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.

*<u>Disclosure</u>. 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.

<u>DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.</u>

State/Territory: **KY**

<div align="center">Name of State/Territory</div>

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

Signature: **Lucy Senters**

CHIP Program Name(s): **All, KCHIP**

CHIP Program Type:

☐ CHIP Medicaid Expansion Only

☐ Separate Child Health Program Only

☒ Combination of the above

Reporting Period: **2019** **(Note: Federal Fiscal Year 2019 starts 10/1/2018 and ends 9/30/2019)**

Contact Person/Title: **Lucy Senters/Medicaid Specialist**

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Email: **lucy.senters@ky.gov**

Submission Date: **1/31/2020**

(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 the narrative section below this table.

⊠ 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
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?
⊠ NO
☐ YES
☐ N/A

Enrollment fee amount:
Premium fee amount:
If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: $

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

☒ Managed Care
☐ Primary Care Case Management
☐ Fee for Service

Please describe which groups receive which delivery system: **[500]**
Recipients in Kentucky's Expansion Child Health Program are served through the Medicaid service delivery system and are mandatorily enrolled in a Managed Care capitated system served by WellCare of Kentucky, Aetna Better Health, Passport Health Plan, Humana Care Source and Anthem Healthcare Plans.

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?
☒ NO
☐ YES
☐ N/A

Enrollment fee amount:
Premium fee amount:
If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: $

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

☒ Managed Care
☐ Primary Care Case Management
☐ Fee for Service

Please describe which groups receive which delivery system: **[500]**
Recipients in Kentucky's Separate Child Health Program are served through the Medicaid service delivery system and are mandatorily enrolled in a Managed Care capitated system served by WellCare of Kentucky, Aetna Better Health, Passport Health Plan, Humana Care Source and Anthem Healthcare Plans.

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.

	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)	☐	☒	☐	☐	☒	☐
b) Application	☐	☒	☐	☐	☒	☐
c) Benefits	☐	☒	☐	☐	☒	☐
d) Cost sharing (including amounts, populations, & collection process)	☐	☒	☐	☒	☐	☐
e) Crowd out policies	☐	☒	☐	☐	☒	☐

	Yes	No Change	N/A	Yes	No Change	N/A
f) Delivery system	☐	☒	☐	☐	☒	☐
g) Eligibility determination process	☐	☒	☐	☐	☒	☐
h) Implementing an enrollment freeze and/or cap	☐	☒	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☒	☐	☐	☒	☐
j) Eligibility redetermination process	☐	☒	☐	☐	☒	☐
k) Enrollment process for health plan selection	☐	☒	☐	☐	☒	☐
l) Outreach (e.g., decrease funds, target outreach)	☐	☒	☐	☐	☒	☐
m) Premium assistance	☐	☒	☐	☐	☒	☐
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)	☐	☒	☐	☐	☒	☐
o) Expansion to "Lawfully Residing" children	☐	☒	☐	☐	☒	☐
p) Expansion to "Lawfully Residing" pregnant women	☐	☒	☐	☐	☒	☐
q) Pregnant Women state plan expansion	☐	☒	☐	☐	☒	☐
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☒	☐
s) Other – please specify						
a)	☐	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐	☐

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

Medicaid Expansion CHIP Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	

Topic	List change and why the change was made
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
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)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a)	
b)	
c)	

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	Eliminated all cost-sharing effective 1/1/2019.
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
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)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	

Topic	List change and why the change was made
s) Other – please specify	
a)	
b)	
c)	

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 Number 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. If the information displayed in the table below is inaccurate, please make any needed updates to the data in SEDS and then refresh this page in CARTS to reflect the updated data.

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	62101	64312	3.56
Separate Child Health Program	41143	43985	6.91

    A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

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 the single year estimates 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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	109	20.4	10.6	2.0
1998 - 2000	78	17.5	7.9	1.7
2000 - 2002	68	12.3	6.5	1.1
2002 - 2004	78	13.3	7.6	1.2
2003 - 2005	68	13.4	6.5	1.3
2004 - 2006	60	13.0	5.8	1.2
2005 - 2007	61	13.0	5.8	1.2
2006 - 2008	63	14.0	6.1	1.3
2007 - 2009	62	13.0	5.8	1.2
2008 - 2010	57	7.0	5.4	.6
2009 - 2011	50	7.0	4.7	.6
2010 - 2012	55	6.0	5.2	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	39	4.0	3.7	.4
2014	29	3.0	2.8	.3
2015	26	4.0	2.5	.4
2016	24	4.0	2.3	.4
2017	22	4.0	2.1	.4
2018	23	4.0	2.2	.4
Percent change 2017 vs. 2018	4.6%	N/A	4.8%	N/A

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
FY 2019 final enrollment for Kentucky's CHIP & Medicaid Programs decreased by 9,093 children.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**
The current population survey (CPS) is conducted every year and the methodology is consistent from year to year, which facilitates its use in tracking national uninsured trends

over time. The broad national sample and high response rates make national level estimates reasonably reliable. Using CPS data to estimate state levels of the uninsured is less reliable for several reasons.

1) State level estimates of the uninsured are unreliable due to small State sample sizes. A sample size of approximately 2,000-3,000 households in a State sample is needed to generate reliable estimates on uninsured children below 200% FPL. In the CPS, there are only 11 States in which the sample size is more than 1,000 households, which could result in large margins of error, especially for sub-populations.   The sample size utilized for Kentucky in the most recent CPS is unknown.

2) The CPS may over estimate the number of full-year uninsured persons. The survey asks whether the respondent has been uninsured for the entire past 12-month period. It is reasonable to conclude that some participants may respond yes if they have been uninsured at any point during that period.

3) The CPS may underestimate the number of people on Medicaid. Studies conducted by the Urban Institute, as well as CMS administrative data, show 20% to 30% more Medicaid enrollees than the CPS responses indicate. Speculation exists that respondents do not think of Medicaid as "health insurance" and the discrepancy between CPS results and CMS administrative data supports this speculation.

4) Finally, the CPS does not ask directly whether respondents are uninsured. The survey asks if respondents have specific types of insurance and those that answer "no" to all of the categories are considered uninsured.   The structure of this questioning leads to concerns that some respondents do have "health insurance", but were counted as uninsured.

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.

Topic	Description
Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

A. Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
[7500]

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.
[7500]

C. What are the limitations of the data or estimation methodology?
[7500]

D. How does your state use this alternate data source in CHIP program planning?
[7500]

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

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 2017 and FFY 2018) 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 2019).

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.

A. 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."

B. Type of Goal:

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

- 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.

C. 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 2019.

    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 2019.

- 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.

D. 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 2016). This field must be completed only when a user selects 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.

E. 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.

F. 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.

G. 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.

H. Date Range: available for 2019 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.

I. 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.

J.   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 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), 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.

K.   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 and 3)

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Kentucky will continue to reduce the number of uninsured children by one percentage point by the end of FFY 2018.	**Goal #1 (Describe)** Kentucky will continue to reduce the number of uninsured children by one percentage point by the end of FFY 2018.	**Goal #1 (Describe)** Kentucky will continue to reduce the number of uninsured children by one percentage point by the end of FFY 2019.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:* Enrollment Data CMS 64EC, CMS 64EC 21 AND CMS 21E	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:* Enrollment Data CMS 64EC, CMS 64EC 21 AND CMS 21E	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:* Enrollment Data CMS 64EC, CMS 64EC 21 AND CMS 21E
Definition of Population Included in the Measure: Definition of denominator: Denominator is the unduplicated number of children ever enrolled members in FFY 2017. Definition of numerator: Numerator is the difference of insured children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is the unduplicated number of children ever enrolled members in FFY 2018 Definition of numerator: Numerator is the difference of insured children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is the unduplicated number of children ever enrolled members in FFY 2019. Definition of numerator: Numerator is the difference of insured children compared to the previous year.
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: Measurement is the percentage of increase/decrease of number of insured children in the Medicaid, Medicaid Expansion and the CHIP Program compared to the previous year. Numerator: 11900 Denominator: 642364 Rate: 1.9	**Performance Measurement Data:** Described what is being measured: Measurement is the percentage of increase/decrease of number of insured children in the Medicaid, Medicaid Expansion and the SCHIP Program compared to the previous year. Numerator: 6251 Denominator: 648615 Rate: 1	**Performance Measurement Data:** Described what is being measured: Measurement is the percentage of increase/decrease of number of insured children in the Medicaid, Medicaid Expansion and the SCHIP Program compared to the previous year Numerator: 9093 Denominator: 639522 Rate: 1.4
Additional notes on measure: Kentucky surpassed the 2016 goal by reducing the rate of uninsured by 1.9 percentage points during FFY 2017. Kentucky will continue to focus on outreach and education to reach eligible members as well as retention efforts to ensure that those who remain eligible will continue to be served by the program.	**Additional notes on measure:** Kentucky met the 2017 goal by reducing the rate of uninsured by one percentage point during FFY 2018. Kentucky will continue to focus on outreach and education to reach eligible members as well as retention efforts to ensure that those who remain eligible will continue to be served by the program.	**Additional notes on measure:** As Kentucky 's rate fell 1.4% in 2019, we failed to meet 2019 goal to reduce the uninsured rate by 1 percentage point. Kentucky will continue to focus on outreach and education to reach eligible members as well as retention efforts to ensure that those who remain eligible will continue to be served by the program.
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** Kentucky exceeded the 2016 goal by reducing the rate of uninsured by 1.9 percentage points in FFY 2017. **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?** Kentucky continues to work toward the goal of reducing the rate of the uninsured by continuing to collaborate with Federal agencies, schools, advocacy groups and other interested parties to assist with the application process.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Kentucky met the 2017 goal by reducing the rate of uninsured by one percentage point during FFY 2018. Kentucky will continue to focus on outreach and education to reach eligible members as well as retention efforts to ensure that those who remain eligible will continue to be served by the program. **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?** Kentucky continues to work toward the goal of reducing the rate of the uninsured by continuing to collaborate with Federal agencies, schools, advocacy groups and other interested parties to assist with the application process.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** As Kentucky 's rate fell 1.4% in 2019, we failed to meet 2019 goal to reduce the uninsured rate by 1 percentage point. **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?** Kentucky continues to work toward the goal of reducing the rate of the uninsured by continuing to collaborate with Federal agencies, schools, advocacy groups and other interested parties to assist with the application process.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**	**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 2018: Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2019:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2020**: Kentucky will maintain eligibility levels within 1 percentage point of the previous year. *Explain how these objectives were set:* Objectives are based on Kentucky's continuing outreach, education to enrolled families and focusing on retention efforts to continue to reach eligible members.	**Annual Performance Objective for FFY 2019:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2020:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2021:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. *Explain how these objectives were set:* Objectives are based on Kentucky's continuing outreach, education to enrolled families and focusing on retention efforts to continue to reach eligible members.	**Annual Performance Objective for FFY 2020:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2021:** Kentucky will maintain eligibility levels within 1 percentage point of the previous year. **Annual Performance Objective for FFY 2022**: Kentucky will maintain eligibility levels within 1 percentage point of the previous year. *Explain how these objectives were set:* Objectives are based on Kentucky's continuing outreach, education to enrolled families and focusing on retention efforts to continue to reach eligible members.
Other Comments on Measure:	**Other Comments on Measure:**	**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 and 3) (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** Explain how these objectives were set:
Other Comments on Measure:	**Other Comments on Measure:**	**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 and 3) (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure**:

Objectives Related to CHIP Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) By continuing outreach efforts, Kentucky will maintain CHIP enrollment by one percentage point in FFY 2018.	**Goal #1** (Describe) By continuing outreach efforts, Kentucky will maintain CHIP enrollment within one percentage point in FFY 2019.	**Goal #1** (Describe) By continuing outreach efforts, Kentucky will maintain CHIP enrollment within one percentage point from the previous year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☒ Final.
☐ 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:
	☐ Provisional.
	    Explanation of Provisional Data:
	☒ Final.
	☐ 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:
		☐ Provisional.
		    Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC21E and CMS 21E	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC21E and CMS 21E	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC21E and CMS 21E.
Definition of Population Included in the Measure: Definition of denominator: Denominator is the unduplicated number of ever enrolled CHIP children in FFY 2017. Definition of numerator: Numerator is the difference of insured children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is the unduplicated number of ever enrolled CHIP children in FFY 2018. Definition of numerator: Numerator is the difference of insured children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is the unduplicated number of ever enrolled CHIP children in FFY 2019. Definition of numerator: Numerator is the difference of insured children compared to the previous year.
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: Measurement is the rate of change of CHIP enrollment from the previous year. Numerator: 3651 Denominator: 96379 Rate: 1.2	**Performance Measurement Data:** Described what is being measured: Measurement is the rate of change of CHIP enrollment from the previous year. Numerator: 6865 Denominator: 103244 Rate: 6.6	**Performance Measurement Data:** Described what is being measured: Measurement is the rate of change of CHIP enrollment from the previous year. Numerator: 5053 Denominator: 108297 Rate: 4.7
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** By enrolling an additional 3,651 children, Kentucky exceeded the 2017 Objective. **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?** Kentucky's CHIP maintains a continuing partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System, enables additional outreach partners to assist in maintaining CHIP enrollment.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** By enrolling an additional 6,865 CHIP children, Kentucky exceeded the 2017 Objective. **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?** Kentucky's CHIP maintains a continuing partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System, enables additional outreach partners to assist in maintaining CHIP enrollment.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** By enrolling an additional 5,053 CHIP children, Kentucky exceeded the 2018 Objective. **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?** Kentucky's CHIP maintains a continuing partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System, enables additional outreach partners to assist in maintaining CHIP enrollment.
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 2018:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. **Annual Performance Objective for FFY 2019:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. **Annual Performance Objective for FFY 2020:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.	**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 2019:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. **Annual Performance Objective for FFY 2020:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. **Annual Performance Objective for FFY 2021:** Objective is to maintain CHIP enrollees to within one percentage point of previous year. *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.	**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 2020:** Objective is to maintain CHIP enrollees to within one percentage point of previous year **Annual Performance Objective for FFY 2021:** Objective is to maintain CHIP enrollees to within one percentage point of previous year **Annual Performance Objective for FFY 2022:** Objective is to maintain CHIP enrollees to within one percentage point of previous year *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Increase Medicaid enrollment levels by 1 percentage point from the previous year.	**Goal #1** (Describe) Increase Medicaid enrollment levels by 1 percentage point from the previous year.	**Goal #1** (Describe) Increase Medicaid enrollment levels by 1 percentage point from the previous year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* Per CMS 64 EC
Definition of Population Included in the Measure: Definition of denominator: Denominator is FY 2017 Final Enrollment. Definition of numerator: Numerator is the difference of insured Medicaid children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is FY 2018 Final Enrollment. Definition of numerator: Numerator is the difference of insured Medicaid children compared to the previous year.	**Definition of Population Included in the Measure:** Definition of denominator: Denominator is FY 2019 Final Enrollment. Definition of numerator: Numerator is the difference of insured Medicaid children compared to the previous year.
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: Measurement is the rate of change of Medicaid enrollment from the previous year. Numerator: 614 Denominator: 545985 Rate: 0.1	**Performance Measurement Data:** Described what is being measured: Measurement is the rate of change of Medicaid enrollment from the previous year. Numerator: 614 Denominator: 545371 Rate: 0.1	**Performance Measurement Data:** Described what is being measured: Measurement is the rate of change of Medicaid enrollment from the previous year. Numerator: 14146 Denominator: 531225 Rate: 2.7
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** By enrolling an additional 8,249 children, Kentucky exceeded the 2016 Objective by 1.5 percentage points. **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?** Kentucky Medicaid maintains a continuing partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System also enables additional outreach partners to assist in maintaining Medicaid enrollment.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Kentucky's Medicaid enrollment decreased by 614 children, which failed to meet the 2017 objective to increase enrollment by one percentage point. **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?** Kentucky Medicaid will increase outreach efforts to focus on extended areas of the state and to the minority population. Kentucky Medicaid will also continue to maintain a partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System also enables additional outreach partners to assist in increasing Medicaid enrollment.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Kentucky's Medicaid enrollment decreased by 14,146 children, which failed to meet the 2018 objective to increase enrollment within one percentage point. **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?** Kentucky Medicaid will increase outreach efforts to focus on extended areas of the state and to minority populations. Kentucky Medicaid will also continue to maintain a partnership with Federal Agency Partners, Schools and Advocacy groups to assist with outreach efforts and in the application process. The continuing partnership with a state wide Managed Care System also enables additional outreach partners to assist in increasing Medicaid enrollment.
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 2018:** Objective is to increase Medicaid enrollment by 1 percentage point from the previous year. **Annual Performance Objective for FFY 2019:** Objective is to increase Medicaid enrollment by 1 percentage point from the previous year. **Annual Performance Objective for FFY 2020:** Objective is to increase Medicaid enrollment by 1 percentage point from the previous year. *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.	**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 2019:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. **Annual Performance Objective for FFY 2020:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. **Annual Performance Objective for FFY 2021:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.	**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 2020:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. **Annual Performance Objective for FFY 2021:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. **Annual Performance Objective for FFY 2022:** Objective is to maintain Medicaid enrollment within 1 percentage point from the previous year. *Explain how these objectives were set:* Objectives are based on the percentage of increase/decrease during the past three years.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
     Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	     Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		     Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ 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: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Goal is to maintain CAHPS survey response within 3 percentage points of the previous year.	**Goal #1** (Describe) Goal is to maintain CAHPS survey response within 3 percentage points of the previous year.	**Goal #1** (Describe) Goal is to maintain CAHPS survey response within 3 percentage points of the previous year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: CAHPS 2016	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: CAHPS 2017	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: CAHPS 2018
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members age 17 years and younger as of December 31, 2017, who was continuously enrolled for at least five of the last six months of 2017 in the Medicaid and SCHIP Programs in the five Managed Care Regions of the state, which excludes 5% of the population.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members age 17 years and younger as of December 31, 2017 and who was continuously enrolled for at least five of the last six months of 2017 in the Medicaid and SCHIP Programs in the eight Managed Care Regions of the state, which excludes 3% of the state FFS population.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members age 17 years and younger as of December 31, 2018 and who was continuously enrolled for at least five of the last six months of 2018 in the Medicaid and SCHIP Programs in the five Managed Care Regions of the state.
Definition of Population Included in the Measure: Definition of numerator: The numerator is the number of surveys completed. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: The denominator is the number of surveys sent to recipients in the Managed Care portion of the state which excludes 5% of the population.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator is the number of surveys completed. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: The denominator is the number of surveys sent to recipients in the Managed Care portion of the state which excludes 3% of the state FFS population.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator is the number of CAHPS surveys completed. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: The denominator is the number of CAHPS surveys mailed.
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure**:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 1932 Denominator: 8159 Rate: 23.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 1917 Denominator: 8064 Rate: 24 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 1786 Denominator: 9820 Rate: 18.2 Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The survey response rate fell .2 percentage points, but the Composite Measures from Kentucky's Managed Care Regions continue to report that recipient satisfaction as well as utilization of services and experiences/evaluations of providers continues to remain high and within 3 percentage points. **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 Department for Medicaid Services/Quality Assurance Branch continue to collaborate with Kentucky's five Managed Care Organizations, Passport, (PHP), WellCare, Coventry, Anthem and CareSource Healthcare Plans, to develop and continue projects involving Medicaid and SCHIP children. Initiatives continue to target children from birth through 17 years of age, by intervention and educational programs that target Asthma, Diabetes, Obesity and Smoking Cessation. Kentucky also collaborates with the Foundation for Healthy Kentucky, which receives private grants, to target obesity in children by enhancing physical activities in schools. Interventions within Kentucky's MCO's include improving provider compliance with guidelines, while also educating and informing members. Specific interventions include provider measurement and feedback, supportive strategies such as tool kits and references, and collaborating with the University of Louisville weight management programs for obese children.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The survey response rate increased 3 percentage points and the Composite Measures from Kentucky's Managed Care Regions continue to report that recipient satisfaction as well as utilization of services and experiences/evaluations of providers continues to remain high and within 3 percentage points **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?** DMS has contracted with Island Peer Review Organization IPRO, and Kentucky external quality review organization (EQRO), to validate that the MCOS administration of care to children are consistent with federal and state requirements and expectations. The five MCOs participating in 2017 were evaluated, including Aetna Better Health of Kentucky, Anthem Blue Cross Blue Shield (BCBS) Medicaid , Humana- CareSource, Passport Health Plan, and WellCare of Kentucky. The reports assesses education, outreach, and evaluates for quality measure and improvement activities. 2017 FY MCO-Specific Member Outreach and Education: Access/Availability of Care, Diabetes Care and Management Outcomes, Childhood Immunization Status, Weight Assessment and Counselling for Nutrition and Physical Activity, and Antipsychotic Medication Use in Children.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** With a response rate of 18.2 percentage points, Kentucky failed to maintain within the goal of 3 percentage points. The Composite Measures from Kentucky's Managed Care Regions continue to report that recipient satisfaction as well as utilization of services and experiences/evaluations of providers continues to remain high. **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?** DMS has contracted with Island Peer Review Organization IPRO, and Kentucky external quality review organization (EQRO), to validate that the MCOS administration of care to children are consistent with federal and state requirements and expectations. The five MCOs participating in 2018 were evaluated, including Aetna Better Health of Kentucky, Anthem Blue Cross Blue Shield (BCBS) Medicaid , Humana- CareSource, Passport Health Plan, and WellCare of Kentucky. The reports assesses education, outreach, and evaluates for quality measure and improvement activities. 2018 FY MCO-Specific Member Outreach and Education: Access/Availability of Care, Diabetes Care and Management Outcomes, Childhood Immunization Status, Weight Assessment and Counselling for Nutrition and Physical Activity, and Antipsychotic Medication Use in Children.

FFY 2017	FFY 2018	FFY 2019
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 2018:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2019:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2020:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. *Explain how these objectives were set:* Objectives are based on the increase/decrease in the 2016 CAHPS survey.	**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 2019:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2020:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2021:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. *Explain how these objectives were set:* Objectives are based on the increase/decrease in the 2017 CAHPS survey.	**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 2020:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2021:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. **Annual Performance Objective for FFY 2022:** To maintain results within 3 percentage points regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of provider. *Explain how these objectives were set:* Objectives are based on the percent of change in the previous year CAHPS survey.
Other Comments on Measure: Data presented in the current summary report of the 2016 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients continues to be consistent with previous years. Utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.	**Other Comments on Measure:** Data presented in the current summary report of the 2017 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients continues to be consistent with previous years. Utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.	**Other Comments on Measure:** Other Comments on Measure: Data presented in the current summary report of the 2018 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients continues to be consistent with previous years. Utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.

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

FY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐Denominator, *Explain.* ☐Other, *Explain.*
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 *(Describe)*	**Goal #3** *(Describe)*	**Goal #3** *(Describe)*
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ 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:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) MAINTAIN EPSDT SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR.	**Goal #1** (Describe) MAINTAIN EPSDT SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR.	**Goal #1** (Describe) MAINTAIN EPSDT SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* 2016 CMS 416 ANNUAL EPSDT PARTICIPATION REPORT	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* 2017 CMS 416 ANNUAL EPSDT PARTICIPATION REPORT	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* 2019 CMS 416 ANNUAL EPSDT PARTICIPATION REPORT
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: NUMERATOR IS THE NUMBER OF EPSDT WELL CHILD SCREENINGS. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: DENOMINATOR IS THE EXPECTED NUMBER OF EPSDT SCREENINGS FOR THE MANAGED CARE PORTION OF THE STATE WHICH EXLUDES 5% OF THE FFS POPULATION.	**Definition of Population Included in the Measure:** Definition of numerator: NUMERATOR IS THE NUMBER OF EPSDT WELL CHILD SCREENINGS. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: DENOMINATOR IS THE EXPECTED NUMBER OF EPSDT SCREENINGS FOR THE MANAGED CARE PORTION OF THE STATE WHICH EXLUDES 3% OF THE FFS POPULATION.	**Definition of Population Included in the Measure:** Definition of numerator: NUMERATOR IS THE DIFFERENCE OF EPSDT WELL CHILD SCREENINGS FROM PREVIOUS YEAR. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ 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: DENOMINATOR IS THE NUMBER OF EPSDT SCREENINGS FOR THE MANAGED CARE PORTION OF THE STATE.
Date Range: **From: (mm/yyyy)** 10/2015 **To: (mm/yyyy)** 09/2016	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 495371 Denominator: 569226 Rate: 87.02 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 510658 Denominator: 581838 Rate: 87.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 36506 Denominator: 510658 Rate: 7.1 Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress:	**Explanation of Progress:**	**Explanation of Progress:**
How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? THE SCREENING RATIO FOR EPSDT WELL CHILD SCREENINGS INCREASED 4.9 PERCENTAGE POINTS FROM THE PREVIOUS YEAR.	**How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** THE SCREENING RATIO FOR EPSDT WELL CHILD SCREENINGS INCREASED .68 PERCENTAGE POINTS FROM THE PREVIOUS YEAR.	**How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** THE SCREENING RATIO FOR EPSDT WELL CHILD SCREENINGS INCREASED 7 PERCENTAGE POINTS FROM THE PREVIOUS YEAR.
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? *Requiring Managed Care Organizations to provide both provider and member educations regarding EPSDT benefits including immunizations through provider and member newsletters *Provider awareness of the Provider Recognition Program, a pay for performance initiative that includes well-child screenings.	**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?** *Requiring Managed Care Organizations to provide both provider and member educations regarding EPSDT benefits including immunizations through provider and member newsletters *Provider awareness of the Provider Recognition Program, a pay for performance initiative that includes well-child screenings	**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?** *Requiring Managed Care Organizations to provide both provider and member educations regarding EPSDT benefits including immunizations through provider and member newsletters *Requiring Managed Care Organizations to provide both provider and member educations regarding EPSDT benefits including immunizations through provider and member newsletters *Provider awareness of the Provider Recognition Program, a pay for performance initiative that includes well-child screenings
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 2018:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2019:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2020:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. *Explain how these objectives were set:* OBJECTIVES WERE BASED ON THE RATE OF INCREASE/DECREASE OF THE PREVIOUS THREE YEARS.	**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 2019:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2020:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2021:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. *Explain how these objectives were set:* BJECTIVES WERE BASED ON THE RATE OF INCREASE/DECREASE OF THE PREVIOUS THREE YEARS.	**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 2020**: OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2021:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. **Annual Performance Objective for FFY 2022:** OBJECTIVE IS TO MAINTAIN THE SCREENING RATIO TO WITHIN 10 PERCENTAGE POINTS OF THE PREVIOUS YEAR. *Explain how these objectives were set:* OBJECTIVES WERE BASED ON THE RATE OF INCREASE/DECREASE OF THE PREVIOUS THREE YEARS.

FFY 2017	FFY 2018	FFY 2019
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ 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:** ☐ Provisional.. 　*Explanation of Provisional Data:* ☐ Final. ☐ 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**: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ 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:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ 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:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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: ☐ Denominator includes CHIP population only. ☐ 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)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 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?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**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 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**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 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022**: *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**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? **[7500]**

    N/A

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? **[7500]**

    N/A

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found? **[7500]**

    NO

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. **[7500]**

    N/A

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 CHIP Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

Section IIIA: Outreach

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

   No Changes

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? **[7500]**

   The branding of KCHIP at the community level continues to contribute to the success of the program. Many outreach strategies have been used at the grassroots level by a wide variety of health and human services agencies, civic organizations, churches, labor and the business community and other groups The University of Kentucky (UK) Farmworker Program, which provides translation services via a toll-free help line, averaged 164 calls per month during FY 2019. In addition, the UK Program provides member information, community health fairs and application/re-application assistance. A complaint tracking system identifies customer service related problems and enables the various agencies to troubleshoot before problems become systemic.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

   Community based activities which provide educational information, training, outreach and technical assistance to KCHIP recipients and the general public, continue to be the most successful.

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

   ☒ Yes
   ☐ No

   Have these efforts been successful, and how have you measured effectiveness? **[7500]**

   The Department for Medicaid Services continues to contract with the University of Kentucky Farm Workers Program for outreach to Spanish speaking populations throughout the state. The Program provides educational information, training, outreach, technical assistance to KCHIP recipients and the Hispanic population. Effectiveness is measured by Annual reports detailing the enrollment data for Hispanic and Latino recipients.

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]** 96

   (Identify the data source used). **[7500]**

   2019 Population Survey

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

Section IIIB: Substitution of Coverage (Crowd-out)

Please answer the following questions as they apply to your state's program (some questions are not applicable to Medicaid expansion programs.) Medicaid expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A. Please include percent calculations in your responses when applicable and requested.

1. Does your separate CHIP program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?

   ☒ No
   ☐ Yes
   ☐ N/A

   If no, skip to question 5. If yes, answer questions 2-4:

2. How many months does your program require a child to be uninsured prior to enrollment?

3. To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**

4. List all exemptions to imposing the period of uninsurance **[1000]**

   Please answer questions 5, 7, 8 (and 6 and 9 if applicable) regardless of the response the state provided to question 1.

5. Does your program match prospective enrollees to a database that details private insurance status?

   ☒ No
   ☐ Yes
   ☐ N/A

6. If answered yes to question 5, what database? **[1000]**

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]** 4

   a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)*100]? **[5]** 0

8. Do you track the number of individuals who have access to private insurance?

   ☐ Yes
   ☒ No

9. If yes to question 8, 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]**

Section IIIC: 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]**
     3

   - 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]**
     45, 30 AND 10 DAYS PRIOR TO RENEWAL DATE

   ☒ Other, please explain: **[500]**

   The state conducts a Passive renewal process for all Medicaid recipients including KCHIP. If the information received from the federal data hub is reasonably compatible with the information contained in the eligibility system the case is renewed. If not, a pre-populated form is sent to the head of household at least 45 days prior to recertification end date. If the form is returned and the child/ren is still eligible the case is renewed.

3. 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. **[7500]**

   Passive renewal has an overall success rate of 80%.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2019

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2019. Please enter the data requested in the table below and the template will tabulate the requested percentages.
If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

Measure	Number	Percent
1. Total number of denials of title XXI coverage	123746	100
a. Total number of procedural denials	98490	79.6
b. Total number of eligibility denials	25256	20.4
i. Total number of applicants denied for title XXI and enrolled in title XIX	0	
☒ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate:		

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 2019. 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 2019 (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 2019 (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 2019.

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.

Description	Number	Percent				
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	123141	100%				
2. Total number of children screened for redetermination for title XXI	123141	100	100%			
3. Total number of children retained in title XXI after the redetermination process	67531	54.84	54.84			
4. Total number of children disenrolled from title XXI after the redetermination process	55610	45.16	45.16	100%		
a. Total number of children disenrolled from title XXI for failure to comply with procedures	30354			54.58		
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	25256			45.42	100%	
i Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	24801				98.2	
ii Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☒)						
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 ☐)	455				1.8	
iv Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☒)						
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☒)						

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]**.

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) 2019, 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 2019 (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 2019.
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 2019. 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 2019 (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.

Description	Number	Percent				
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	476474	100%				
2. Total number of children screened for redetermination for title XIX	476474	100	100%			
3. Total number of children retained in title XIX after the redetermination process	335816	70.48	70.48			
4. Total number of children disenrolled from title XIX after the redetermination process	140658	29.52	29.52	100%		
a. Total number of children disenrolled from title XIX for failure to comply with procedures	98358			69.93		
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	42300			30.07	100%	
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)	42300				100	
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☒)						
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories ☒)						

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]**.

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) 2019, 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 2019 (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 2019.

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 2019. 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 2019 (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 2018

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**.

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018 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 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018. For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

Instructions: For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (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 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. 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 the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **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 row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

Table 3 a. 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 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, 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 2018, he/she would not be enrolled in title XIX in December 2017, 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 2018**	13341	100%	8531	100%	1498	100%	2121	100%	1191	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	10616	79.57	7049	82.63	1097	73.23	1602	75.53	868	72.88
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	165	1.24	57	0.67	37	2.47	51	2.4	20	1.68
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	38	0.28	1	0.01	12	0.8	18	0.85	7	0.59
4. Total number of children disenrolled from title XIX	2560	19.19	1425	16.7	364	24.3	468	22.07	303	25.44
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 ☐)	133	1	21	0.25	35	2.34	43	2.03	34	2.85
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX	8738	65.5	6145	72.03	786	52.47	1175	55.4	632	53.06
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1934	14.5	1232	14.44	231	15.42	282	13.3	189	15.87
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	86	0.64	14	0.16	23	1.54	30	1.41	19	1.6
7. Total number of children disenrolled from title XIX	2669	20.01	1154	13.53	481	32.11	664	31.31	370	31.07
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 ☐)	238	1.78	71	0.83	49	3.27	77	3.63	41	3.44
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX	3799	28.48	2837	33.26	313	20.89	436	20.56	213	17.88

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
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1783	13.36	1086	12.73	234	15.62	298	14.05	165	13.85
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	160	1.2	94	1.1	24	1.6	30	1.41	12	1.01
10. Total number of children disenrolled from title XIX	7759	58.16	4608	54.01	951	63.48	1387	65.39	813	68.26
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 ☐)	373	2.8	292	3.42	25	1.67	33	1.56	23	1.93

Definitions:

1. The "total number of children newly enrolled in title XIX in the second quarter of FFY 2018" 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 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
   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 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
   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 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during <u>12 months</u> 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 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018
>+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019
>+ the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019
>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 <u>12 months</u> after their enrollment month is defined as the sum of:
>the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
>+ the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
>+ the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
>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 <u>18 months</u> is defined as the sum of:
>the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
>+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
>+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XIX coverage during <u>18 months</u> 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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019
>+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2019
>+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2019
>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 <u>18 months</u> after their enrollment month is defined as the sum of:
>the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
>+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
>+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
>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 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 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, 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 2018, he/she would not be enrolled in title XXI in December 2017, 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 2018	618	100%	18	100%	170	100%	276	100%	154	100%

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
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XXI	298	48.22	4	22.22	79	46.47	139	50.36	76	49.35
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	21	3.4	1	5.56	9	5.29	5	1.81	6	3.9
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	11	1.78	1	5.56	6	3.53	0		4	2.6
4. Total number of children disenrolled from title XXI	299	48.38	13	72.22	82	48.24	132	47.83	72	46.75
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 ☐)	97	15.7	4	22.22	31	18.24	36	13.04	26	16.88
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	195	31.55	3	16.67	44	25.88	96	34.78	52	33.77
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	108	17.48	7	38.89	29	17.06	49	17.75	23	14.94
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	19	3.07	2	11.11	11	6.47	5	1.81	1	0.65
7. Total number of children disenrolled from title XXI	315	50.97	8	44.44	97	57.06	131	47.46	79	51.3
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 ☐)	133	21.52	5	27.78	38	22.35	53	19.2	37	24.03
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	36	5.83	0		10	5.88	14	5.07	12	7.79
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	30	4.85	0		11	6.47	13	4.71	6	3.9
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	12	1.94	0		6	3.53	4	1.45	2	1.3
10. Total number of children disenrolled from title XXI	552	89.32	18	100	149	87.65	249	90.22	136	88.31
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 ☐)	77	12.46	1	5.56	30	17.65	26	9.42	20	12.99

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2018" 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 <u>6 months</u> is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title XXI coverage during <u>6 months</u> 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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
   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, <u>6 months</u> after their enrollment month is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
   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 <u>12 months</u> is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XXI coverage during <u>12 months</u> 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 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
   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 <u>12 months</u> after their enrollment month is defined as the sum of:
   the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
   + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
   + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
   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 <u>18 months</u> is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XXI coverage during <u>18 months</u> 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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
   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 <u>18 months</u> after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
    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]**

Section IIID: 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? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

   a. Cost sharing is tracked by:

   ☐ Enrollees (shoebox method)

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

   ☐ Health Plan(s)
   ☐ State
   ☐ Third Party Administrator
   ☒ N/A (No cost sharing required)
   ☐ Other, please explain. **[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]**

   N/A

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]**

   N/A

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]**

STATISTICAL ENROLLMENT DATA CONFIRMS 4.7% INCREASE IN CHIP ENROLLENT DURING THE REPORTING YEAR.

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

Section IIIE: Employer sponsored insurance Program (including Premium Assistance)

1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for children and/or adults using Title XXI funds?

   ☐ Yes, please answer questions below.
   ☒ No, skip to Program Integrity subsection.

   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)

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 2019.

   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:

Population	State	Employer	Employee
Child			
Parent			

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

	Low	High
Children		
Parent		

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.

Income level of	From	To
Children	% of FPL **[5]**	% of FPL **[5]**
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 IIIE below. **[7500]**

Section IIIF: 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: **[7500]**

There are no special procedures for SCHIP cases as Kentucky's SCHIP Program follows Medicaid guidelines. Program violations are treated the same as Medicaid Fraud cases and children under 19 are exempt from disqualification for Medicaid Intentional program violation.

Medicaid Program Integrity uses the following methods and procedures for prevention, investigation and referral of cases of fraud and abuse.

The Medicaid agency implemented a statewide surveillance and utilization control program that,

(a) Safeguards against unnecessary or inappropriate use of Medicaid services and against excess payments;

(b) Assesses the quality of those services;

(c) Provides for the control of the utilization of all services provided under the plan. Program Integrity

• Investigates and resolves referred billing issues which involve providers erroneously billing Medicaid members for services Medicaid denied, excessive or inappropriate co-pays, or services the member denies receiving.

• Terminates Medicaid providers by either provider or department initiated within 30 days notice to the other without cause.

2. for an unacceptable practice.

3. for Medicare or Medicaid conviction through judicial process.

4. for termination or suspension from Medicare.

5. for revocation or suspension of license, certification or registration

•Serve as the liaison with Centers for Medicare and Medicaid (CMS) for Federal Investigations Database (FID).

•Coordinates Payment Error Rate for Medicaid (PERM) project with Medicaid, CMS and CMS Contractors to measure Medicaid payment errors in an effort to enable CMS to calculate a national error rate average by rolling up state averages.

• Oversees and runs SURS (Surveillance and Utilization Review Subsystem) reports that reveal potential patterns of provider (and member) fraud and abuse and are used to target providers and members to audit.

• Data mine Medicaid claims through algorithms to probe for potential fraud and abuse which may not be revealed through the SURS reports.

• Optum Insight is the primary audit contractor and is used to assist in SURS report analysis to identify post payment review overpayments, making recommendations for on-site and desk reviews and provide the coding expertise, clinical advice and consultation for these reviews.

*Third Party Liability receives TPL information from the following sources:

Members: Calls in response to questionnaires and letters

Providers: Calls, letters, claim submission and audits

Insurance Carriers: Data matching in response to questionnaires and letters, claim submission

Social Security Administration: (SSA) Receive file from SSA

Third Party Contractor: Data matching, credit balance audits, recoupments, and casualty recovery cases Attorney General's (AG) Office: Mass tort claims (i.e. drug manufacturers)

Office of Inspector General (OIG): Hotline calls, and referrals,

*Cases are referred to Special Investigations, MFCU, KY Board of Pharmacy, Drug Enforcement

Do managed health care plans with which your program contracts have written plans?

☒ Yes
☐ No

Please Explain: **[500]**

Each Kentucky MCO (Passport, WellCare, Humana CareSource, Aetna Blue Cross/Blue Shield and Anthem) is required to established a Program Integrity Unit to detect and investigate possible fraud Each unit is to handle all referrals of fraud and abuse matters, report to and meet regularly with regulatory agencies, and serve as the coordination point for external legal investigations. Each MCO PI unit also works to prevent fraud and abuse by educating staff and providers

2. For the reporting period, please report the

   32 Number of fair hearing appeals of eligibility denials

   1 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

   36 Number of cases investigated

   36 Number of cases referred to appropriate law enforcement officials

   Provider Billing

   18 Number of cases investigated

   3 Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   492 Number of cases investigated

   116 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: **[7500]**

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

☐ Yes

☒ No

Please Explain: **[500]**

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

Section IIIG: 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).**

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Individuals Enrolled for at Least 90 Continuous Days[1]	591281	24057	66303	97876	124356	150505	105320
Total Enrollees Receiving Any Dental Services[2] [7]	302204	226	14029	54621	81523	91624	52821
Total Enrollees Receiving Preventive Dental Services[3] [7]	271225	34	11494	50341	76238	83712	44148

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[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 Enrollees 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 Enrollees 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.

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services[4] [7]	139004	107	1802	17827	38714	44608	31342

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 tooth[5]? [7]**
19806

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]**

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[4] **Total Enrollees 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.

[5] **Receiving 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.

Section IIIH: 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: https://www.medicaid.gov/medicaid/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?
☒ Yes
☐ No

If Yes, How Did you Report this Survey (select all that apply):
☒ Submitted raw data to AHRQ (CAHPS Database)
☐ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
☐ Other. Explain:

If No, Explain Why:
Select all that apply (Must select at least one):

☐ Service not covered
☐ Population not covered
    ☐ Entire population not covered
    ☐ Partial population not covered
    Explain the partial population not covered:
☐ Data not available
    Explain why data not available
    ☐ Budget constraints
    ☐ Staff constraints
    ☐ Data inconsistencies/accuracy
    Please explain:
    ☐ Data source not easily accessible
    Select all that apply:
        ☐ Requires medical record review
        ☐ Requires data linkage which does not currently exist
        ☐ Other:

☐ Information not collected.
Select all that apply:
☐ Not collected by provider (hospital/health plan)
☐ Other:

☐ Other:
☐ Small sample size (less than 30)
Enter specific sample size:
☐ Other. Explain:

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:
☒ Denominator includes CHIP (Title XXI) population only.
☐ Survey sample includes CHIP Medicaid Expansion population.
☐ Survey sample includes Separate CHIP population.
☒ 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?
☐ CAHPS® 5.0.
☒ CAHPS® 5.0H.
☐ Other. Explain:

Which Supplemental Item Sets were Included in the Survey?
☒ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☐ Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?
☒ NCQA HEDIS CAHPS 5.0H administrative protocol
☐ HRQ CAHPS administrative protocol
☐ Other administrative protocol. Explain:

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

Section III I: Health Service Initiatives (HSI) Under the CHIP State Plan

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, states have the option to use up to 10 percent of actual or estimated Federal expenditures to develop state-designed Health Services Initiatives (HSI) (after first funding costs associated with administration of the CHIP state plan), as defined in regulations at 42 CFR 457.10, to improve the health of low-income children.

All states with approved HSI program(s) described in the CHIP state plan should answer "Yes" to question 1, and complete questions 2 and 3. If the state has an approved HSI that is not currently operating using Title XXI funds, please check "Yes", to question 1, include the program name and description in the table for question 2, and indicate in the narrative portion of this section that the state is not currently implementing the program.

1) Does your state operate HSI(s) to provide direct services or implement public health initiatives using Title XXI funds?

☐ Yes, please answer questions below.

☒ No, please skip to Section IV.

2) In the table below, please provide a brief description of each HSI program operated in the state in the first column. In the second column, please list the populations served by each HSI program. In the third column, provide estimates of the number of children served by each HSI program. In the fourth column, provide the percentage of the population served by the HSI who are children below your state's CHIP FPL eligibility threshold.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]

[6] The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]

3) Please define a metric for each of your state's HSI programs that is used to measure the program's impact on improving the health of low-income children. In the table below, please list the HSI program title in the first column, and include a metric used to measure that program's impact in the second column. In the third column, please provide the outcomes for metrics reported in the second column. States that are already reporting to CMS on such measures related to their HSI program(s) do not need to replicate that reporting here and may skip to Section IV.

HSI Program	Metric	Outcome

Enter any Narrative text related to Section III I 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 2019. 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	2019	2020	2021
Insurance payments			
Managed Care	222079703	237453173	245865584
Fee for Service	20320421	27058712	29748159
Total Benefit Costs	242400124	264511885	275613743
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 242400124	$ 264511885	$ 275613743

Administration Costs	2019	2020	2021
Personnel	433176	319602	328702
General Administration	510478	1113800	1113800
Contractors/Brokers (e.g., enrollment contractors)	1129011	1666598	1666598
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs) E161, E163, E166			
Health Services Initiatives			
Total Administration Costs	2072665	3100000	3109100
10% Administrative Cap (net benefit costs ÷ 9)	26933347	29390209	30623749

	2019	2020	2021
Federal Title XXI Share	244472789	245587427	224204655
State Share	0	22024458	54518188
TOTAL COSTS OF APPROVED CHIP PLAN	244472789	267611885	278722843

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 tables 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.

A. Managed Care

Year	Number of Eligibles	PMPM ($)
2019	88548	$209
2020	92900	$213
2021	97103	$211

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2019	97076	$18
2020	93953	$24
2021	95346	$26

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

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. **[7500]**

    During this reporting period, Kentucky Children's Health Insurance Program (KCHIP) eliminated cost sharing and operated within its forecasted expenditures, while averting the elimination of any services.   We were able to increase CHIP enrollment levels throughout the reporting period without instituting a waiting list, lowering eligibility levels, or reducing benefits.   As in previous years, both federal and state budgetary issues were of great concern during this reporting period. According to the Current Population Survey of 2019, Kentucky has approximately 4,600 uninsured children under 213% of the federal poverty level. During the reporting period, KCHIP continued to coordinate with with state wide Managed Care Organizations to expand outreach efforts as well as to increase awareness of the program at the community level. Therefore, increases in enrollment trends are expected to continue and additional funds will be necessary in order to accommodate the increase in enrollment due to increased outreach efforts and economic conditions. Based on budget projections developed by the Cabinet for Health Services, funding to cover KCHIP expenditures will be available until September, 2021.

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

    Collaborating with MCO's to continue to conduct a successful Outreach campaign, in order to reach approximately 4,600 eligible but un-enrolled children in Kentucky, has been the greatest challenge during the reporting period.

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

    The greatest accomplishment has been to eliminate cost sharing and increase the number of CHIP children by enrolling an additional 5,053 in the CHIP Program.

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. **[7500]**

    N/A

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