | | | |
| 2. Total number of children screened for redetermination for title XXI | 128,439 | 98.11% | 100% | | |
| 3. Total number of children retained in title XXI after the redetermination process | 91,398 | 69.81% | 71.16% | | |
| 4. Total number of children disenrolled from title XXI after the redetermination process | 16,051 | 12.26% | 12.50% | 100% | |
| a. Total number of children disenrolled from title XXI for failure to comply with procedures | 8,772 | | | 54.65% | |
| b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria | 6,882 | | | 42.88% | 100% |
| i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>) | 2,315 | | | | 33.64% |
| ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>) | 345 | | | | 5.01% |
| iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/>) | 454 | | | | 6.60% |
| iv. Disenrolled from title XXI for other eligibility reason(s) <u>max age, moved out of home, open/close cert, originally ineligible, moved out of state, incarceration, death of payee, post partum end, miscarried, eligibility period exhausted</u> Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/>) | 3,764 | | | | 54.69% |
| c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: Requested closure and other (does not meet any existing disenrollment codes) (Check here if there are no additional categories <input type="checkbox"/>) | 397 | | | 2.47% | |

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

N/A

Definitions:

- The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2016.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2016. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 2b. Redetermination Status of Children Enrolled in Title XIX.

Please enter the data requested in the table below in the “Number” column, and the template will automatically tabulate the percentages.

| | Number | Percent | | | |
|--|---------|---------|--------|--------|--------|
| 1. Total number of children who are enrolled in title XIX and eligible to be redetermined | 614,996 | 100% | | | |
| 2. Total number of children screened for redetermination for title XIX | 612,735 | 99.63% | 100% | | |
| 3. Total number of children retained in title XIX after the redetermination process | 503,424 | 81.86% | 82.16% | | |
| 4. Total number of children disenrolled from title XIX after the redetermination process | 39,714 | 6.46% | 6.48% | 100% | |
| a. Total number of children disenrolled from title XIX for failure to comply with procedures | 29,937 | | | 75.38% | |
| b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria | 9,004 | | | 22.67% | 100% |
| v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/>) | 3,085 | | | | 34.26% |
| vi. Disenrolled from title XIX for other eligibility reason(s) <u>max age, moved out of home, open/close cert, originally ineligible, moved out of state, incarceration, death of payee, post partum end, miscarried, eligibility period exhausted</u> Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/>) | 1,007 | | | | 11.18% |
| c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: <u>Requested closure and other (does not meet any existing disenrollment codes)</u> (Check here if there are no additional categories <input type="checkbox"/>) | 773 | | | 1.95% | |

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

N/A

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2016.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2016. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2016

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2016 CARTS report is the first year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2016. States will continue to report on the same table in the FFY 2017 CARTS report. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March of 2018).

Instructions: For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

Please enter the data requested in the tables below, and the template will tabulate the percentages. In this report you will only enter data on the 6-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.

Table 3a. Duration Measure of Children Enrolled in Title XIX

☐ **Not Previously Enrolled in CHIP or Medicaid**—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

☐ **Not Previously Enrolled in Medicaid**—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)

| Table 3a. Duration Measure, Title XIX | All Children Ages 0-16 | | Age Less than 12 months | | Ages 1-5 | | Ages 6-12 | | Ages 13-16 | |
|---|---------------------------|---------|----------------------------|---------|-------------|---------|--------------|---------|---------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| 1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2016 | 22095 | 100% | 10963 | 100% | 4207 | 100% | 4766 | 100% | 2159 | 100% |
| Enrollment Status 6 months later | | | | | | | | | | |
| 2. Total number of children continuously enrolled in title XIX | 21550 | | 10701 | | 4100 | | 4648 | | 2101 | |
| 3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX | 11 | | 5 | | 4 | | 1 | | 1 | |
| 3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>) | 4 | | 0 | | 2 | | 1 | | 1 | |
| 4. Total number of children disenrolled from title XIX | 534 | | 257 | | 103 | | 117 | | 57 | |
| 4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>) | 81 | | 16 | | 14 | | 36 | | 15 | |
| Enrollment Status 12 months later | | | | | | | | | | |
| 5. Total number of children continuously enrolled in title XIX | | | | | | | | | | |
| 6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX | | | | | | | | | | |
| 6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| 7. Total number of children disenrolled from title XIX | | | | | | | | | | |
| 7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| Enrollment Status 18 months later | | | | | | | | | | |
| 8. Total number of children continuously enrolled in title XIX | | | | | | | | | | |
| 9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX | | | | | | | | | | |
| 9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| 10. Total number of children disenrolled from title XIX | | | | | | | | | | |
| 10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |

Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017
6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016
 + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
 + the number of children with birthdates after September 1999 who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 2017

6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.

7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.

8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
 the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
 the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
 + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
 + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2017

9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.

10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from title XIX.

Table 3b. Duration Measure of Children Enrolled in Title XXI

Specify how your “newly enrolled” population is defined:

☐ **Not Previously Enrolled in CHIP or Medicaid**—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

☐ **Not Previously Enrolled in CHIP**—"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XXI in December 2015, etc.)

| Table 3b. Duration Measure, Title XXI | All Children Ages 0-16 | | Age Less than 12 months | | Ages 1-5 | | Ages 6-12 | | Ages 13-16 | |
|--|---------------------------|---------|----------------------------|---------|-------------|---------|--------------|---------|---------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| 1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016 | 9850 | 100% | 403 | 100% | 2833 | 100% | 4812 | 100% | 1802 | 100% |
| Enrollment Status 6 months later | | | | | | | | | | |
| 2. Total number of children continuously enrolled in title XXI | 9488 | | 383 | | 2697 | | 4678 | | 1730 | |
| 3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI | 0 | | 0 | | 0 | | 0 | | 0 | |
| 3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>) | 0 | | 0 | | 0 | | 0 | | 0 | |
| 4. Total number of children disenrolled from title XXI | 362 | | 20 | | 136 | | 134 | | 72 | |
| 4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>) | 203 | | 14 | | 76 | | 67 | | 46 | |
| Enrollment Status 12 months later | | | | | | | | | | |
| 5. Total number of children continuously enrolled in title XXI | | | | | | | | | | |
| 6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI | | | | | | | | | | |
| 6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| 7. Total number of children disenrolled from title XXI | | | | | | | | | | |
| 7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| Enrollment Status 18 months later | | | | | | | | | | |
| 8. Total number of children continuously enrolled in title XXI | | | | | | | | | | |
| 9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI | | | | | | | | | | |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| 9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| 10. Total number of children disenrolled from title XXI | | | | | | | | | | |
| 10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
- 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
- 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 2017
- 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2017
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to Section IIIC below. **[7500]**

D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

- ☐ Enrollees (shoebox method)
- ☐ Health Plan(s)
- ☐ State
- ☐ Third Party Administrator
- ☐ N/A (No cost sharing required)
- ☒ Other, please explain.

The only cost sharing required is premiums in the separate CHIP program. The premium level of \$50 would never aggregate to be more than 5% of family income based on the %FPL limits so no tracking is necessary. **[7500]**

If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? ☐ Yes ☐ No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**
5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
☐ Yes ☒ No If so, what have you found? **[7500]**
6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
☐ Yes ☒ No If so, what have you found? **[7500]**
7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

Enter any Narrative text related to Section IIID below. **[7500]**

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your state offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?
☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
 - ☐ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
 - ☐ Section 1115 Demonstration (Title XXI)
 - ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
 - ☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
 - ☐ Section 1115 demonstration (Title XXI)
 - ☐ Premium Assistance option under the Medicaid state plan (1906)
 - ☐ Premium Assistance option under the Medicaid state plan (1906A)
2. Please indicate which adults your state covers with premium assistance. (Check all that apply.)
- ☐ Parents and Caretaker Relatives
 - ☐ Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program., how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.)
[7500]
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
- ☐ Yes ☐ No
6. Does the program provide wrap-around coverage for benefits?
- ☐ Yes ☐ No ?
7. Are there limits on cost sharing for children in your ESI program?
- ☐ Yes ☐ No
8. Are there any limits on cost sharing for adults in your ESI program?
- ☐ Yes ☐ No
9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?
- ☐ Yes ☐ No If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____ Number of childless adults ever-enrolled during the reporting period
_____ Number of adults ever-enrolled during the reporting period
_____ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2016.

Children _____ Parents _____

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

| | |
|-----------------|-----------------|
| Child | Parent |
| State: _____ | State: _____ |
| Employer: _____ | Employer: _____ |
| Employee: _____ | Employee: _____ |

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

| | | |
|----------|-----------|------------|
| Children | Low _____ | High _____ |
| Parent | Low _____ | High _____ |

18. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

19. Please provide the income levels of the children or families provided premium assistance.

| | | | |
|---------------------------|--------------------|--------------------|----|
| | From | | To |
| Income level of Children: | _____ % of FPL [5] | _____ % of FPL [5] | |
| Income level of Parents: | _____ % of FPL [5] | _____ % of FPL [5] | |

20. Is there a required period of uninsurance before enrolling in premium assistance?

☐ Yes ☐ No

If yes, what is the period of uninsurance? **[500]**

21. Do you have a waiting list for your program? ☐ Yes ☐ No

22. Can you cap enrollment for your program? ☐ Yes ☐ No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]**

Enter any Narrative text related to Section III E below. **[7500]**

We are in the process of Rulemaking for anticipated implementation of March, 2017.

F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention: ☒ Yes ☐ No

(2) investigation: ☒ Yes ☐ No

(3) referral of cases of fraud and abuse? ☒ Yes ☐ No

Please explain: Program Integrity uses the federal rules and regulations and the authority provided in our Medical Assistance Program Integrity Law (MAPIL) LA RS 46:437.1 – 440.1 and the Surveillance and Utilization Review System (SURS Rule) Louisiana Register, LAC 50:I, Chapter 41 as our general procedures. Specific procedures and processes are covered in the SURS Manual. Procedures can also be found in the Provider Enrollment application: PE 50 & Addendum and our MOU with the Attorney General's Medicaid Fraud Control Unit.

Do managed health care plans with which your program contracts have written plans? Please Explain: Yes, the managed care plans are required to have a written fraud, waste and abuse compliance plan in accordance with 42 CFR 438.608(a). The plan is required to be submitted to LDH for review annually for the five physical health plans, and once at the start of a new contract term for the dental and Coordinated System of Care contracts.

2. For the reporting period, please report the

50 Number of fair hearing appeals of eligibility denials

01 Number of cases found in favor of beneficiary

3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

1005 Number of cases investigated

222 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

354 Number of cases investigated

____ **0** Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

4. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain: Louisiana has a contractor that performs SURS investigations. Program Integrity Section within LDH provides oversight of all of the investigations, referrals, recoupments, etc. conducted by the contractor. All correspondence as well as disposition approval is done by an LDH manager (usually the PI Section Chief or the PI SURS Manager).

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

☐ Yes

☒ No

Please Explain: Louisiana does not contract with health plans or a third party to oversee the fraud, waste and abuse efforts of health plans. Oversight is done by the State. **[500]**

Enter any Narrative text related to Section IIIF below. **[7500]**

G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.

Explain: **[7500]**

1. Information on Dental Care for Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g. MCO, PCCM, FFS.

Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).

| State <u>LA</u> FFY <u>2016</u> | Age Groups | | | | | | |
|---|------------|----|-------|-------|-------|-------|-------|
| | Total | <1 | 1 – 2 | 3 – 5 | 6 – 9 | 10–14 | 15–18 |
| Total individuals enrolled for at least 90 continuous days ¹ | 4,232 | 27 | 312 | 571 | 986 | 1,218 | 1,118 |
| Total Enrollees Receiving Any Dental Services ² [7] | 2,567 | 0 | 100 | 355 | 704 | 829 | 579 |
| Total Enrollees Receiving Preventive Dental Services ³ [7] | 2,413 | 0 | 94 | 339 | 673 | 785 | 522 |
| Total Enrollees Receiving Dental Treatment Services ⁴ [7] | 1,061 | 0 | 5 | 107 | 307 | 350 | 292 |

¹ **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st, this child is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

²**Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service 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.

³**Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

⁴**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service 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 is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

- b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]**

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⁵Receiving a Sealant on a Permanent Molar Tooth -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child's age at the end of the federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

- 2. Does the state provide supplemental dental coverage?** ☐ Yes ☒ No

If yes, how many children are enrolled? _____ [7]

What percent of the total number of enrolled children have supplemental dental coverage? _____ [5]

Enter any Narrative text related to Section IIIG below. **[7500]**

H. CHIPRA CAHPS REQUIREMENT:

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

| |
|---|
| Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, How Did you Report this Survey (select all that apply): <input checked="" type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database) <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) <input type="checkbox"/> Other. Explain: |
| If No, Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain: |
| Definition of Population Included in the Survey Sample: Definition of population included in the survey sample: <input checked="" type="checkbox"/> Denominator includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes CHIP Medicaid Expansion population. <input checked="" type="checkbox"/> Survey sample includes Separate CHIP population. <input type="checkbox"/> Survey sample includes Combination CHIP population. If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: |
| Which Version of the CAHPS® Survey was Used? |

| |
|---|
| <input type="checkbox"/> CAHPS® 5.0. <input checked="" type="checkbox"/> CAHPS® 5.0H. <input type="checkbox"/> Other. Explain: |
| Which Supplemental Item Sets were Included in the Survey? <input type="checkbox"/> No supplemental item sets were included <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain: |
| Which Administrative Protocol was Used to Administer the Survey? <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain: |

Enter any Narrative text related to Section IIIH below. **[7500]**

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).

(Note: This reporting period equals federal fiscal year 2015. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

| Benefit Costs | 2016 | 2017 | 2018 |
|--|-------------|-------------|-------------|
| Insurance payments | 0 | 0 | 0 |
| Managed Care | 314,023,939 | 319,868,845 | 328,860,435 |
| Fee for Service | 0 | 0 | 0 |
| Total Benefit Costs | 314,023,939 | 319,868,845 | 328,860,435 |
| (Offsetting beneficiary cost sharing payments) | -35,941 | -35,597 | -25,463 |
| Net Benefit Costs | 313,987,998 | 319,833,248 | 328,834,972 |

Administration Costs

| | | | |
|---|------------|------------|------------|
| Personnel | 4,433,179 | 4,570,446 | 4,707,039 |
| General Administration | 2,924,099 | 3,014,639 | 3,104,736 |
| Contractors/Brokers (e.g., enrollment contractors) | 5,263,961 | 5,426,952 | 5,589,143 |
| Claims Processing | 3,003,924 | 3,096,935 | 3,198,492 |
| Outreach/Marketing costs | 0 | 0 | 0 |
| Other (e.g., indirect costs) | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Total Administration Costs | 15,625,163 | 16,108,972 | 16,599,410 |
| 10% Administrative Cap (net benefit costs ÷ 9) | 34,887,555 | 35,537,028 | 36,537,219 |

| | | | |
|--------------------------------|--------------------|--------------------|--------------------|
| Federal Title XXI Share | 318,241,507 | 324,520,185 | 333,689,613 |
| State Share | 11,371,654 | 11,422,035 | 11,744,769 |

| | | | |
|--|--------------------|--------------------|--------------------|
| TOTAL COSTS OF APPROVED CHIP PLAN | 329,613,161 | 335,942,220 | 345,434,382 |
|--|--------------------|--------------------|--------------------|

2. What were the sources of non-federal funding used for state match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]** No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month (PMPM) cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

| | 2016 | | 2017 | | 2018 | |
|-----------------|----------------|---------|----------------|---------|----------------|---------|
| | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM |
| Managed Care | 171,491 | \$160 | 172,348 | \$162 | 173,210 | \$166 |
| Fee for Service | 0 | \$ | 0 | \$ | 0 | \$ |

Enter any Narrative text related to Section IV below. **[1500]**

SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP.

During the reporting period, Louisiana expanded coverage to New Adults. It did so in the context of historic State revenue deficits and the longest legislative session in the state's history, focused primarily on passage of revenue generating measures to avoid devastating cuts to essential public services in SFY16. State general fund savings afforded by ACA, in the form of the enhanced FMAP for New Adults and the 23 point increase in the CHIP FMAP, provide significant fiscal relief to the state. Presently, the Medicaid agency is developing scenarios to address two successive rounds of mid-year reductions to align expenditures with anticipated revenues in SFY17, despite the revenue generating measures passed in the spring. Reduction or elimination of the enhanced FMAP rates for the CHIP and expansion populations as proposed by the incoming Trump administration pose a major threat to continued coverage for both the New Adult and CHIP populations as Louisiana's state funds deficits continue.

2. During the reporting period, what has been the greatest challenge your program has experienced?

Major challenges continue to be adequate resources due to staff reductions that have occurred over previous fiscal years as well as an increased workload. Although the LaCHIP and Medicaid eligibility operation in Louisiana remains nimble as a result of virtual work processes, challenges related to the implementation of changes required by the Affordable Care Act remain. Specifically, Louisiana made modifications to the existing legacy mainframe eligibility system in order to meet ACA minimum critical functionality requirements. Those changes have resulted in duplication and increased workload management. A new Medicaid eligibility system is being built and is expected to be fully implemented in 2018.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

On January 12, 2016, Governor John Bel Edwards signed executive order JBE 16-01 to expand Medicaid coverage to low income adults in Louisiana beginning July 1, 2016. The move made Louisiana the 31st State in the Union to expand Medicaid based on provisions of the 2010 Affordable Care Act (ACA) thus affording hundreds of thousands of Louisiana adults, who previously did not qualify, full Medicaid coverage. The goal was and continues to be to fill in historical gaps in Medicaid eligibility for adults. As a result of the successful launch of the Medicaid Expansion program, 186,799 adults had access to quality healthcare where they were not categorically eligible for coverage prior to July 1, 2016. Those members were automatically moved from limited to full coverage without having to resubmit another application. Through Healthy Louisiana, brand name for our Managed Care Organizations (MCOs), individuals enrolled in the new Adult Group have coverage comparable to that of the private sector, with noted wrap around services of dental and optical coverage. More than 375,000 New Adults have been enrolled in the first 6 months of the program. We anticipate reaching 450,000 by the end of SFY17 in June.

To further assist with Medicaid Expansion enrollment efforts, Medicaid contracted with medical providers across the state to participate in the Outstationed Medicaid Worker Program. The purpose of this agreement was to build a partnership with the community through the host sites. The benefits to the host was that their applications would be given priority by the on-site eligibility analyst and the analyst would serve as a source to assist with Medicaid questions. The benefit to LDH is that this arrangement helped us to expand compliance with Medicaid regulation regarding outstationing and by placing Medicaid workers at more locations and reducing our need for additional office space.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned.

We will continue to maintain the existing legacy mainframe eligibility system while simultaneously working toward a new solution. These efforts will enable staff to process applications, renewals and case maintenance changes in a timely and efficient manner and minimize delays or disruption to access to health care.

Enter any Narrative text related to Section V below. **[7500]**