

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

Preamble

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

The framework is designed to:

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

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

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

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

***Disclosure.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: _____

CHIP Program Name(s): LaCHIP

CHIP Program Type:

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

Reporting Period: 2017 Note: Federal Fiscal Year 2017 starts 10/1/2016 and ends 9/30/2017.

Contact Person/Title: Jen Steele/Medicaid Director

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Submission Date: _____

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

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

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

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

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

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

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

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

For FFY 2017, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		Medicaid Expansion CHIP Program			Separate Child Health Program		
		Yes	No Change	N/A	Yes	No Change	N/A
j)	Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k)	Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l)	Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m)	Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n)	Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o)	Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p)	Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q)	Pregnant Women state plan expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r)	Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s)	Other – please specify						
a.	[50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	[50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	[50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
e) Cost sharing (including amounts, populations, & collection process)	

f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process	
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women state plan expansion	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a. [50]	
b. [50]	
c. [50]	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your state for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your state's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response. 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 2016	FFY 2017	Percent change FFY 2016-2017
CHIP Medicaid Expansion Program	147894	144657	-2.19
Separate Child Health Program	13671	13072	-4.38

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. N/A **[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	175	26.6	14.6	2.2
1998-2000	161	25.8	13.7	2.0

2000-2002	123	18.6	9.7	1.4
2002-2004	106	17.5	8.6	1.4
2003-2005	88	15.7	7.3	1.3
2004-2006	85	15.0	7.4	1.3
2005-2007	91	16.0	8.0	1.4
2006-2008	102	17.0	9.0	1.4
2007-2009	87	16.0	7.4	1.3
2008-2010	76	13.0	6.3	1.0
2009-2011	73	16.0	6.1	1.3
2010-2012	75	17.0	6.3	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	42	5.0	3.6	.4
2014	35	4.0	3.1	.4
2015	29	4.0	2.5	.3
2016	23	4.0	2.0	.3
Percent change 2015 vs. 2016	20.7	N/A	.0	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.

The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reduce the number of uninsured children. This data illustrates how effective the phased-in approach of the eligibility expansion model has been, as well as the focus on simplification of policies to keep children enrolled. This has resulted in Louisiana being ahead of the curve on this very important healthcare indicator.

Looking at the most recent data, this long run trend appears to have leveled off, or perhaps bounced back up slightly from recent historic lows. Louisiana's economy has been impacted by two major economic shifts, which have created churn in the labor market and potentially reduced employer coverage. The drop in oil prices in late 2014 led to a slowdown in 2015, which generated an increasing number of layoffs in 2016 and 2017 as the oil and gas industry expectations shifted away from initial hopes that the downturn would be short-lived to a new expectation that prices will remain suppressed for an extended period of time. In 2016, the Lafayette and Houma regions of the state, which are heavily dependent on oil and gas, ranked as number 1 and 3 in the nation for cities with the greatest job losses during the year. At the same time, the Lake Charles and Baton Rouge regions have benefited from a historic wave of capital investments in manufacturing with \$178.8 billion in announcements since 2012, which accelerated growth in 2016 and pushed Lake Charles to be recognized as the third fastest growing city economy in the nation. These countervailing trends have led to only modest changes in statewide employment, but mask the impact of this economic churn on insurance coverage. **[7500]**

- B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates.

Ongoing research funded through the Louisiana Health Insurance Survey has documented a systematic bias in survey responses of insurance coverage whereby a portion of individuals covered by Medicaid may report having no insurance. Reporting errors can be reduced using wording that better captures local vernacular and referring to state-run programs using the names/branding promoted within the state to draw attention to Medicaid and related programs. While the American Community Survey is able to tailor language in phone follow-ups, the mail surveys used as a primary survey mode do not use Louisiana-specific language (i.e. Bayou Health) and would be expected to overstate uninsured rates relative to a survey customized for implementation in Louisiana. Moreover, we have the ability to match survey data to administrative data in order to develop a statistical correction model for survey misreporting.

[7500]

3. Please indicate by checking the box below whether your state has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

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

Data source(s)	Louisiana Health Insurance Survey and analysis by the LSU Economics & Policy Research Group
Reporting period (2 or more points in time)	Survey has been conducted every two years starting in 2003 with estimates of insurance coverage between consecutive surveys produced using a forecasting model for uninsured rates
Methodology	The Louisiana Health Insurance Survey (LHIS), a biennial survey designed to assess Louisiana's uninsured populations includes computer-assisted telephone interviews of nonelderly Louisiana residents with coverage of households including those with landlines and/or cell phones. In addition, a targeted Medicaid bias survey of known Medicaid recipients is completed to provide data to develop a model to correct for reporting error related to Medicaid coverage. Results are based on telephone surveys of 8,000 Louisiana households chosen using stratified random sampling, where strata are chosen to ensure that a minimum number of completes are gathered from each region within the state and provide adequate variation across key demographic groups. The analysis portion of this project will estimate the degree of misreporting among Medicaid recipients and construct a bias correction model as well as a forecasting model to incorporate LHIS, CPS, Medicaid enrollment data and economic data. The forecasting model will be updated semi-annually.
Population (Please include ages and income levels)	All non-elderly Louisiana households.
Sample sizes	8,000 households in each survey year
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003. This number decreased to 7.6% in 2005, to 5.4% in 2007, to 5.0% in 2009, to 3.5% in 2011, increased slightly to 4.4% in 2013, then dropped again in 2015 to

	<p>3.8%, which is the most recent year for which finalized estimates from the main survey are available.</p> <p>Preliminary estimates from the 2017 survey suggest that the overall uninsured rate for children has fallen to approximately 2.1% based on the first 4,038 completed surveys.</p> <p>Because finalized estimates from the 2017 survey are not yet available, we are also providing forecasted uninsured rates based on the 2015 LHIS and updated CPS, Medicaid enrollment and economic data for the period December 2016. Among children below 200% of poverty, the estimated number of children without insurance was 29,356 in the 2015 LHIS (compares with 29,000 using the ACS and not statistically different from their estimate in 2015). Using the forecasting model to predict changes in coverage over time, we estimate that the number of uninsured children who were below 200% of poverty in December 2016 was 27,600. This figure is not statistically different from the estimate provided by the ACS, but is consistent with the expectation that economic factors may have led to a modest increase in the uninsured rate as job losses are not offset perfectly by job gains elsewhere in the state economy.</p>
Statistical significance of results	margin error from the LHIS is approximately 0.4 for estimating the uninsured rate among children

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

This study addresses what health researchers have long known—that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of individuals who are enrolled in Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature.

The study also gives the state an opportunity to customize the wording of questions to ensure that recognizable terminology is used (e.g. “Bayou Health”), which increases the accuracy of survey responses.

Finally, the LHIS provides the state with rapid access to detailed data on insurance coverage that can be analyzed more flexibly than other publicly-available data (namely the ACS), which suppress geographic and other relevant data. Beyond providing more accurate and timely estimates of insurance coverage, this data source provides the state with a valuable tool in the long-term effort to expand coverage and increase access to care. **[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.

The LHIS was designed in such a way as to assure large samples by region and within demographic characteristics to gain estimates by location. The general confidence interval estimated from the sample size provides a meaningful estimate of statistical significance. Semi-annual updates of the estimates provide recent and relevant information available. The parish-level forecasting of uninsured rates provide timely updates of how insurance is likely to

be shifting. Those methods have been developed by our research partners at LSU and have been submitted for peer review and academic publication. **[7500]**

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

None that we are aware of at this time. **[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 2015 and FFY 2016) 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 2017).

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

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

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

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

Goal:

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

Type of Goal:

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2017.

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 2017.
- Same data as reported in a previous year’s annual report: Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

Measurement Specification:

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

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

HEDIS® Version:

Please specify HEDIS® Version (example 2016). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

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

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

Deviations from Measure Specification

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

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

The five types (and examples) of deviations are:

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

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

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

Date Range: available for 2017 CARTS reporting period.

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

Performance Measurement Data (HEDIS® or Other):

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

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

Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2018, 2019 and 2020. Based on your recent performance on the measure (from FFY 2015 through 2017), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

Other Comments on Measure:

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

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for LaCHIP. Prevent a reduction in the number of children covered as of the end of FFY17 thus decreasing the number of uninsured eligible children by Oct. 1, 2018.
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable
Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015	Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016	Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 9/2017
Performance Measurement Data:	Performance Measurement Data:	Performance Measurement Data:

FFY 2015	FFY 2016	FFY 2017
Describe what is being measured: Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY14 from the number enrolled at the end of FFY15. Actual enrollment increased by 1,038 children to a total of 125,108. Numerator: Denominator: Rate:	Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY15 from the number enrolled at the end of FFY16. Actual enrollment decreased by 971 children to a total of 124,137. Numerator: Denominator: Rate:	Describe what is being measured: Net change of children enrolled in LaCHIP at the end of FFY16 from the number enrolled at the end of FFY17. Actual enrollment decreased by 3,164 children to a total of 120,973. Numerator: 0 Denominator: 0 Rate:
Additional notes on measure:	Additional notes on measure:	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? Louisiana met our objective of preventing greater than 5% decline by having a net decrease of 2.56% in enrollment What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued simplified application/renewal processes and focused on minimizing the number of closures due to procedural reasons. Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2018: To prevent more than a 5% decline in enrollment by Oct 1, 2018 in Title XXI CHIP Annual Performance Objective for FFY 2019: To prevent more than a 5% decline in enrollment by Oct 1, 2019 in Title XXI CHIP Annual Performance Objective for FFY 2020: To prevent more than a 5% decline in enrollment by Oct 1, 2020 in Title XXI CHIP Explain how these objectives were set: Based on current year enrollment data and the proportion of remaining uninsured children in the income group per the 2017 LHIS which we are targeting to add every fiscal year. A 12 month trending model of actual enrollment for this group was also used.		
Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY 2016	FFY 2017
Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Objectives Related to CHIP Enrollment

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)	Goal #1 (Describe) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)	Goal #1 (Describe) Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.
Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015	Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016	Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017

FFY 2015	FFY 2016	FFY 2017
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY16 from the number enrolled at the end of FFY17. Actual enrollment increased by 231 children. Numerator: 0 Denominator: 0 Rate:
Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable.	Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable.	Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable.
Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? Louisiana met it's goal of preventing more than a 10% decline in enrollment with an actual increase of 8.07% for the 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? Continued simplified application/renewal processes and the focus on minimizing the number of closures due to procedural reasons. Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2018: To prevent more than a 10% decline in enrollment by Oct 1, 2018 in Title XXI CHIP. Annual Performance Objective for FFY 2019: To prevent more than a 10% decline in enrollment by Oct 1, 2019 in Title XXI CHIP. Annual Performance Objective for FFY 2020: To prevent more than a 10% decline in enrollment by Oct 1, 2020 in Title XXI CHIP. Explain how these objectives were set:		
Other Comments on Measure: Due to MAGI conversion of the applicable Federal Poverty Levels, the window of eligibility for the CHIP Phase V group shrunk by 12 percentage points which effectively made more children eligible for the CHIP Expansion Phase IV group. The lower limit went from 201% to 217% while the upper limit increased from 250% to 255%		

Objectives Related CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Objective: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Objectives Related to Medicaid Enrollment

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of enrolled eligible children.	Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of enrolled eligible children.	Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid. This will be achieved by preventing a reduction of 3% or greater in the number of enrolled eligible children.
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.
Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015	Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016	Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017

FFY 2015	FFY 2016	FFY 2017
Performance Measurement Data: Describe what is being measured: Describe what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY14 from the number enrolled in Medicaid at the end of FFY15. Actual net enrollment increased by 25,187. Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY15 from the number enrolled in Medicaid at the end of FFY16. Actual net enrollment decreased by 14,337. Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY16 from the number enrolled in Medicaid at the end of FFY17. Actual net enrollment decreased by 11,769. Numerator: 0 Denominator: 0 Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? Louisiana exceeded its objective of preventing more than a 3% decline in enrollment of eligible children with a net decrease of 11,769 Medicaid children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The availability of insurance for parents through the Affordable Care Act, coupled with the requirement of enrollment of children into Medicaid/CHIP prior to the MarketPlace, appears to have captured those who may not have previously applied for Medicaid.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: To have a 1% increase in enrollment by Oct 1, 2018 in Medicaid Title XIX Program.</p> <p>Annual Performance Objective for FFY 2019: To have a 1% increase in enrollment by Oct 1, 2019 in Medicaid Title XIX Program.</p> <p>Annual Performance Objective for FFY 2020: To have a 1% increase in enrollment by Oct 1, 2020 in Medicaid Title XIX Program.</p> <p>Explain how these objectives were set: These objectives were set based on a 12 month trending model of actual enrollment for this group.</p>		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2015	FFY2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2015	FFY2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 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? 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:		
Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify Version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p>Annual Performance Objective for FFY 2020:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify Version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
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Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
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Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator: Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
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Other Comments on Measure:		

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

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	Type of Goal: <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	Status of Data Reported: <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version version of HEDIS used: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
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HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator:	HEDIS Performance Measurement Data: (If reporting with HEDIS) Numerator: Denominator:

FFY 2015	FFY 2016	FFY 2017
Rate:	Rate:	Rate:
Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	Deviations from Measure Specifications; <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
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Other Comments on Measure:		

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

The State of Louisiana uses the Medicaid Quality Management Strategy as a function of the Medicaid Quality Assessment and Performance Improvement Program to continually monitor and evaluate the quality as well as the appropriateness of care and services; to ensure a culture of improvement for Medicaid/CHIP's care and services; and to promote improved patient outcomes through monitoring and evaluation activities. The Medicaid Quality and Performance Improvement Program incorporate strategies that include but are not limited to: performance improvement projects, medical record audits, performance measures, continuous quality improvement activities (PDSA), member and/or provider surveys, health information technology, and activities to ascertain health disparities identified through data collection. Examples of Medicaid Quality Improvement strategies include:

- *Two Performance Improvement Projects (PIP) that focus on ADHD and Prematurity. The goal is to increase the appropriate ADHD diagnosis and drug utilization and reduce prematurity statewide by 15% by the end of the three-year contract period.*
 - *Enable population health management through statewide quality collaboratives such as the Louisiana Perinatal Quality Collaborative, MCO PIP Collaborative, Quality Subcommittees, Perinatal Commission, Perinatal Commission, HIV Affinity Group, Louisiana Colorectal Taskforce, March of Dimes Perinatal taskforce) with numerous meetings and webinars. These collaboratives are valuable stakeholder engagement opportunities to improve health outcomes through provider and community outreach, policy updates, and feedback.*
 - *Engaged stakeholders throughout the State of Louisiana via regional town halls to solicit input from providers and specialists in the selection of Medicaid performance measures. This engagement resulted in the selection of 49 population specific performance measures.*
 - *Identified healthcare improvements in the Medicaid/CHIP population utilizing specified performance metrics and implemented a Quality Dashboard to display trends.*
 - *Increased the adoption of Electronic Health Records throughout the State of Louisiana through the Medicaid Health Information Technology program.*
 - *The Medicaid Health Information Technology program will collaborate with the Office of Public Health to upgrade the Louisiana Immunizations Network for Kids to allow data input from all Louisiana citizens.*
 - *Utilizing member and provider satisfaction surveys to assess member satisfaction with their overall health care experience as well as provider satisfaction of the health plans.*
 - *The State in partnership with MCOs work to identify and address the factors that lead to health disparities among, racial, ethnic, geographic and socioeconomic groups so that barriers to health equity can be removed. The MCOs are required to report demographic data (including racial/ethnic data), outcome measures, utilization and special needs population (target population) data to the State through the required data submission process. The measurement of any disparity by racial or ethnic groups will be used to monitor: timely access, quality and appropriateness of care and coverage/authorization of care. Each MCO reports on cultural competency and linguistics requirements as well as core benefits and services.*
 - *The use of a Health Disparities Questionnaire on how MCOs are using Health Information Technology (HIT) to improve care for Medicaid members; and what actions MCOs are taking to reduce disparities in health outcomes. These results will be included Annual Technical Reports.*
 - *Increase access to care by analyzing patient-level data and provider profiles.*
- Alignment of quality measures across managed care organizations has reduced the burden of quality data reporting.*

[7500]

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

The State of Louisiana intends to promote and further its mission by defining measurable results that will improve Medicaid and CHIP enrolled individuals' access and satisfaction, and will maximize

program efficiency, effectiveness, responsiveness and reduce operational and service costs. The following strategies are intended to support the achievement of this mission:

- Evaluate opportunities such as Value Based Purchasing, along with our Managed Care Organizations and patient-centered medical homes for Medicaid and CHIP eligible recipients to promote continuity of care;
 - Emphasize prevention and self-management in order to improve quality of life; Community partnerships to promote best practices,
 - Supply providers and members with evidence-based information and resources to support optimal health management;
 - Expand upon our Health Information Exchange efforts to improve Louisiana health outcomes by evaluation of known clinical results and quality measures,
 - Review the implementation of MCO interventions to improve access to, quality and review data analysis of outcomes to care, and
- Utilize data management and feedback to improve Louisiana health outcomes. [7500]

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

One of the collaborative Performance Improvement Projects (PIP) for LDH Medicaid and the five Managed Care Plans is Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with Attention Deficit and Hyperactivity Disorder (ADHD). The PIP's focus is to increase appropriate ADHD diagnosis and drug utilization. The target for improvement is to reduce by 20% prescriptions among populations who are shown to have high incidence of prescribing with a focus on the 0-6 population. The Managed Care Plans collaborate in an effort to identify barriers, implement identified interventions, and use intervention tracking (process) measures to demonstrate improvement for the contract year. As a Collaborative, the five Managed Care Plans agreed upon the following intervention strategies:

- Improve workforce capacity
- Conduct provider education for ADHD assessment and management consistent with clinical guidelines
- Expand PCP access to behavioral health consultation
- Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

A few examples of Interventions are: utilizing the American Academy of Pediatrics (AAP) ADHD Provider Toolkit; train PCPs on available behavioral health educational resources and online resources for assessment and treatment, tailored to the unique educational needs of pediatricians and family practitioners as identified by the ADHD provider survey findings; increase member referrals to telemedicine; provide behavior therapy trainings to providers (e.g., Positive Parenting Program, Trauma-focused Cognitive Behavioral Therapy, Parent Management Training); connect families to non-pharmacologic interventions for a minimum of 6 months prior to initiating medication; develop a plan of care for children with ADHD who are enrolled in case management; member incentive for follow up visit for ADHD medication initiation; and collaborate with School-Based Health Care providers to coordinate ADHD care with PCPs.

The baseline data year and most recent year of reporting is 2016; therefore, data to show improvement subsequent to the baseline year is not yet available.

[7500]

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

The bi-annual Louisiana Health Insurance Survey (LHIS) and associated reports provide the

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

The annual Diabetes and Obesity Report for the Healthy Louisiana Program includes information on prevalence, utilization, and costs of obesity and diabetes based on data submitted by the each of the five Managed Care Plans and cover the managed care population which includes CHIP recipients. LDH strives to protect and promote health statewide and to ensure access to medical, preventative and rehabilitative services for all residents. LDH and the MCO plans promote strategies to empower the community, promote self-management training and monitor health outcomes. A few recommendations are to appropriately fund outpatient nutritional services provided by a registered dietitian, appropriately fund diabetes self-management education, and implement reforms aimed at improving diabetes and obesity outcomes in Louisiana. [7500]

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

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

A. OUTREACH

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

Post Medicaid Expansion, LDH has returned a more generalized Outreach approach: To coordinate with Community Partners and attend Outreach events upon request to assist the public with Medicaid enrollment and to answer any Medicaid related questions that may arise. [7500]

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

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

LDH continues to conduct outreach to non-profit organizations, faith based organizations, private employers and other government agencies. At these events, staff provide a clear, consistent message about Medicaid and LaCHIP and the benefits that the programs have to offer.

The bilingual Strategic Enrollment Unit (SEU) continues to reach out to Spanish and Vietnamese communities in our state to assist with understanding the Medicaid application process, to respond to eligibility related questions, and to help instruct now to retain eligible children at renewal. [7500]

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

Each of the strategies listed above has proven effective in the enrollment and retention of eligible children in Louisiana. [7500]

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]

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

(Identify the data source used). [7500]

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

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Table 1.

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	Specify number of months	3
	To which groups (including FPL levels) does the period of uninsurance apply? The substitution of coverage applies to the Separate CHIP program, LaCHIP Affordable Plan. This group includes children with income between 212% and 250% FPL. [1000]	
	List all exemptions to imposing the period of uninsurance [1000]	
	<input type="checkbox"/>	N/A
Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	If yes, what database? [1000]	
	<input type="checkbox"/>	N/A

2. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] [5] 20.8% and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) * 100] [5]? 1.36% Provide a combined percent if you cannot calculate separate percentages. [5] N/A
3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? [5] 1.36%
 - a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? [5] 2.35%
4. Do you track the number of individuals who have access to private insurance?

☐ Yes ☒ No

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

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

C. ELIGIBILITY

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? ☐ Yes ☒ No
If yes,
 - a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]
 - b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? [5]
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.
 - ☒ Conducts follow-up with clients through caseworkers/outreach workers
 - ☐ Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? [500]
 - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) [500]
 - ☒ Other, please explain: Exparte renewals, telephone renewals, and Administrative Renewals [500]
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] Both are very effective. We monitor our churn rate due to procedural closures and the rate was approximately 18.24%.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2017

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2017. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI coverage	10,749	100%
a. Total number of procedural denials	643	5.98%
b. Total number of eligibility denials	10,020	93.22%

i. Total number of applicants denied for title XXI and enrolled in title XIX	8,668	80.64%
<input type="checkbox"/> (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate: <u>withdrawal, existing pending applications, open in error</u>	86	0.80%

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 2017. 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 2017 (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 2017 (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 2017.

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

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

	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	121,812	100%			
2. Total number of children screened for redetermination for title XXI	121,205	99.50%	100%		
3. Total number of children retained in title XXI after the redetermination process	93,328	76.62%	77.00%		
4. Total number of children disenrolled from title XXI after the redetermination process	16,270	13.36%	13.42%	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	12,076			74.22%	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	3,936			24.19%	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	2,611				66.34%
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	218				5.54%
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here <input type="checkbox"/>)	513				13.03%
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/>)	593				15.07%
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: _____ (Check here if there are no additional categories <input type="checkbox"/>)	258			1.59%	

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

N/A

Definitions:

1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, 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 2017 (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 2017.
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 2017. 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 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

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

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

	Number	Percent			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	601,544	100%			
2. Total number of children screened for redetermination for title XIX	599,178	99.61%	100%		
3. Total number of children retained in title XIX after the redetermination process	513,339	85.34%	85.67%		
4. Total number of children disenrolled from title XIX after the redetermination process	48,102	8.00%	8.03%	100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures	39,552			82.23%	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	7,897			16.42%	100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/>)	2,577				32.63%
vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: <u>max age, moved out of home, open/close cert, originally ineligible, moved out of state, incarceration, death of payee, post partum end, miscarried, eligibility period exhausted</u> (If unable to provide the data check here <input type="checkbox"/>)	748				9.47%
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: <u>Requested closure and other (does not meet any existing disenrollment codes</u> (Check here if there are no additional categories <input type="checkbox"/>)	653			1.36%	

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

N/A

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, 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 2017 (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 2017.
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 2017. 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 2017 (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 2017

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

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. This same cohort of children will be reported on in the FFY 2017 CARTS report. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2017 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 2016. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March of 2018).

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

Please enter the data requested in the tables below, and the template will tabulate the percentages. The tables are pre-populated with the 6-month data you reported last year; in this report you will only enter data on the 12- and 18-month enrollment status.. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

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

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

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

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

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2016	22187	100%	10985	100%	4226	100%	4799	100%	2177	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XIX	21369		10719		4119		4681		2120	
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	12		6		4		1		1	
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	4				2		1		1	
4. Total number of children disenrolled from title XIX	536		260		103		117		56	
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	81		16		14		36		15	
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XIX	20780		10420		3886		4462		2012	
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	93		35		24		24		10	
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	10				4		4		2	
7. Total number of children disenrolled from title XIX	1314		530		316		313		155	
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	241		53		62		80		46	
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XIX	17490		8733		3248		3804		1705	
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	469		253		95		85		36	
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	39		21		9		7		2	
10. Total number of children disenrolled from title XIX	4228		1999		883		910		436	
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	1424		757		222		297		148	

Definitions:

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

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

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

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

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

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

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

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

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

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

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

Specify how your “newly enrolled” population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016	9878	100%	406	100%	2842	100%	4823	100%	1807	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	9500		386		2704		4677		1733	
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	16				2		12		2	
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	3						2		1	
4. Total number of children disenrolled from title XXI	362		20		136		134		72	
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)										
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI	8828		337		2474		4393		1624	
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	46		2		9		26		9	
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	12		1		6		2		3	
7. Total number of children disenrolled from title XXI	1004		67		359		404		174	
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)	625		40		240		242		103	
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XXI	7021		266		1885		3558		1312	
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	196		9		52		99		36	
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	47		3		17		17		10	
10. Total number of children disenrolled from title XXI	2661		131		905		1166		459	
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI	1501		68		522		663		248	

(If unable to provide the data, check here <input type="checkbox"/>)											
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Definitions:

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

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

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

D. COST SHARING

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

a. Cost sharing is tracked by:

- ☐ Enrollees (shoebox method)
- ☐ Health Plan(s)
- ☐ State
- ☐ Third Party Administrator
- ☐ N/A (No cost sharing required)
- ☒ Other, please explain. The only cost sharing required is premiums in the separate CHIP program. The premium level of \$50 would never aggregate to be more than 5% of family income based on the %FPL limits so no tracking is necessary. **[7500]**

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

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

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

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

1. Does your state offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

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

Children

- ☒ Yes, Check all that apply and complete each question for each authority.

- ☒ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
- ☒ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
- ☐ Section 1115 Demonstration (Title XXI)
- ☒ Premium Assistance Option (applicable to Medicaid Expansion) children (1906)
- ☒ Premium Assistance Option (applicable to Medicaid Expansion) children (1906A)

Adults

- ☒ Yes, Check all that apply and complete each question for each authority.

- ☒ Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
- ☒ Section 1115 demonstration (Title XXI)
- ☒ Premium Assistance option under the Medicaid state plan (1906)
- ☒ Premium Assistance option under the Medicaid state plan (1906A)

2. Please indicate which adults your state covers with premium assistance. (Check all that apply.)

- ☒ Parents and Caretaker Relatives
- ☒ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.)

The State's LaHIPP (Louisiana Health Insurance Premium Payment) program was reinstated in an effort to reduce the State's Medicaid costs by establishing or maintaining a third party resource as the primary payer of the Medicaid recipient's medical expenses. This program reimburses the recipient's premium directly to the policy holder. **[7500]**

4. What benefit package does the ESI program use?

The State utilizes only the major medical benefit package the recipient is currently enrolled in through their own ESI coverage after Eligibility determination is made for LaHIPP. **[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).

<u>0</u>	Number of childless adults ever-enrolled during the reporting period
<u>0</u>	Number of adults ever-enrolled during the reporting period
<u>33</u>	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 2017.

Children 44 Parents 0

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? The greatest challenge has been developing a state-wide provider network and enrolling LaHIPP only providers. **[7500]**

13. During the reporting period, what accomplishments have been achieved in your ESI program? Since Louisiana is a Managed Care state, the Per Member Per Month (PMPM) rates are used in the cost-effectiveness calculations instead of the old logic of utilizing claims adjustments. **[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. The state is in process of outreach efforts to increase Medicaid and LaHIPP only provider enrollment. **[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? Premium Assistance program allows LaCHIP recipients to have access to ESI which will increase access to a broader range of provider network. Enrollees will have access to behavior health services through a MCO provider network with no-out-of-pocket expenses which will have a positive impact on the stability of each family member enrolled. This will be measured by tracking the members enrolled, the reimbursement amount and calculated savings for the State. **[7500]**

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

Child	Parent
State: <u>50%</u>	State: <u>50%</u>
Employer: <u>50%</u>	Employer: <u>50%</u>
Employee: <u>0</u>	Employee: <u>0</u>

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

Children	Low <u>\$89</u>	High <u>\$244</u>
Parent	Low <u>\$61</u>	High <u>\$175</u>

18. If you offer a premium assistance program, what, if any, is the minimum employer contribution?
40% of the enrollee's ESI premium

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

Income level of Children:	<u>0</u>	% of FPL [5]	<u>255</u>	% of FPL [5]
Income level of Parents:	<u>0</u>	% of FPL [5]	<u>214</u>	% 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? The State is in process of automating administrative duties to reduce administrative errors and increase enrollment. **[7500]**

Enter any Narrative text related to Section IIIE below. The State would like to note that the State's ESI program was not reinstated until April, 2017. In this regard this reporting covers the following period: April 2017-September, 2017. **[7500]**

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

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

(1) prevention: ☒ Yes ☐ No

(2) investigation: ☒ Yes ☐ No

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

Please explain: Program Integrity uses the federal rules and regulations and the authority provided in our Medical Assistance Program Integrity Law (MAPIL) LA RS 46:437.1 – 440.1 and the Surveillance and Utilization Review System (SURS Rule) Louisiana Register, LAC 50:I, Chapter 41 as our general procedures. Specific procedures and processes are covered in the SURS Manual. Procedures can also be found in the Provider Enrollment application: PE 50 & Addendum and our MOU with the Attorney General's Medicaid Fraud Control Unit. **[7500]**

Do managed health care plans with which your program contracts have written plans? Please Explain: Yes, the managed care plans are required to have a written fraud, waste and abuse compliance plan in accordance with 42 CFR4 38.608(a). The plan is required to be submitted to

LDH for review annually for the five physical health plans, and once at the start of a new contract term for the dental and Coordinated System of Care contracts. **[500]**

2. For the reporting period, please report the

174 Number of fair hearing appeals of eligibility denials

02 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

 Number of cases investigated

 Number of cases referred to appropriate law enforcement officials

Provider Billing

1009 Number of cases investigated

315 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

625 Number of cases investigated

3 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

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

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

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

Explain: [7500]

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

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

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

State: Louisiana FFY: 2017	Age Groups						
	Total	<1	1 – 2	3 – 5	6 – 9	10–14	15–18
Total Individuals Enrolled for at Least 90 Continuous Days ¹	4559	49	336	687	1049	1321	1117
Total Enrollees Receiving Any Dental Services ² [7]	2860	0	112	444	768	907	629
Total Enrollees Receiving Preventive Dental Services ³ [7]	2728	0	106	425	740	878	579
Total Enrollees Receiving Dental Treatment Services ⁴ [7]	1119	0	2	114	326	368	309

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.

²Total 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.

³Total 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.

⁴Total 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.

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

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

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

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

If yes, how many children are enrolled? N/A [7]

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

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

H. CHIPRA CAHPS REQUIREMENT:

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

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

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

<p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
<p>Which Version of the CAHPS® Survey was Used?</p> <p> <input type="checkbox"/> CAHPS® 5.0. <input checked="" type="checkbox"/> CAHPS® 5.0H. <input type="checkbox"/> Other. Explain: </p>
<p>Which Supplemental Item Sets were Included in the Survey?</p> <p> <input type="checkbox"/> No supplemental item sets were included <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain: </p>
<p>Which Administrative Protocol was Used to Administer the Survey?</p> <p> <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain: </p>

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

I. HEALTH SERVICE INITIATIVES (HSI) UNDER THE CHIP STATE PLAN

Persuant 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.

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 ¹

¹ 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.

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. Reporting on outcomes will be optional for the FFY 2017 report as states work to develop metrics and collect outcome data. 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 2017. 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

	2017	2018	2019
Benefit Costs			

Insurance payments			
Managed Care	\$345,389,106	\$373,174,484	\$389,361,249
Fee for Service			
Total Benefit Costs	\$345,389,106	\$373,174,484	\$389,361,249
(Offsetting beneficiary cost sharing payments)	(\$37,223)	(\$26,759)	(\$16,752)
Net Benefit Costs	\$345,351,883	373,147,725	\$389,344,497

Administration Costs

Personnel	\$3,127,782	\$2,676,091	\$2,757,952
General Administration	\$2,365,710	\$3,979,308	\$4,100,699
Contractors/Brokers (e.g., enrollment contractors)	\$6,732,806	\$6,344,352	\$6,538,424
Claims Processing	\$2,044,279	\$1,695,440	\$1,747,303
Outreach/Marketing costs	\$16,435	\$17,257	\$18,120
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	\$14,287,012	\$14,712,448	\$15,162,498
10% Administrative Cap (net benefit costs ÷ 9)	\$38,372,431	\$41,460,858	\$43,260,500

Federal Title XXI Share	\$347,411,173	\$378,473,957	\$394,717,926
State Share	\$12,227,722	\$9,386,216	\$9,789,069

TOTAL COSTS OF APPROVED CHIP PLAN	\$359,638,895	\$387,860,173	\$404,506,995
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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) Premium Tax Revenue [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? No [1500]

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

	2017		2018		2019	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	125,322	\$239.14	126,575	\$255.36	127,841	\$263.68
Fee for Service		\$		\$		\$

Enter any Narrative text related to Section IV below.

FFY18 and FFY19 projections and state/federal split assume CHIP reauthorization prior to the date when Louisiana runs out of its allotment. **[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.

At the start of the reporting period of FFY 2017, Louisiana was three months into the expansion of coverage to New Adults under the Affordance Care Act (ACA). State general fund savings afforded by ACA, in the form of the enhanced FMAP for New Adults and the 23 point increase in the CHIP FMAP, provided significant fiscal relief to the state. Reduction or elimination of the enhanced FMAP rates for the CHIP and expansion populations pose a major threat to continued coverage for both groups as Louisiana's state revenue shortfall continues. With the reauthorization of CHIP quickly approaching at the end of FFY 2017, Louisiana began analysis of impact on loss of the enhanced CHIP match on its populations, eligibility and budget. Politically, Louisiana did not want to unnecessarily alarm members with elimination of coverage until a final Federal decision on reauthorization was made; however, with only short term solutions proposed, preparations for CHIP coverage changes have become necessary. CHIP reauthorization also significantly impacts Louisiana's use of express lane eligibility (ELE). Eliminating ELE in Louisiana puts at risk our 95% children's insured rate, ability to process 800 children's applications each month and 18,000 child eligibility renewals each month. To continue at this level without ELE would have cost the state an additional \$5 million annually to staff and implement. Fortunately, CMS approved Louisiana to continue use of ELE via 1902(e)(14) waiver authority through March 31, 2018, which coincides with the next expiration of the temporary CHIP reauthorization.

Presently, the Medicaid agency is developing scenarios to address a \$1.2 billion fiscal cliff to align expenditures with anticipated revenues in SFY19, despite the revenue generating measures passed in the Spring of 2016 which are now sunseting. The fiscal cliff combined with the continued threat of the loss of enhanced CHIP match pose a substantial fiscal threat for Louisiana that puts coverage at risk. [7500]

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

Major challenges arose due to uncertainty around continuation the CHIP program and funding, including use of ELE, toward the end of the reporting period. The timing of state action and fiscal impact on state budget was constantly in flux as new direction and fiscal estimates were evolving from the Federal government. Louisiana continues to have difficulties with adequate resources due to staff reductions that have occurred over previous fiscal years as well as an increased workload. Challenges related to the implementation of changes required by the Affordable Care Act remain; specifically, Louisiana made modifications to the existing legacy mainframe eligibility system in order to meet ACA minimum critical functionality requirements. Those changes have resulted in duplication and increased workload management. A new Medicaid eligibility system is being built and is expected to have its initial release in the Summer of 2018. This implementation will be delayed, adding both State and federal costs, if CHIP is not reauthorized and additional systems modifications are needed to adjust business rules for eligibility changes. [7500]

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

Expansion of Medicaid coverage to low income adults in Louisiana began July 1, 2016. Continuing through FFY 2017, the goal was to fill in historical gaps in Medicaid eligibility for adults. As a result of the successful launch of the Medicaid Expansion program, over 450,000 adults have access to quality healthcare where they were not categorically eligible for coverage prior to July 1, 2016. Those

members were automatically moved from limited to full coverage without having to resubmit another application. Through Healthy Louisiana, brand name for our Managed Care Organizations (MCOs), individuals enrolled in the new Adult Group have coverage comparable to that of the private sector, with noted wrap around services of dental and optical coverage. **[7500]**

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.

Initial projections estimated the CHIP allotment would end in December without the Federal redistribution. However, based on new Federal estimates for the redistribution amounts, Louisiana projects total CHIP enhanced funding would expire in mid-Spring. With the maintenance of effort in place until 2019, this creates a significant budget concern in FFY 2018 for Louisiana. In December of FFY 2018, Louisiana published an emergency rule to move over CHIP populations into regular Medicaid under targeted low income option. This will have no impact on coverage but allows the state to maintain maximum coverage while the Federal government continues its discussions. The State Plan Amendment effectuating this change was also submitted December 2017. Without reauthorization, it is estimated that notices to remaining CHIP members will need to be mailed in February. The state will strive to maintain coverage in Medicaid for all eligible members. **[7500]**

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