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

Preamble

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

The framework is designed to:

- Recognize the **diversity** of state approaches to CHIP and allow states **flexibility** to highlight key accomplishments and progress of their CHIP programs, **AND**

- Provide **consistency** across states in the structure, content, and format of the report, **AND**

- Build on data **already collected** by CMS quarterly enrollment and expenditure reports, **AND**

- Enhance **accessibility** of information to stakeholders on the achievements under Title XXI

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

- Section I: Snapshot of CHIP Programs and Changes

- Section II: Program's Performance Measurement and Progress

- Section III: Assessment of State Plan and Program Operation

- Section IV: Program Financing for State Plan

- Section V: Program Challenges and Accomplishments

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

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

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

State/Territory: **LA**

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

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

Signature: **Damiane Ricks**

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

CHIP Program Type:

☐ CHIP Medicaid Expansion Only

☐ Separate Child Health Program Only

☒ Combination of the above

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

Contact Person/Title: **Erin Campbell, Interim Medicaid Director**

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Submission Date: **1/21/2020**

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

Section I.   Snapshot of CHIP Program and Changes

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

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

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

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

Does your program require premiums or an enrollment fee?
☒ NO
☐ YES
☐ N/A

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

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

Yearly Maximum Premium Amount per Family: $

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

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

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

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

Which delivery system(s) does your program use?

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

Please describe which groups receive which delivery system: **[500]**

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

Does your program require premiums or an enrollment fee?
☐ NO
☒ YES
☐ N/A

Enrollment fee amount: 0
Premium fee amount: 50
If premiums are tiered by FPL, please breakout by FPL.

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

Yearly Maximum Premium Amount per Family: $

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

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

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

Which delivery system(s) does your program use?

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

Please describe which groups receive which delivery system: **[500]**

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒	☐
b) Application	☒	☐	☐	☒	☐	☐
c) Benefits	☐	☒	☐	☐	☒	☐
d) Cost sharing (including amounts, populations, & collection process)	☐	☐	☒	☐	☐	☒
e) Crowd out policies	☐	☒	☐	☐	☒	☐
f) Delivery system	☐	☒	☐	☐	☒	☐
g) Eligibility determination process	☒	☐	☐	☒	☐	☐

	Yes	No Change	N/A	Yes	No Change	N/A
h) Implementing an enrollment freeze and/or cap	☐	☐	☒	☐	☐	☒
i) Eligibility levels / target population	☐	☒	☐	☐	☒	☐
j) Eligibility redetermination process	☒	☐	☐	☒	☐	☐
k) Enrollment process for health plan selection	☐	☒	☐	☐	☒	☐
l) Outreach (e.g., decrease funds, target outreach)	☐	☒	☐	☐	☒	☐
m) Premium assistance	☐	☒	☐	☐	☒	☐
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☒	☐	☐	☒
o) Expansion to "Lawfully Residing" children	☒	☐	☐	☒	☐	☐
p) Expansion to "Lawfully Residing" pregnant women	☐	☐	☒	☐	☐	☒
q) Pregnant Women state plan expansion	☐	☐	☒	☐	☐	☒
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☒	☐	☐	☒	☐	☐
s) Other – please specify						
a)	☐	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐	☐

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

Medicaid Expansion CHIP Program

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

Topic	List change and why the change was made
b) Application	On 11/13/18, the Department launched a new Medicaid eligibility and enrollment system to improve customer service, boost efficiency and create a more accurate and immediate approval process. Advanced features offer online self-service application options, including document upload features, for recipients and real-time eligibility decisions for applicants. It also helps Louisiana to meet the changing needs of applicants and enrollees while complying with federal and state requirements.
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	On November 13, 2018, the Department launched a new Medicaid eligibility and enrollment system (LaMEDS), to improve customer service, boost efficiency and create a more accurate and immediate approval process. It also interfaces with multiple databases for eligibility verification systematically and helps Louisiana to comply with federal and state requirements.
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	On November 13, 2018, the Department launched a new Medicaid eligibility and enrollment system (LaMEDS), to improve customer service, boost efficiency and create a more accurate and immediate approval process. It also interfaces with multiple databases for eligibility verification systematically and helps Louisiana to comply with federal and state requirements.
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	

Topic	List change and why the change was made
o) Expansion to "Lawfully Residing" children	On February 1, 2019, Louisiana exercised the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA §214) option, providing coverage to lawfully residing immigrant children to improve access to coverage and health care services.
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	With the launch of LaMEDS in November 2018, the state was also able to systemically perform quarterly wage checks for the first time. This is another tool for fraud prevention by more regularly checking updated sources of income information.
s) Other – please specify	
a)	
b)	
c)	

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	On 11/13/18, the Department launched a new Medicaid eligibility and enrollment system to improve customer service, boost efficiency and create a more accurate and immediate approval process. Advanced features offer online self-service application options, including document upload features, for recipients and real-time eligibility decisions for applicants. It also helps Louisiana to meet the changing needs of applicants and enrollees while complying with federal and state requirements.
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	

Topic	List change and why the change was made
g) Eligibility determination process	On November 13, 2018, the Department launched a new Medicaid eligibility and enrollment system (LaMEDS), to improve customer service, boost efficiency and create a more accurate and immediate approval process. It also interfaces with multiple databases for eligibility verification systematically and helps Louisiana to comply with federal and state requirements.
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	On November 13, 2018, the Department launched a new Medicaid eligibility and enrollment system (LaMEDS), to improve customer service, boost efficiency and create a more accurate and immediate approval process. It also interfaces with multiple databases for eligibility verification systematically and helps Louisiana to comply with federal and state requirements.
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to "Lawfully Residing" children	On February 1, 2019, Louisiana exercised the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA §214) option, providing coverage to lawfully residing immigrant children to improve access to coverage and health care services.
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	With the launch of LaMEDS in November 2018, the state was also able to systemically perform quarterly wage checks for the first time. This is another tool for fraud prevention by more regularly checking updated sources of income information.
s) Other – please specify	
a)	
b)	

Topic	List change and why the change was made
c)	

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

Section II   Program's Performance Measurement and Progress

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

Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	159661	171164	7.2
Separate Child Health Program	13273	12415	-6.46

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

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
2017	21	4.0	1.8	.3
2018	21	4.0	1.8	.3
Percent change 2017 vs. 2018	.0%	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. **[7500]**
The Louisiana Health Insurance Survey (LHIS), conducted by the LSU Economics and Policy Research Group on behalf of LDH, is a biennial survey designed to assess Louisiana's uninsured populations. The 2017 LHIS is the most recent estimates, although the 2019 survey is underway. In 2017, the uninsured rate for children was estimated at 2.4 percent, keeping the rate 5 percent or less in each LHIS since 2009. In terms of direct impact, there was a drop from 45,000 uninsured children in 2015 to 28,990 in 2017. To help cover uninsured children, the state offers several different Medicaid programs, which have been expanded over time to offer coverage to more children in low-income

families, a group that historically faced the greatest challenges in securing insurance through an employer or affording premiums to purchase directly.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

Ongoing research 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. Healthy Louisiana) 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.

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

☒ Yes (please report your data in the table below)
☐ No (skip to Question #4)

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

Topic	Description
Data source(s)	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.
Population (Please include ages and income levels)	All non-elderly Louisiana households.
Sample sizes	8,000 households in each survey year

Topic	Description
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003. 7.6% in 2005, 5.4% in 2007, 5% in 2009, 3.5% in 2011, 4.4% in 2013, 3.8% in 2015 and 2.4% in 2017.
Statistical significance of results	margin error from the LHIS is approximately 0.2 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.
[7500]

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, 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.

B. What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.
[7500]

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. The statewide standard error is 0.2 percent.

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

None

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

The LHIS has been the primary source of health insurance-related data on Louisiana residents since its inception in 2003 and has helped state policy makers track changes in health insurance as the state's economy, health care environment, and public policies have changed.

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

Section IIB: State Strategic Objectives And Performance Goals

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

- Reducing the number of uninsured children

- CHIP enrollment

- Medicaid enrollment

- Increasing access to care

- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2017 and FFY 2018) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2019).

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

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

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

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

A. Goal:

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

B. Type of Goal:

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

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

C. Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2019.

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

- Final: Check this box if the data you are reporting are considered final for FFY 2019.

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

D. Measurement Specification:

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

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

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

"Other" measurement specification explanation:

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

E. Data Source:

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

F. Definition of Population Included in Measure:

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

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

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

G. Deviations from Measure Specification

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

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

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

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

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

H. Date Range: available for 2019 CARTS reporting period.

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

I. Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on

whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the "additional notes" section.

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

J. Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

K. Other Comments on Measure:

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

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) 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.	**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 FFY18 thus decreasing the number of uninsured eligible children by Oct. 1, 2019.	**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 FFY19 thus decreasing the number of uninsured eligible children by Oct. 1, 2020.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

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

Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a denominator is not applicable	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable	**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)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data:	**Performance Measurement Data:**	**Performance Measurement Data:**
Described what is being measured:	Described what is being measured:	Described 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.	Net change of children enrolled in LaCHIP at the end of FFY17 from the number enrolled at the end of FFY18.	Described what is being measured: Net change of children enrolled in LaCHIP at the end of FFY18 from the number enrolled at the end of FFY19.
Actual enrollment decreased by 3,174 children to a total of 120,963.	Actual enrollment increased by 8,679 children to a total of 129,652.	Actual enrollment decreased by 14,936 children to a total of 114,716.
Numerator: 0	Numerator: 0	
Denominator: 0	Denominator: 0	Numerator: 0
Rate:	Rate:	Denominator: 0
		Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress:	**Explanation of Progress:**	**Explanation of Progress:**
How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? Louisiana met our objective of preventing greater than 5% decline by having a net decrease of 2.56% in enrollment	**How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Louisiana met our objective of preventing greater than 5% decline by having a net increase of 7.17% in enrollment	**How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Louisiana did not meet our objective of preventing greater than 5% decline by having a net decrease of 11.52% 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.	**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.	**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. Enhance member outreach activities, with a focus on schools and other community settings that focus on children.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** To 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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** To 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 **Annual Performance Objective for FFY 2021:** To prevent more than a 5% decline in enrollment by Oct 1, 2021 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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** To prevent more than a 5% decline in enrollment by Oct 1, 2020 in Title XXI CHIP **Annual Performance Objective for FFY 2021:** To prevent more than a 5% decline in enrollment by Oct 1, 2021 in Title XXI CHIP **Annual Performance Objective for FFY 2022**: To prevent more than a 5% decline in enrollment by Oct 1, 2022 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:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

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

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

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** Explain how these objectives were set:
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) 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: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

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

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of 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)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: 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:	**Performance Measurement Data:** Described 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 FFY17 from the number enrolled at the end of FFY18. Actual enrollment increased by 222 children. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described 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 FFY18 from the number enrolled at the end of FFY19. Actual enrollment increased by 514 children. Numerator: 0 Denominator: 0 Rate:

FFY 2017	FFY 2018	FFY 2019
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:**
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.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Louisiana met it's goal of preventing more than a 10% decline in enrollment with an actual increase of 7.18% 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.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Louisiana met it's goal of preventing more than a 10 percent decline in enrollment with an actual increase of 15.51 percent 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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** To 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. **Annual Performance Objective for FFY 2021:** To prevent more than a 10% decline in enrollment by Oct 1, 2021 in Title XXI CHIP. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** To prevent more than a 10 percent decline in enrollment by Oct 1, 2020 in Title XXI CHIP. **Annual Performance Objective for FFY 2021:** To prevent more than a 10 percent decline in enrollment by Oct 1, 2021 in Title XXI CHIP. **Annual Performance Objective for FFY 2022:** To prevent more than a 10 percent decline in enrollment by Oct 1, 2022 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%	**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%	**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 percent to 217 percent while the upper limit increased from 250 percent to 255 percent.

Objectives Related to CHIP Enrollment (Continued)

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

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

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) 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: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

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

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: 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)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: 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:	**Performance Measurement Data:** Described 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 FFY17 from the number enrolled in Medicaid at the end of FFY18. Actual net enrollment decreased by 15,801. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Described 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 FFY18 from the number enrolled in Medicaid at the end of FFY198. Actual net enrollment increased by 50,885. Numerator: 0 Denominator: 0 Rate:

FFY 2017	FFY 2018	FFY 2019
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 exceeded its objective of preventing more than a 3% decline in enrollment of eligible children with a net decrease of 11,769 Medicaid children. **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.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Louisiana met its objective of preventing more than a 3% decline in enrollment of eligible children with a net decrease of 15,801 Medicaid children. **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.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Louisiana met its objective of preventing more than a 3 percent decline in enrollment of eligible children with a 7.63 percent increase in enrollment of Medicaid children. **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.
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 have a 1% increase in enrollment by Oct 1, 2018 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2019:** To have a 1% increase in enrollment by Oct 1, 2019 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2020:** To have a 1% increase in enrollment by Oct 1, 2020 in Medicaid Title XIX Program. *Explain how these objectives were set:* These objectives were set based on a 12 month trending model of actual enrollment for this group.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** To have a 1% increase in enrollment by Oct 1, 2019 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2020:** To have a 1% increase in enrollment by Oct 1, 2020 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2021:** To have a 1% increase in enrollment by Oct 1, 2021 in Medicaid Title XIX Program. *Explain how these objectives were set:* These objectives were set based on a 12 month trending model of actual enrollment for this group.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** To have a 1 percent increase in enrollment by Oct 1, 2020 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2021:** To have a 1 percent increase in enrollment by Oct 1, 2021 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2022:** To have a 1 percent increase in enrollment by Oct 1, 2022 in Medicaid Title XIX Program. *Explain how these objectives were set:* These objectives were set based on a 12-month trending model of actual enrollment for this group.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe) Increase preventative healthcare through the Medicaid Managed Care Program and improve quality, performance measurement, and patient experience for Medicaid managed care members.
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

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

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: 12-24 months, 25 months-6 years: One or more visits with a PCP during the measurement year. 7-11 years, 12-19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure**: The Children and Adolescents' Access to Primary Care Practitioners (CAP) measure has 4 rates we report on. We defined numerator, denominator and rate as follows: Numerator: 12-24 months: 39,106 25 months-6 years: 161,328 7-11 years: 158,621 12-19 years: 210,825 Denominator: 12-24 months: 40,640 25 months-6 years: 181,961 7-11 years: 173,928 12-19 years: 233,393 Rate: 12-24 months: 96.23%% 25 months-6 years: 88.66% 7-11 years: 91.20% 12-19 years: 90.33%
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** For age ranges 25 months-6, 7-11 years and 12-19 years, the performance measure rates improved from 2018 to 2019. For age range 12-24 months, the rate showed a slight decrease from 2018 to 2019. **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?** Leverage population heatlh management activites through statewide quality collaboratives such as the Medicaid Quality Committee and the Pediateric Subcommittee; utilize data analytics to support data collection and analyses in its quality improvement strategies; identified healthcare improvements in the CHIP population utilizing specified performance metrics; engaging stakeholders throughout the state of Louisiana to solicit input from providers, specialists, and clinicians on the selection of Medicaid performance measures; implemented a Medicaid managed care quality dashboard to display trends and benchmarks; and updated the Medicaid Quality Strategy to align current goals and objectives with aspects of the Medicaid child health population.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018**: **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe) Increase preventative healthcare through the Medicaid Managed Care Program and improve quality, performance measurement, and patient experience for Medicaid managed care members.
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

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

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* Administrative claims plus immunization data from Office of Public Health
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The eligible population Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 25241 Denominator: 36665 Rate: 68.84

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The CIS rate for HEDIS 2019 improved compared to 2018. Increased from 68.40% to 68.84% **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?** Leverage population heatlh management activites through statewide quality collaboratives such as the Medicaid Quality Committee and the Pediateric Subcommittee; utilize data analytics to support data collection and analyses in its quality improvement strategies; identified healthcare improvements in the CHIP population utilizing specified performance metrics; engaging stakeholders throughout the state of Louisiana to solicit input from providers, specialists, and clinicians on the selection of Medicaid performance measures; implemented a Medicaid managed care quality dashboard to display trends and benchmarks; and updated the Medicaid Quality Strategy to align current goals and objectives with aspects of the Medicaid child health population.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe) Increase preventative healthcare through the Medicaid Managed Care Program and improve quality, performance measurement, and patient experience for Medicaid managed care members
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional.. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	Status of Data **Reported**: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* Administrative claims for W15 & W34, Hybrid for AWC

FFY 2017	FFY 2018	FFY 2019
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: • Child Visits in the First 15 Months of Life (W15) • Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) • Adolescent Well-Care Visits (AWC) W15:The number of members who received 6 or more well-child visits with a PCP, on different dates of service, on or before the child's 15-month birthday. W34:At least 1 well-child visit with a PCP during the measurement year. AWC:At least 1 comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.

FFY 2017	FFY 2018	FFY 2019
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:** We define numerator, denominator and rate as follows: Numerator: W15: 21,907 W34: 100,411 AWC: 1,165 Denominator: W15: 36,706 W34: 147,688 AWC: 2,055 Rate: W15: 59.68% W34: 67.99% AWC: 56.69%
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The 2019 rates for W15, W34 and AWC improved compared to 2018. The W15 rate improved from 57.33% to 59.68% and the AWC improved from 54.16% to 56.69%. There was a slight decrease for W34 in 2019 compared to 2018 , 68.07% to 67.99. **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?** Leverage population heatlh management activites through statewide quality collaboratives such as the Medicaid Quality Committee and the Pediateric Subcommittee; utilize data analytics to support data collection and analyses in its quality improvement strategies; identified healthcare improvements in the CHIP population utilizing specified performance metrics; engaging stakeholders throughout the state of Louisiana to solicit input from providers, specialists, and clinicians on the selection of Medicaid performance measures; implemented a Medicaid managed care quality dashboard to display trends and benchmarks; and updated the Medicaid Quality Strategy to align current goals and objectives with aspects of the Medicaid child health population.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

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

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

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022**: *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

The State of Louisiana uses the Medicaid Managed care Quality 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 incorporates strategies that include but are not limited to performance improvement projects, medical record audits, performance measures, continuous quality improvement activities (PDSA), member satisfaction surveys, health insurance surveys, delivery systems reforms, health information technology, and activities to ascertain health disparities identified through data collection. In addition, the State of Louisiana contractually requires managed care organizations to submit quarterly and annual reports that provide aggregated data on utilization of services for the CHIP population. The state conducts an annual quality review of MCOs serving public health program enrollees. Examples of Medicaid Quality Improvement strategies include:

• Two Performance Improvement Projects (PIP) that focus on ADHD and Prematurity. The targets for improvement are to reduce preterm births before 32 weeks gestation by 10% in women who experienced a prior preterm singleton birth and reduce by 20% prescriptions among populations who are shown to have a high incidence of prescribing with a focus on the 0-6 year(s) old population by the end of the three-year contract extension period.
• Leverage population health management through statewide quality collaboratives such as the: Louisiana Perinatal Quality Collaborative, Managed Care Organization (MCO) PIP Collaborative, Medicaid Quality Committee, Medicaid Quality Subcommittees, Perinatal Commission, HIV Affinity Group, Louisiana Colorectal Taskforce, March of Dimes Perinatal taskforce, Taking Aim at Cancer in Louisiana (TACL). These collaboratives and committees are valuable stakeholder engagement opportunities to improve health outcomes through provider and community outreach, policy updates, and feedback.
• The Louisiana Medicaid Program utilizes data analytics to support data collection and analysis in its quality improvement strategies.
• Engaged stakeholders throughout the state of Louisiana via regional town halls, surveys, and other outreach activities to solicit input from providers, specialists, and clinicians regarding the selection of Medicaid performance measures and to inform the Medicaid Quality Strategy.
• Identified healthcare improvements in the Medicaid/CHIP population utilizing specified performance metrics and implemented a Medicaid Managed Care Quality Dashboard to display trends and benchmarks.
• Increased the adoption of Electronic Health Records throughout the state of Louisiana through the Medicaid Health Information Technology Program.
• 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 of Louisiana 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.
• LDH surveys the MCOs through our External Quality Review Organization to identify any health disparities with the administration of Medicaid services, identify differences in health outcomes, gaps in quality of care for Medicaid members and/or subgroups. Findings are published in the Annual Technical Reports.
• Analyze patient-level data and provider profiles to increase access to care to assure network adequacy.
• Alignment of quality measures across managed care organizations has reduced the burden of quality data reporting.

• Reviewed and updated the Medicaid Quality Strategy to align current goals and objectives with aspects of the Medicaid child health population.
• Louisiana Medicaid introduced a two percent (2%) withhold requirement into its MCO contracts to incentivize quality, health outcomes, and value based payment (VBP). One percent (1%) of the withhold is tied to the achievement of quality and health outcomes, specifically a MCOs' performance on the Medicaid managed care incentive-based quality measures. In addition, one percent (1%) is linked to increasing the use of VBP to improve quality and health outcomes.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

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:
• Implement Value Based Payment as well as the evaluation of 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;
• Utilize data management and feedback to drive improvements in care, health outcomes and quality.
• Explore other transformation initiatives to advance quality, access and health outcomes for the CHIP population, such as the Comprehensive Primary Care Plus (CPC+) initiative.
• Continue monitoring the Medicaid quality performance measures to assess improvements in the health outcomes of the Medicaid CHIP population. Updated data will be available June 2020.

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

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:

• Build workforce capacity
• Conduct provider education for ADHD assessment and management consistent with clinical guidelines
• Facilitate access to and provision of behavioral health consultation for PCPs
• Develop and implement or revise care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

For the most recent year of reporting of 2019, all five Managed Care Plans:
• Showed some improvement in performance indicators that measured compliance with ADHD evidence-based clinical guidelines.
• Conducted quality improvement activities to address workforce capacity, provider education by distribution of the AAP ADHD Toolkit, behavioral health consultation to PCPs, and enhanced case management.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives. **[7500]**

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 over 8000 Louisiana residents, 2000 of which are contacted via their mobile phone. LSU analyzes the information they gather and estimates the Medicaid bias in LHIS based on 500 randomly selected Medicaid recipients and constructs a forecasting model to incorporate LHIS, Current Population Survey (CPS), Medicaid enrollment data and economic data. Results are reported for the whole state as well as by civil parish and LDH administrative region. Estimates are updated twice a year. Louisiana Medicaid utilizes this information to monitor enrollment trends and identify potential gaps in coverage of eligible but uninsured adults and children. Key findings from the 2017 LHIS for Insurance Coverage for Children (under 19) are as follows: 1) Uninsured rates remain very low for children, in line with recent trends, 2) An estimated 28,990 children were uninsured in 2017, representing 2.4 percent of children, 3) Among Medicaid-eligible children, 2.6 percent remain uninsured, and 4) The most common type of coverage among children is Medicaid, with 53.9 percent of children covered by the program. The second most common type of coverage is employer, which covers an estimated 39.0 percent of 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.

The annual Continuity of Care for Newborns Report focuses on the monitoring and assurance of continuity of care for newborns enrolled in Medicaid managed care program. This report contains data used to identify premature births and the primary discharge diagnoses that triggered rehospitalizations The rehospitalization rate is defined as a readmission to the hospital within thirty days of discharge for infants born premature at less than 37 weeks gestational age and who are within the first six months of life. The rehospitalization rate for infants born during calendar year 2017 is 4.85 percent. The calendar year 2016 rehospitalization rate was 4.79 percent. This indicates that the rehospitalization rate in this group of newborns has remained stable over the past two reporting years.

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

Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

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

Section IIIA: Outreach

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

   Since Medicaid Expansion, LDH has returned to a more generalized outreach approach of coordinating with community partners and attending outreach events upon request. This allows us to interact and assist the public with Medicaid enrollment and to respond to any Medicaid related questions that may arise.

   Another strategy is Outstation. Medicaid staff has been stationed in local hospitals and clinics to further improve the speed at which Medicaid applications are processed for certain low-income eligibility groups such as pregnant women and infants. Outstation Analysts communicate regularly with Application Center staff to improve access to care.

   Additionally, with low response rates on eligibility verification requests since the launch of the new eligibility and enrollment system, LDH has refocused its outreach strategies to improve responsiveness and ease of understanding on eligibility. Some strategies include but are not limited to:
   • LDH has instituted major notice revisions.
   • It has also engaged TV and radio advertisements about keeping information up to date to receive key information about Medicaid.
   • Special mailings have been disseminated, along with flyers distributed to providers, community partners and public access areas.
   • The managed care organizations have been engaged to conduct outreach calls.
   • Providers have been provided with their treated patients that have eligibility issues pending.
   • LDH has implemented direct calling before closure if a recipient has not responded to their annual renewal request.
   • Partnered with Code for America for a texting pilot specifically focused on eligibility reminders.
   • Engaged Local Action Network with flyer to schools, providers and stakeholders about contracting Medicaid if in receipt of an eligibility letter.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

   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; especially those at which a Medicaid Analyst has been stationed onsite. Medicaid staff provide a clear, consistent message to the public as well as to facility staff about Medicaid and LaCHIP and the benefits.
   The bilingual Strategic Enrollment Unit (SEU) continues to maintain a presence in Spanish and Vietnamese communities across our state to assist with Medicaid application and renewal processes.

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

   Since all strategies have been implemented either concurrently or sequentially, there's no indication that any one particular method works better than others. Member focus groups indicate that all communication methods are each effective with different groups. As such, each of the strategies listed above has proven effective in the enrollment and retention of eligible children in Louisiana.

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]**

-Louisiana Medicaid's contracted Managed Care Organizations (MCOs) conduct outreach to their enrolled members. MCOs' outreach includes, but is not limited to: providing health literature and educational sessions in the community, partnering with local governments and providers to offer free clinics, ensuring non-English speaking members have access to providers who speak their language, onsite translation and interpretation services, and outreach to both English and non-English speaking members with gaps in care.

-A recent cyber attack on the State of Louisiana has rendered some systems inaccessible, including the systems that provide and answer to #5. We will update Louisiana's submission when the data becomes available.

Section IIIB: Substitution of Coverage (Crowd-out)

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

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

   ☐ No
   ☒ Yes
   ☐ N/A

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

2. How many months does your program require a child to be uninsured prior to enrollment? 3

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

CHIP I,II,III – up to 217% FPL
CHIP IV – up to 184% FPL
CHIP V – up to 250% FPL

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

   i. The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income.
   ii. The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v).
   iii. The cost of family coverage that includes the child exceeded 9.5 percent of the household income.
   iv. The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.
   v. A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA).
   vi. The child has special health care needs.
   vii. The child lost coverage due to the death or divorce of a parent.

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

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

   ☒ No
   ☐ Yes
   ☐ N/A

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

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

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

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

   ☐ Yes
   ☒ No

9. If yes to question 8, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

Enter any Narrative text related to Section IIIB below. **[7500]**
The data needed to answer #2 was unavailable at the time of submission.

Section IIIC: Eligibility

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?

    ☐ Yes
    ☒ No

    If yes,

    a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**

    b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**

2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.

    ☐ Conducts follow-up with clients through caseworkers/outreach workers

    ☒ Sends renewal reminder notices to all families

    - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
    One renewal notice; one early termination notice with special colored insert flyer in plain language about needing to finish renewal and provide certain information before cutoff date.

    - 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]**
    LDH does not mail a second reminder after the renewal notice; however, we conduct two outreach calls in lieu of a mailout since data indicates mail is often ineffective in reaching our members.

    ☐ Other, please explain: **[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]**

    Early termination notice is most effective. We monitor our churn rate due to procedural closures.

Section IIIC: Subpart B: Eligibility Data

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

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

Measure	Number	Percent
1. Total number of denials of title XXI coverage	24801	100
a. Total number of procedural denials	4789	19.3
b. Total number of eligibility denials	20012	80.7
i. Total number of applicants denied for title XXI and enrolled in title XIX	10335	41.7
☒ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate:		

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

Definitions:

1.   The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2019. This definition only includes denials for title XXI at the time of initial application (not redetermination).

   a.   The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2019 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).

   b.   The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2019 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)

      i.   The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.

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

Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2019.

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

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

Description	Number	Percent				
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	95804	100%				
2. Total number of children screened for redetermination for title XXI	95777	99.97	100%			
3. Total number of children retained in title XXI after the redetermination process	31133	32.5	32.51			
4. Total number of children disenrolled from title XXI after the redetermination process	60193	62.83	62.85	100%		
a. Total number of children disenrolled from title XXI for failure to comply with procedures	21893			36.37		
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	34355			57.07	100%	
i Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	3673				10.69	
ii Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☒)						
iii Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here ☒)						
iv Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	30682				89.31	
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☐)	3945			6.55		

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]**.

Redetermination data was not stored prior to May 2019 with the new Medicaid Eligibility System.

Definitions:
1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination.   This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The "total number of children disenrolled from title XXI after the redetermination process" is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2019. This includes those children that states may define as "transferred" to Medicaid for title XIX eligibility screening.
   a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
   b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state's CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
   c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
      The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

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

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

Description	Number	Percent				
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	205937	100%				
2. Total number of children screened for redetermination for title XIX	205855	99.96	100%			
3. Total number of children retained in title XIX after the redetermination process	156495	75.99	76.02			
4. Total number of children disenrolled from title XIX after the redetermination process	29605	14.38	14.38	100%		
a. Total number of children disenrolled from title XIX for failure to comply with procedures	24540				82.89	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	1895				6.4	100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)	1631					86.07
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	264					13.93
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories ☐)	3170				10.71	

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]**.

   Redetermination data was not stored prior to May 2019 with the new Medicaid Eligibility System.

Definitions:
1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination.   This total number may include those children

who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).

3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.

4. The "total number of children disenrolled from title XIX after the redetermination process" is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2019. This includes those children that states may define as "transferred" to CHIP for title XXI eligibility screening.

    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).

    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state's Medicaid eligibility criteria (i.e., income too high, etc.).

    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2018

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

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018 If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018. For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

Instructions: For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

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

☐ Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

☐ Not Previously Enrolled in Medicaid—"Newly enrolled" is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XIX in December 2017, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018	25009	100%	10589	100%	5182	100%	6300	100%	2938	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	24333	97.3	10315	97.41	5023	96.93	6144	97.52	2851	97.04
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	48	0.19	14	0.13	15	0.29	11	0.17	8	0.27
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	9	0.04	3	0.03	1	0.02	3	0.05	2	0.07
4. Total number of children disenrolled from title XIX	628	2.51	260	2.46	144	2.78	145	2.3	79	2.69
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 ☐)	89	0.36	19	0.18	20	0.39	31	0.49	19	0.65
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX	23212	92.81	10073	95.13	4789	92.42	5711	90.65	2639	89.82
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	194	0.78	61	0.58	44	0.85	60	0.95	29	0.99
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	52	0.21	6	0.06	7	0.14	26	0.41	13	0.44
7. Total number of children disenrolled from title XIX	1603	6.41	455	4.3	349	6.73	529	8.4	270	9.19
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 ☐)	577	2.31	29	0.27	97	1.87	294	4.67	157	5.34
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX	16365	65.44	6040	57.04	3797	73.27	4446	70.57	2082	70.86

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2125	8.5	1407	13.29	257	4.96	316	5.02	145	4.94
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	359	1.44	100	0.94	55	1.06	137	2.17	67	2.28
10. Total number of children disenrolled from title XIX	6519	26.07	3142	29.67	1128	21.77	1538	24.41	711	24.2
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 ☐)	1384	5.53	348	3.29	222	4.28	534	8.48	280	9.53

Definitions:

1. The "total number of children newly enrolled in title XIX in the second quarter of FFY 2018" is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
   3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.

4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
   4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:

the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018

+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019

+ the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019

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

7. The total number of children who disenrolled from title XIX <u>12 months</u> after their enrollment month is defined as the sum of:

the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018

+ the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019

+ the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019

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

8. The total number of children who were continuously enrolled in title XIX for <u>18 months</u> is defined as the sum of:

the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019

+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019

+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XIX coverage during <u>18 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:

the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019

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

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

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

10. The total number of children who were disenrolled from title XIX <u>18 months</u> after their enrollment month is defined as the sum of:

the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019

+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019

+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019

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

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

Specify how your "newly enrolled" population is defined:

☐ Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

☐ Not Previously Enrolled in CHIP—"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XXI in December 2017, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages |1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	11737	100%	367	100%	2789	100%	5984	100%	2597	100%

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages |1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XXI	11299	96.27	341	92.92	2660	95.37	5796	96.86	2502	96.34
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	25	0.21	0		3	0.11	11	0.18	11	0.42
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	11	0.09	0		2	0.07	6	0.1	3	0.12
4. Total number of children disenrolled from title XXI	413	3.52	26	7.08	126	4.52	177	2.96	84	3.23
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 ☐)	233	1.99	15	4.09	72	2.58	102	1.7	44	1.69
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	10281	87.59	277	75.48	2203	78.99	5452	91.11	2349	90.45
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	78	0.66	0		18	0.65	35	0.58	25	0.96
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	43	0.37	0		9	0.32	19	0.32	15	0.58
7. Total number of children disenrolled from title XXI	1378	11.74	90	24.52	568	20.37	497	8.31	223	8.59
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 ☐)	994	8.47	20	5.45	475	17.03	351	5.87	148	5.7
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	4635	39.49	101	27.52	737	26.43	2653	44.33	1144	44.05
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	439	3.74	16	4.36	125	4.48	206	3.44	92	3.54
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	294	2.5	13	3.54	97	3.48	124	2.07	60	2.31
10. Total number of children disenrolled from title XXI	6663	56.77	250	68.12	1927	69.09	3125	52.22	1361	52.41
10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	4438	37.81	167	45.5	1347	48.3	2059	34.41	865	33.31

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2018" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title 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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
    3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
    4.a. From the population in #4, provide the total number of children who were enrolled in title 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 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XXI coverage during 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 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
    6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
    + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
    + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
    7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XXI coverage during 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 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
    9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI <u>18 months</u> after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
    10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

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

A recent cyber attack on the State of Louisiana has rendered some systems inaccessible, including the systems that provide the data for Tables 1, 2a and 2b. We will update Louisiana's submission when the data becomes available.

Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

   a. Cost sharing is tracked by:

   ☐ Enrollees (shoebox method)

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

   ☐ Health Plan(s)
   ☐ State
   ☐ Third Party Administrator
   ☐ N/A (No cost sharing required)
   ☒ Other, please explain. **[7500]**

   Since the move to managed care eliminated co-pays, the maximum amount that a family would pay for coverage is $600 per year for premiums under Phase V CHIP. This will never exceed the five percent cost sharing required for 200 percent FPL.

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]**

   Providers are not notified because as explained above, enrollees will not exceed the 5% cap.

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]**

   0

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]**

Louisiana did not increase or decrease cost sharing in the past federal fiscal year.

Enter any Narrative text related to Section IIID below. **[7500]**
Our answer to #2 is "No" because the families will not reach the 5% cap.

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

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

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

    Check all that apply and complete each question for each authority

    ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
    ☐ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
    ☐ Section 1115 Demonstration (Title XXI)

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

    ☐ Parents and Caretaker Relatives
    ☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package?

    ☐ Yes
    ☐ No

6. Does the program provide wrap-around coverage for benefits?

    ☐ Yes
    ☐ No

7. Are there limits on cost sharing for children in your ESI program?

    ☐ Yes
    ☐ No

8. Are there any limits on cost sharing for adults in your ESI program?

    ☐ Yes
    ☐ No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

☐ Yes
☐ No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

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

   Number of childless adults ever-enrolled during the reporting period

   Number of adults ever-enrolled during the reporting period

   Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2019.

   Children
   Parents

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

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

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

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

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

Population	State	Employer	Employee
Child			
Parent			

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

	Low	High
Children		
Parent		

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

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

Income level of	From	To
Children	% of FPL **[5]**	% of FPL **[5]**
Parents	% of FPL **[5]**	% of FPL **[5]**

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

☐ Yes
☐ No

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

21. Do you have a waiting list for your program?

☐ Yes
☐ No

22. Can you cap enrollment for your program?

☐ Yes
☐ No

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

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

Section IIIF: Program Integrity
COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)

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

   (1) prevention:
       ☒ Yes
       ☐ No
   (2) investigation:
       ☒ Yes
       ☐ No
   (3) referral of cases of fraud and abuse?
       ☒ Yes
       ☐ No

   Please explain: **[7500]**

   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 (MFCU).

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

   ☒ Yes
   ☐ No

   Please Explain: **[500]**

   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 physical health plans, and once at the start of a new contract term for the dental and Coordinated System of Care (CSoC) contracts.

2. For the reporting period, please report the

   442 Number of fair hearing appeals of eligibility denials

   1 Number of cases found in favor of beneficiary

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

   Provider Credentialing

   0 Number of cases investigated

   1 Number of cases referred to appropriate law enforcement officials

   Provider Billing

   3618 Number of cases investigated

   1083 Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   1940 Number of cases investigated

   67 Number of cases referred to appropriate law enforcement officials

   Are these cases for:

   CHIP   ☐

   Medicaid and CHIP Combined   ☒

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

    ☒ Yes, please answer question below.

    ☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain: **[7500]**

    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 from SURS as well as disposition approval is done by the Program Integrity Section Chief.

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

    ☒ Yes

    ☐ No

    Please Explain: **[500]**

    Each Managed Care Organization has to have an Special Investigations Unit (SIU) to investigate fraud, waste and abuse.

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

Section IIIG: Dental Benefits:

Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs. If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: **[7500]**

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

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

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Individuals Enrolled for at Least 90 Continuous Days[1]	3544	13	214	528	826	1030	933
Total Enrollees Receiving Any Dental Services[2] **[7]**	2281	0	96	357	598	718	512
Total Enrollees Receiving Preventive Dental Services[3] **[7]**	2199	0	91	343	586	699	480

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

[2] **Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services[4] [7]	795	0	2	72	237	258	226

      b. **For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth[5]? [7]**
112

  2. **Does the state provide supplemental dental coverage?**

☐ Yes
☒ No

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

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

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

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[4] **Total Enrollees Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

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

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

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

Section IIIH: CHIPRA CAHPS Requirement:

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

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

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?
☒ Yes
☐ No

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

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

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

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

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

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:
☒ Denominator includes CHIP (Title XXI) population only.
    ☐ Survey sample includes CHIP Medicaid Expansion population.
    ☒ Survey sample includes Separate CHIP population.
    ☐ Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

Which Version of the CAHPS® Survey was Used?
☐ CAHPS® 5.0.
☒ CAHPS® 5.0H.
☐ Other. Explain:

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

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

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

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

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

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

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

☐ Yes, please answer questions below.

☒ No, please skip to Section IV.

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

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

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

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

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

HSI Program	Metric	Outcome

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

Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).
(Note: This reporting period equals federal fiscal year 2019. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

Benefit Costs	2019	2020	2021
Insurance payments			
Managed Care	426431269	480760398	495183210
Fee for Service			
Total Benefit Costs	426431269	480760398	495183210
(Offsetting beneficiary cost sharing payments)	-14091	-111011	-217917
Net Benefit Costs	$ 426417178	$ 480649387	$ 494965293

Administration Costs	2019	2020	2021
Personnel	3023425	2637349	2700528
General Administration	4087075	5073865	5195411
Contractors/Brokers (e.g., enrollment contractors)	5680230	5873224	6013919
Claims Processing	2013666	1485115	1520692
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	14804396	15069553	15430550
10% Administrative Cap (net benefit costs ÷ 9)	47379686	53405487	54996144

	2019	2020	2021
Federal Title XXI Share	434603250	437719824	450679529
State Share	6618324	57999116	59716314
TOTAL COSTS OF APPROVED CHIP PLAN	441221574	495718940	510395843

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

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

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**

No

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

A. Managed Care

Year	Number of Eligibles	PMPM ($)
2019	129778	$274
2020	133671	$300
2021	135008	$306

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2019	0	$0
2020	0	$0
2021	0	$0

Enter any Narrative text related to Section IV below. **[7500]**
None

Section V: Program Challenges and Accomplishments

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

   2. In FFY 2019, the political climate was again dominated by opposition to public spending focused on the Medicaid program, which post-expansion has grown to nearly half of the State's total operating budget. In particular, the legislature developed a keen interest in fraud, waste and abuse as a potential source of budgetary savings or cost avoidance, with a specific focus on recipient eligibility. Increased reporting by the Legislative Auditor's Office in these areas has led to heightened scrutiny on Medicaid's use of wage and tax data to verify eligibility and constrain enrollment. In the midst of this scrutiny, Louisiana launched its new eligibility and enrollment system, LaMEDS, in November 2018. This new system gave Louisiana the ability to automatically check and incorporate additional data sources for eligibility verification and automatically close cases where recipients failed to respond to validation requests. The resulting impact of this new system was reduction in manual processing, but more frequent systematic eligibility verifications as changes in recipient information transmitted through data interfaces triggering additional eligibility checks. The more frequent mailings resulted in higher than historical eligibility drops as recipients failed to respond to validation inquiries, including in children.
   The automation of the new system also allowed the state to implement quarterly wage checks for eligibility verification. The trend analysis after a full year of implementation is pending, however, tens of thousands of recipients, primarily expansion adults, lost coverage each quarter for failure to respond to validation inquiries. A certain percentage of these recipients returned in subsequent months to coverage, while others who lost eligibility due to excess wages returned when their income changed in the next quarter. This typically occurred due to overtime pay or seasonal work putting them over income limits in the prior quarter. The impact of this creates undue burden on the recipient and on the state in reprocessing applications. It also creates budget and enrollment forecasting unpredictability.

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

   The largest challenge for FFY 2019 has been stabilizing eligibility with the launch of the state's new eligibility and enrollment system.

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

   In FFY 2019, the state achieved the following accomplishments:
   1. Launched the new eligibility and enrollment system
   2. Implemented Asset Verification System requirements
   3. Enhanced recipient outreach methods through media/social media, improved notices, mailings, direct calls, provider and MCO contacts, and community partnerships. The state also prepared contracts for implementation of member focus groups in FFY 2020 for education on ways to improve member response.
   4. Implemented a single statewide Preferred Drug List (PDL) for both managed care and fee-for-service Medicaid programs
   5. Implemented subscription model for treatment of Hepatitis C
   6. Selected as one of five states by Code for America for member engagement programming, specifically, creation of a text messaging platform pilot
   7. The Medicaid Quality Dashboard was implemented to promote transparency and accountability in the managed care program and was made it visible to the public

8. Community Health Worker (CHW) Blueprint developed to inform a Medicaid managed care community health worker (CHW) pilot, in support of LDH's commitment to advancing evidence-based, community-engaged solutions

9. Electronic Visit Verification (EVV) implementation for home and community-based service providers

10. Recognized by CMS as a top-improving state and a model for other states to follow, Louisiana went from "red" and bottom 10% of all states in August 2018 to "green" by May 2019 for Medicaid Statistical Information System (T-MSIS) Top 12 Priority Items. Louisiana established a T-MSIS SQL database to facilitate the identification and correction of data issues and errors

11. Expanded coverage to immigrant children under the five year bar through the CHIPRA 214 option

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

There are no anticipated changes to the CHIP program planned for FFY 2020.

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