

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

## Preamble

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

The framework is designed to:

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

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

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: MO

Name of State/Territory

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

Signature: Jennifer Tidball

CHIP Program Name(s): All, Missouri

CHIP Program Type:

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

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

Contact Person/Title: Jennifer Tidball

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Submission Date: 12/27/2017

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

## Section I. Snapshot of CHIP Program and Changes

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

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 Up to and Including

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

Enrollment fee amount:

Premium fee amount:

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

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

Yearly Maximum Premium Amount per Family: \$

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

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

If yes, briefly explain fee structure: [500]

Which delivery system(s) does your program use?

- Managed Care
- Primary Care Case Management
- Fee for Service

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

### Separate Child Health Program

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

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

Enrollment fee amount: 0

Premium fee amount: 0

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
14	68	151	185
46	223	186	225
113	544	226	300

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.

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2),	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Topic	List change and why the change was made
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

**Separate Child Health Program**

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	



Topic	List change and why the change was made
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

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.

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### Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2016	FFY 2017	Percent change FFY 2016-2017
CHIP Medicaid Expansion Program	49586	56476	13.9
Separate Child Health Program	38204	39537	3.49

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

The implementation of the Affordable Care Act (ACA) prompted more people to apply for Medicaid coverage. The Modified Adjusted Gross Income (MAGI) methodology for Medicaid and CHIP eligibility required by the ACA resulted in the identification of a greater number of children eligible for the CHIP non-premium category.

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	104	24.7	7.2	1.7
1998 - 2000	58	17.5	3.9	1.1
2000 - 2002	43	10.8	2.9	.7
2002 - 2004	57	12.3	3.9	.8
2003 - 2005	71	14.6	4.9	1.0
2004 - 2006	79	16.0	5.4	1.0
2005 - 2007	86	16.0	5.8	1.1
2006 - 2008	80	16.0	5.5	1.1
2007 - 2009	88	16.0	5.8	1.0
2008 - 2010	85	22.0	5.6	1.5
2009 - 2011	107	37.0	7.2	2.5
2010 - 2012	113	45.0	7.7	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	66	7.0	4.6	.5
2014	70	6.0	4.9	.4
2015	58	6.0	4.1	.4
2016	42	4.0	2.9	.3
Percent change 2015 vs. 2016	27.6%	N/A	50.0%	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 slight decrease in uninsured children is within the margin of error, therefore, the change is not significant. The improving economy and public awareness of the need for insurance has influenced inquiries into CHIP.
- B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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

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

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

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

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

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

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

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

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

## Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years’ annual reports (FFY 2015 and FFY 2016) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years’ reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2017).

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

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

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

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

### 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 13<sup>th</sup> 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. GAL

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

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

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

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

### **C. 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.

### **D. HEDIS® Version:**

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

### **“Other” measurement specification explanation:**

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

### **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.

### **Date Range: available for 2017 CARTS reporting period.**

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

## H. 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.

### **I. Explanation of Progress:**

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

### **J. 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 2015	FFY 2016	FFY 2017
<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children by .02% annually.</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children by .02% annually</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children by 0.02% annually.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      US Census Bureau: Current Population Survey, Annual Social and Economic Supplement, 2015.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      US Census Bureau: Current Population Survey, Annual Social and Economic Supplement, 2016.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      United States Census Bureau: Current Population Survey, Annual Social and Economic Supplement, 2017.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of children in Missouri ages 0-18.</p> <p>Definition of numerator: Total number of children in Missouri ages 0-18 without insurance coverage.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of children in Missouri ages 0 to 18.</p> <p>Definition of numerator: Total number of children in Missouri ages 0 to 18 without insurance coverage.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of children in Missouri ages 0 to 18 years of age.</p> <p>Definition of numerator: Total number of children in Missouri ages 0 to 18 years without health insurance coverage.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Difference in the number of uninsured children in Missouri between CY 2014 and CY 2015.</p> <p>Numerator: 73685                      Denominator: 1513973                      Rate: 4.9</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Difference in the number of uninsured children in Missouri between CY 2015 and CY 2016.</p> <p>Numerator: 75135                      Denominator: 1505247                      Rate: 5</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Differences in the number of uninsured children in Missouri between CY 2016 and CY 2017.</p> <p>Numerator: 69104                      Denominator: 1478551                      Rate: 4.7</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> There was a reduction of uninsured children in Missouri from 6.2% in CY2014 to 4.9% in CY2015.</p> <p><b>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?</b> See "Other Comments on Measure."</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> There was a slight increase of uninsured children in Missouri from 4.9% in CY 2015 to 5.0% in CY 2016. The objective has not been met.</p> <p><b>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?</b> See "Other Comments on Measures".</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> There was a decrease in the rate of uninsured children in Missouri from 5.0% in CY 2016 to 4.7% in CY 2017. The objective has been met.</p> <p><b>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?</b> See "Other Comments on Measure".</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><i>Explain how these objectives were set:</i> MO HealthNet staff recommendation with MO HealthNet administration approval.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p> <p><i>Explain how these objectives were set:</i> Increase enrollment by .02% in the MO HealthNet Program thus reducing the number of uninsured children in Missouri.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by 0.02% in the MO HealthNet Program, thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase enrollment by 0.02% in the MO HealthNet Program, thus reducing the number of uninsured children in Missouri.</p> <p><b>Annual Performance Objective for FFY 2020:</b> Increase enrollment by 0.02% in the MO HealthNet Program, thus reducing the number of uninsured children in Missouri.</p> <p><i>Explain how these objectives were set:</i> MO HealthNet staff recommendation with MO HealthNet administration approval.</p>
<p><b>Other Comments on Measure:</b> The following initiatives continue: CHIP Affordability Test CHIP Combination Program CHIP Affordable Insurance and Pre-Existing Conditions</p> <p><b>Outreach:</b> Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue: CHIP Affordability Test CHIP Combination Program CHIP Affordable Insurance and Pre-Existing Conditions</p> <p><b>Outreach:</b> Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions</p> <p><b>Outreach:</b> Outreach is being coordinated with several state agencies in Missouri to assist in reaching families regarding healthcare coverage opportunities available through MO HealthNet programs.</p>

**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 2015	FFY 2016	FFY 2017
<p><b>Goal #2 (Describe)</b> N/A</p>	<p><b>Goal #2 (Describe)</b> N/A</p>	<p><b>Goal #2 (Describe)</b> N/A</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>  Described what is being measured:    Numerator:  Denominator:  Rate:</p>	<p><b>Performance Measurement Data:</b>  Described what is being measured:    Numerator:  Denominator:  Rate:</p>	<p><b>Performance Measurement Data:</b>  Described what is being measured:    Numerator:  Denominator:  Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Explanation of Progress:</b>   How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p>	<p><b>Explanation of Progress:</b>   How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p>	<p><b>Explanation of Progress:</b>   How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p>

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

**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 2015	FFY 2016	FFY 2017
<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>   Definition of denominator:   Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>  Described what is being measured:   Numerator:  Denominator:  Rate:</p>	<p><b>Performance Measurement Data:</b>  Described what is being measured:   Numerator:  Denominator:  Rate:</p>	<p><b>Performance Measurement Data:</b>  Described what is being measured:   Numerator:  Denominator:  Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Explanation of Progress:</b>   How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p>	<p><b>Explanation of Progress:</b>   How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p>	<p><b>Explanation of Progress:</b>   How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p>

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

**Objectives Related to CHIP Enrollment**

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in CHIP by .02% annually.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in CHIP by .02% annually.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in CHIP by 0.02% annually.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data not finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data not finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data not finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Sum of Line 7 data from CMS-64.21E (Medicaid Expansion) &amp; CMS 21E (Separate Child Health). Provisional reports for FFY ending 09/30/2015. Unduplicated number of children ever enrolled in the FFY.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Sum of Line 7 data from CMS-64.21E (Medicaid Expansion) &amp; CMS 21E (Separate Child Health). Provisional reports for FFY ending 09/30/2016. Unduplicated number of children ever enrolled in the FFY.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Sum of line 7 data from CMS-64.21E (Medicaid Expansion) and CMS 21E (Separate Child Health). Provisional reports for FFY ending 9/30/2017. Unduplicated number of children ever enrolled in FFY 2017.</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of CHIP eligibles enrolled during FFY 2014.                       Definition of numerator: Net difference of CHIP eligibles for FFY 2015 vs. FFY 2014.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of CHIP eligibles enrolled during FFY 2016.                       Definition of numerator: Net difference of CHIP eligibles for FFY 2016 vs. FFY 2015.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of CHIP eligibles enrolled during FFY 2017.                       Definition of numerator: Net difference of CHIP eligibles for FFY 2017 compared to FFY 2016.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Difference in the number of CHIP children ever enrolled in the MHD program between FFY 2014 and FFY 2015.                       Numerator: 5134                      Denominator: 78466                      Rate: 6.5</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Difference in the number of CHIP children ever enrolled in the MHD program between FFY 2015 and FFY 2016.                       Numerator: 7123                      Denominator: 83600                      Rate: 8.5</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Difference in the number of CHIP children ever enrolled in the MO HealthNet Program between FFY 2016 and FFY 2017.                       Numerator: 2692                      Denominator: 85567                      Rate: 3.1</p>

FFY 2015	FFY 2016	FFY 2017
Additional notes on measure: The number of CHIP eligibles increased from 78,466 in FFY 2014 to 83,600 in FFY 2015, which represents an increase of 6.5%. The MHD met the performance objective of an annual increase of at least 0.02%.	Additional notes on measure: The number of CHIP eligibles increased from 83,600 in FFY 2015 to 90,723 in FFY 2016, which represents an increase of 8.5%. The MHD did meet the performance objective of an annual increase of at least 0.02%.	Additional notes/comments on measure: The number of CHIP eligibles increased from 85,567 in FFY 2016 to 88,259 in FFY 2017, which represents an increase of 3.1%. MO HealthNet met the performance objective of an annual increase of at least 0.02%.
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The MHD achieved the performance objective of an annual increase of at least 0.02%.</p> <p><b>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?</b> See "Other Comments on Measure".</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The MHD did achieve the performance objective of an annual increase of at least 0.02%.</p> <p><b>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?</b> See "Other Comments on Measure".</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> MO HealthNet met performance objective of an annual increase of at least 0.02% in both FFY 2016 and FFY 2017.</p> <p><b>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?</b> See "Other Comments on Measure".</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><i>Explain how these objectives were set:</i> MO HealthNet staff recommendations with MO HealthNet administration approval.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the number of children enrolled in CHIP by .02% annually.</p> <p><i>Explain how these objectives were set:</i> MO HealthNet staff recommendations with MO HealthNet administration approval.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of children enrolled in CHIP by 0.02% annually.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the number of children enrolled in CHIP by 0.02% annually.</p> <p><b>Annual Performance Objective for FFY 2020:</b> Increase the number of children enrolled in CHIP by 0.02% annually.</p> <p><i>Explain how these objectives were set:</i> MO HealthNet staff recommendation with MO HealthNet administration approval.</p>
<p><b>Other Comments on Measure:</b> The following initiatives continue: CHIP Affordability Test CHIP Combination Program CHIP Affordable Insurance and Pre-Existing Conditions</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue: CHIP Affordability Test CHIP Combination Program CHIP Affordable Insurance and Pre-Existing Conditions</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue: -CHIP Affordability Test -CHIP Combination Program -CHIP Affordable Insurance and Pre-Existing Conditions</p>



**Objectives Related to CHIP Enrollment (Continued)**

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Explanation of Progress:</b>   <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b></p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b></p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p>

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

**Objectives Related to Medicaid Enrollment**

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #1 (Describe)</b> Increase the number of children in the MO HealthNet Program, excluding CHIP, by 2%.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children in the MO HealthNet Program, excluding CHIP, by 2%.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children in the MO HealthNet Program, excluding CHIP, by 2%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data not finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data not finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: Data have not been finalized.</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS-64EC provisional report for FFY ending 09/30/15, unduplicated number of children ever enrolled in the FFY (Title XIX – Traditional Medicaid), Line 7.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS-64EC provisional report for FFY ending 09/30/16, unduplicated number of children ever enrolled in the FFY (Title XIX – Traditional Medicaid), Line 7.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS-64EC provisional report for FFY ending 09/30/2017, unduplicated number of children ever enrolled in the FFY (Title XIX - Traditional Medicaid), Line 7.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in Medicaid in FFY 2014, excluding CHIP.</p> <p>Definition of numerator: Net difference in children enrolled in Medicaid in FFY 2015 vs. FFY 2014, excluding CHIP.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in Medicaid in FFY 2015, excluding CHIP.</p> <p>Definition of numerator: Net difference in children enrolled in Medicaid in FFY 2016 vs. FFY 2015, excluding CHIP.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children enrolled in Medicaid in FFY 2016, excluding CHIP.</p> <p>Definition of numerator: Net difference in the number of children enrolled in Medicaid in FFY 2017 versus FFY 2016, excluding CHIP.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Difference in the number of children ever enrolled in the MHD program, excluding CHIP, between FFY 2014 and FFY 2015.</p> <p>Numerator: 78398            Denominator: 512441            Rate: 15.3</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Difference in the number of children ever enrolled in the MHD program, excluding CHIP, between FFY 2015 and FFY 2016.</p> <p>Numerator: 42153            Denominator: 566060            Rate: 7.4</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Difference in the number of children ever enrolled in the MO HealthNet Program, excluding CHIP, between FFY 2016 and FFY 2017.</p> <p>Numerator: 11405            Denominator: 576349            Rate: 2</p>

FFY 2015	FFY 2016	FFY 2017
<p>Additional notes on measure: Data is provisional. The number of children in Medicaid excluding CHIP in FFY14 was 512,441 and 590,839 in FFY15 reflecting an increase of 15.3%. The MHD met the performance goal of an increase of at least 2%. In addition, FFY14 enrollment represents an increase of 46.2% compared to the base year membership of 350,539 in September, 1999.</p>	<p>Additional notes on measure: Data is provisional. The number of children in Medicaid excluding CHIP in FFY15 was 566,060 and 608,213 in FFY16 reflecting an increase of 7.4%. The MHD did meet the performance goal of an increase of at least 2%. In addition, FFY 2015 enrollment represents an increase of 61.5% compared to the base year membership of 350,539 in September, 1999.</p>	<p>Additional notes/comments on measure: Data is provisional. The number of children in Medicaid excluding CHIP in FFY 16 was 576,349 and in FFY 2017 was 587,754, reflecting an increase of at least 2%. In addition, FFY 2016 enrollment represents an increase of 64.4% compared to the base year membership of 350,539 in September of 1999.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The MHD met the performance goal of an increase of at least 2%.</p> <p><b>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?</b> See "Other Comments on Measure".</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The MHD did meet the performance goal of an increase of at least 2%.</p> <p><b>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?</b> See "Other Comments on Measure".</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> MO HealthNet met the performance goal of an increase of at least 2% between FFY 2016 and FFY 2017.</p> <p><b>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?</b> See "Other Comments on Measure".</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.  <b>Annual Performance Objective for FFY 2017:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.  <b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.</p> <p><i>Explain how these objectives were set:</i> Based on budgeted caseload growth.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.  <b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.  <b>Annual Performance Objective for FFY 2019:</b> Increase enrollment by 2% in the MO HealthNet program, excluding CHIP.</p> <p><i>Explain how these objectives were set:</i> Based on budgeted caseload growth.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase enrollment by 2% in the MO HealthNet Program, excluding CHIP.  <b>Annual Performance Objective for FFY 2019:</b> Increase enrollment by 2% in the MO HealthNet Program, excluding CHIP.  <b>Annual Performance Objective for FFY 2020:</b> Increase enrollment by 2% in the MO HealthNet Program, excluding CHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on budgeted caseload growth.</p>
<p><b>Other Comments on Measure:</b> The following initiatives continue:  CHIP Affordability Test  CHIP Combination Program  CHIP Affordable Insurance and Pre-Existing Conditions Outreach:  Outreach is being coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet program.</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue:  CHIP Affordability Test  CHIP Combination Program  CHIP Affordable Insurance and Pre-Existing Conditions Outreach:  Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.</p>	<p><b>Other Comments on Measure:</b> The following initiatives continue:  -CHIP Affordability Test  -CHIP Combination Program  -CHIP Affordable Insurance and Pre-Existing Conditions Outreach:  Outreach is coordinated with several state agencies to assist in reaching families regarding healthcare coverage opportunities available through the MO HealthNet programs.</p>

**Objectives Related to Medicaid Enrollment (Continued)**

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #1 (Describe)</b> Increase the number of primary care providers enrolled in the MO HealthNet program by 2% annually.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of primary care providers enrolled in the MO HealthNet program by 2% annually.</p>	<p><b>Goal #1 (Describe)</b> Increase the number of primary care providers enrolled in the MO HealthNet program by 2% annually.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of primary care providers enrolled in the MO HealthNet Program.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of primary care providers enrolled in the MO HealthNet Program.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of primary care providers enrolled in the MO HealthNet program.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MO HealthNet provider enrollment database.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MO HealthNet provider enrollment database.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MO HealthNet Provider Enrollment Database</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The net difference in the number of primary care providers enrolled in MO HealthNet between FFY 2014 and FFY 2015.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of primary care providers enrolled in MO HealthNet during FFY 2014.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The net difference in the number of primary care providers enrolled in MO HealthNet between FFY 2015 and FFY 2016.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of primary care providers enrolled in MO HealthNet during FFY 2016.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The net difference in the number of primary care providers enrolled in MO HealthNet between FFY 2016 and FFY 2017.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The number of primary care providers enrolled in MO HealthNet in FFY 2017.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:                      Denominator:                      Rate:</p>

FFY 2015	FFY 2016	FFY 2017
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 630 Denominator: 9336 Rate: 6.7  Additional notes on measure: The number of primary care providers in FFY 2014 was 9,336 and the number in FFY 2015 was 9,966. There was an increase of 630 from FFY 2014 to FFY 2015, an increase of 6.75%.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 946 Denominator: 9966 Rate: 9.5  Additional notes on measure: The number of primary care providers in FFY 2015 was 9,966 and the number in FFY 2016 was 10,912. There was an increase of 946 from FFY 2015 to FFY 2016, resulting in an increase of 9.5%.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 1055 Denominator: 10912 Rate: 9.7  Additional notes on measure: The number of primary care providers enrolled in MO HealthNet was 10,912 in FFY 2016 and the number in FFY 2017 was 11,976. There was an increase of 1,064 from FFY 2016 to FFY 2017, resulting in a 9.8% increase.
<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The MHD achieved the performance objective of at least a 2% increase.  <b>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?</b> See "Other Comments on Measure".	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The MHD achieved the performance objective of at least a 2% increase.  <b>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?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The MO HealthNet program achieved the performance objective of at least a 2% increase in both 2016 and 2017.  <b>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?</b> See "Other Comments on Measure".

FFY 2015	FFY 2016	FFY 2017
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><i>Explain how these objectives were set: Based on budgeted projections for physician fee increases.</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><i>Explain how these objectives were set: Based on budgeted projections for physician fee increases.</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><b>Annual Performance Objective for FFY 2020:</b> Increase the enrollment of MO HealthNet primary care providers by 2%.</p> <p><i>Explain how these objectives were set: Based on budgeted projections for physician fee increases.</i></p>
<p><b>Other Comments on Measure:</b> The increase in the number of primary care physicians is attributed to the implementation of the primary care rate increase required by the Affordable Care Act for services provided on or after January 1, 2014.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> The increase in the number of primary care physicians is attributed to the implementation of the primary care rate increase required by the Affordable Care Act for services provided on or after January 1, 2014.</p>

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

FY 2015	FFY 2016	FFY 2017
<p><b>Goal #2 (Describe)</b> Increase by 5% the number of participants in Missouri who have self selected a primary care provider at the time of enrollment.</p>	<p><b>Goal #2 (Describe)</b> Increase by 5% the number of participants in Missouri who have self selected a primary care provider at the time of enrollment.</p>	<p><b>Goal #2 (Describe)</b> Increase by 5% the number of MO HealthNet participants who have self-selected a primary care provider at the time of enrollment.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of participants in Missouri who have self selected and who have not selected a primary care provider at the time of enrollment.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of participants in Missouri who have self selected and who have not selected a primary care provider at the time of enrollment.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> The number of MO HealthNet participants who have self-selected and who have not selected a primary care provider at the time of enrollment.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MO HealthNet Managed Care Health Benefits Manager report of Primary Care Provider Selection Rates.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MO HealthNet Managed Care Health Benefits Manager report of Primary Care Provider Selection Rates.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Primary Care Provider (PCP) Confirmation Letters.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of participants in Missouri who enrolled and chose their PCP in FFY 2015.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of participants who enrolled and chose their PCP in FFY 2016.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of participants who enrolled and chose their PCP in FFY 2017.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator:                      Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator:                      Denominator:</p>

FY 2015	FFY 2016	FFY 2017
Rate:	Rate:	Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 30971 Denominator: 49702 Rate: 62.3  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 16297 Denominator: 28732 Rate: 59.1  Additional notes on measure: The percentage of participants who self-selected a primary care provider at enrollment.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 18553 Denominator: 49043 Rate: 37.8  Additional notes on measure: The percentage of MO HealthNet participants who have self-selected a primary care provider at the time of enrollment.
<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The percentage of participants who self selected a primary care provider at enrollment decreased by 0.72% which did not meet the goal of an increase of 5%.  <b>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?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The percentage of participants who self selected a primary care provider at enrollment decreased by 3.2% which did not meet the goal of an increase of 5%.  <b>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?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The percentage of participants who self-selected a primary care provider at enrollment decreased by 21.3% between FFY 2016 and FFY 2017, which did not meet the goal of a 5% increase.  <b>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?</b>

FY 2015	FFY 2016	FFY 2017
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><i>Explain how these objectives were set: Based on historical PCP selection rates.</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><i>Explain how these objectives were set: Based on historical PCP selection rates.</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><b>Annual Performance Objective for FFY 2020:</b> Increase the number of participants who self-selected a PCP by 5%.</p> <p><i>Explain how these objectives were set: Based on historical PCP selection rates.</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #3 (Describe)</b> Increase by 3% the number of children who receive annual dental visits. HEDIS measure.</p>	<p><b>Goal #3 (Describe)</b> Increase by 3% the number of children who receive annual dental visits. HEDIS measure.</p>	<p><b>Goal #3 (Describe)</b> Increase by 3% the number of children who receive annual dental visits.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2015</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2016</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2017</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Per HEDIS technical specifications for this measure.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Per HEDIS technical specifications for this measure.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Per HEDIS technical specifications for this measure.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Per HEDIS technical specifications for this measure.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Per HEDIS technical specifications for this measure.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Per HEDIS technical specifications for this measure.</p>
<p><b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 116946                      Denominator: 243196                      Rate: 48.1</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator: 124363                      Denominator: 259886                      Rate: 47.9</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator: 131394                      Denominator: 280188                      Rate: 46.9</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: Administrative methodology used by MO HealthNet MCOs. MO HealthNet completed as instructed in Table 1 of the CMS Technical Assistance Brief, October 2014.</p>	<p>Additional notes on measure: Administrative methodology used by MO HealthNet MCOs. MO HealthNet completed as instructed in Table 1 of the CMS Technical Assistance Brief, Number 2, October 2014.</p>	<p>Additional notes/comments on measure: Administrative methodology used by MO HealthNet Managed Care Organizations (MCO). MO HealthNet completed as instructed in Table 1 of the CMS Technical Assistance Brief, Number 2, October 2014.</p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The number of children who received annual dental visits increased by 2.9% which was very close to but did not meet the annual goal to have an increase of 3%.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The number of children who received annual dental visits decreased by 0.2% which did not meet the annual goal to have an increase of 3%.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The number of children who received annual dental visits decreased by 1%, which did not meet the annual goal to increase the rate by 3%.</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>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?</b> The Annual Dental Visit Combined Rate is a Missouri Department of Health and Senior Services required measure; 10 CSR 10-5.010. Activities include: developed and implemented in September 2009 a State-Wide Performance Improvement Project for Oral Health; partnered with other agencies to get enrollment into Head Start and obtain preventive services and improve parent health literacy; EPSDT reminders; wellness and prevention program that focuses on member education on screenings; use of financial incentives to increase EPSDT Screening Participation; System Alert on Incomplete HEDIS measure when member contacts health plan; collaboration with school nurses regarding well-child visits; visits to provider offices with members non-compliant in well-child visits; back to school fairs; mobile dentistry, floating dentists; and participation in Mid-America Head Start Dental Home Initiative/Oral Health Brainstorming Session. The statewide Oral Health performance improvement project is on-going.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p>	<p><b>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?</b> The Annual Dental Visit Combined Rate is a Missouri Department of Health and Senior Services required measure; 10 CSR 10-5.010. Activities include: developed and implemented in September 2009 a State-Wide Performance Improvement Project for Oral Health; partnered with other agencies to get enrollment into Head Start and obtain preventive services and improve parent health literacy; EPSDT reminders; wellness and prevention program that focuses on member education on screenings; use of financial incentives to increase EPSDT Screening Participation; System Alert on Incomplete HEDIS measure when member contacts health plan; collaboration with school nurses regarding well-child visits; visits to provider offices with members non-compliant in well-child visits; back to school fairs; mobile dentistry, floating dentists; and participation in Mid-America Head Start Dental Home Initiative/Oral Health Brainstorming Session. The statewide Oral Health performance improvement project is ongoing.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p>	<p><b>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?</b> The Annual Dental Visit Combined Rate is a Missouri Department of Health and Senior Services required measure (10 CSR 10-5.010). A Statewide Performance Improvement Project for Oral Health was implemented in September 2009 and is ongoing. Activities include collaborating with other agencies to facilitate Head Start enrollment, increase access to preventive services, and improve parent health literacy. A wellness and prevention program uses member education, reminders, and financial incentives to increase EPSDT Screening Participation. Other activities include participating in back to school fairs, mobile dentistry, and collaborating with school nurses regarding well-child visits. An effort to educate providers whose members are non-compliant in well-child visits is ongoing. The Missouri Dental Sealant Program started in 2017 and a WIC fluoride varnish program will start in 2018.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>Annual Performance Objective for FFY 2018:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><i>Explain how these objectives were set:</i> The MO HealthNet Division (MHD) employs an algorithm to assign to the health plan, on a prorated basis, any MO HealthNet Managed Care eligibles who do not make a voluntary selection of a health plan during open enrollment. HEDIS Dental regional scores were used in the Automatic Assignment Into Health Plans during the period of the period in which these measures were taken. In January 2010, an Oral Health statewide performance improvement project was implemented.</p>	<p><b>Annual Performance Objective for FFY 2019:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><i>Explain how these objectives were set:</i> In January 2010, an Oral Health statewide performance improvement project was implemented.</p>	<p><b>Annual Performance Objective for FFY 2020:</b> Increase the performance of Annual Dental Visits (combined rate) by 3%.</p> <p><i>Explain how these objectives were set:</i> The MO HealthNet Division (MHD) Managed Care Program continues to require the MCOs to participate in an Oral Health Statewide Performance Improvement Project.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #1 (Describe)</b> Increase the EPSDT screening rate annually by 2%.</p>	<p><b>Goal #1 (Describe)</b> Increase the EPSDT screening rate annually by 2%.</p>	<p><b>Goal #1 (Describe)</b> Increase the EPSDT screening rate annually by 2%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS HCFA-416; Total eligibles receiving at least one initial or periodic service.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS HCFA-416; Total eligibles receiving at least one initial or periodic service.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS HCFA-416; Total eligibles receiving at least one initial or periodic service.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS 416.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS 416.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            CMS 416.</p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: CMS HCFA-416 Line 9: Total eligibles receiving at least one initial or periodic screen FFY 2015.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: CMS HCFA-416 Line 8: Total eligibles receiving at least one initial or periodic screen.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: CMS HCFA-416 Line 9: Total eligibles receiving at least one initial or periodic screen in FFY 2016.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: CMS HCFA-416 Line 8: Total eligibles who should receive at least one initial or periodic screen.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: CMS HCFA-416 Line 9: Total eligibles receiving at least one initial or periodic service.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: CMS HCFA-416 Line 8: Total eligibles who should receive at least one initial or periodic screening.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: 279667 Denominator: 398920 Rate: 70.1</p> <p>Additional notes on measure: This is a measure of the rate of children receiving EPSDT screenings in FFY 2015.</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: 304370 Denominator: 432702 Rate: 70.3</p> <p>Additional notes on measure: This is a measure of the rate of children receiving EPSDT screenings in FFY 2016.</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: 256738 Denominator: 468305 Rate: 54.8</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> MHD did not meet the objective for FFY 2015. There was a decrease of 4.1% in the EPSDT screening rate for FFY 2015.</p> <p><b>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?</b> MHD Managed Care health plan quality improvement activities to improve Well Child Visits include, but are not limited to, the following: Immunization Initiative that focuses on member outreach and education, partnership with other agencies to get enrollment into Head Start and obtain preventive services and improve parent health literacy,</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> MHD did not meet the objective for FFY 2016. There was an increase of only 0.2% in the EPSDT screening rate for FFY 2016 compared to FFY2015, lower than the 2% target rate increase.</p> <p><b>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?</b> MHD Managed Care health plan quality improvement activities to improve Well Child Visits include, but are not limited to, the following: Immunization Initiative that focuses on member outreach and education, partnership with other agencies to get enrollment into Head Start and obtain</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> MHD did not meet the objective for FFY 2017, which was to increase the rate by 2%. Instead, the FFY 2017 rate was lower than the FFY 2016 rate (54.8% versus 70.3%).</p> <p><b>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?</b> MHD Managed Care health plan quality improvement activities to improve Well Child Visits include, but are not limited to, the following: Immunization Initiative that focuses on member outreach and education, partnership with other agencies to get enrollment into Head Start and obtain</p>

FFY 2015	FFY 2016	FFY 2017
<p>EPSDT reminders, wellness and prevention program that focuses on member education on screenings, use of financial incentives to increase EPSDT Screening Participation, System Alert on Incomplete HEDIS measure when member contacts health plan, collaboration with school nurses regarding well-child visits, early identification of member's need for assistance regarding immunizations from health risk assessment form, visits to provider offices with members non-compliant in immunizations, and participation in back to school fairs.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><i>Explain how these objectives were set:</i> Based on historical EPDST screening rates.</p>	<p>preventive services and improve parent health literacy, EPSDT reminders, wellness and prevention program that focuses on member education on screenings, use of financial incentives to increase EPSDT Screening Participation, System Alert on Incomplete HEDIS measure when member contacts health plan, collaboration with school nurses regarding well-child visits, early identification of member's need for assistance regarding immunizations from health risk assessment form, visits to provider offices with members non-compliant in immunizations, and participation in back to school fairs. A performance withhold program was implemented in SFY 2016 focusing on EPSDT visits.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><i>Explain how these objectives were set:</i></p>	<p>preventive services and improve parent health literacy, EPSDT reminders, wellness and prevention program that focuses on member education on screenings, use of financial incentives to increase EPSDT Screening Participation, System Alert on Incomplete HEDIS measure when member contacts health plan, collaboration with school nurses regarding well-child visits, early identification of member's need for assistance regarding immunizations from health risk assessment form, visits to provider offices with members non-compliant in immunizations, and participation in back to school fairs.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2019:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><b>Annual Performance Objective for FFY 2020:</b> Increase the EPSDT screening rate annually by 2%.</p> <p><i>Explain how these objectives were set:</i> Based on historical EPSDT screening rates.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #2 (Describe)</b> N/A</p>	<p><b>Goal #2 (Describe)</b> N/A</p>	<p><b>Goal #2 (Describe)</b> N/A</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional..  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
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<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i></p>



FFY 2015	FFY 2016	FFY 2017
<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
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<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>	<p><b>Goal #3 (Describe)</b> N/A</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
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FFY 2015	FFY 2016	FFY 2017
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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 Department of Social Services, MO HealthNet Division (DSS/MHD) has an external evaluation of Missouri's program for health care for uninsured children, the Children's Health Insurance Program (CHIP) performed annually. This annual report is submitted to the General Assembly as required by Section 208.650 RSMo. The CHIP program operated as part of a Medicaid Section 1115 Healthcare Demonstration program (1115 Waiver) between September 1, 1998 and September 30, 2007. The 1115 Waiver originally expanded eligibility to uninsured children, adults leaving welfare for work, uninsured custodial parents, uninsured non-custodial parents, and uninsured women losing their Medicaid eligibility 60 days after the birth of their child. Service delivery to children began September 1, 1998. Service delivery for adults began February 1, 1999 through June 30, 2005, at which time eligibility ended. Effective September 2007, Missouri's CHIP program began operating as a combination Medicaid/CHIP program, referred to as MO HealthNet for Kids.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) reauthorized CHIP through 2013. The Patient Protection and Affordable Care Act (ACA), enacted in 2010, continued the appropriated funding to CHIP through FFY 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) reauthorized CHIP for two more years, until 2017 and provided a 23% increase in the CHIP match rates for states, with a cap of 100% for FFY 2016 through 2019. The ACA maintenance of effort requirements for the CHIP program requires states to maintain income eligibility thresholds and not impose any procedures, methodologies, or other requirements that make it more difficult for people to apply for or renew their CHIP eligibility.

January 1, 2016, Missouri implemented the Show Me Healthy Babies Program (SMHB) as a separate Children's Health Insurance Program (CHIP) for any low-income unborn child, as required by Section 208.662.1 RSMo. This program covers targeted low-income pregnant women and unborn children with household incomes up to 300% of the FPL who do not otherwise qualify for MO HealthNet. The unborn child's coverage period is from date of application to birth. For targeted low-income pregnant women, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month that includes the sixtieth (60th) day after the pregnancy ends.

In September 2005, copays were eliminated in lieu of graduated premiums for all families with incomes greater than 150% FPL, with the exception that infants under one are not subject to premiums unless their family income exceeds 196% FPL. Premiums are based on income, effective July 1, 2015, ranged from \$14 per month for a family size of one with income more than 150% FPL to \$305 per month for a family size of six. Premium rates are adjusted annually each July and exist in three different bands: (i) 151-185% FPL, (ii) 186-225%, and (iii) 226-300% FPL. In no case shall the family be charged more than five percent of the family's gross income, and the premium invoicing system is designed to not invoice a monthly premium in excess of five percent of the family's gross annual income divided by twelve.

Missouri allows for a 30-day grace period for non-payment of premiums, families with income over 225% FPL, there is a lockout period of ninety (90) days after disenrollment due to non-payment of premiums after the grace period. For these families to re-enroll, repayment of outstanding premiums is required even after the ninety (90) day lockout period has concluded.

The CHIP program has the following strategic goals: reduce the number of children in Missouri without health insurance coverage; increase access to health care; increase the number of children in Missouri who have access to a regular source of healthcare coverage; and improve the health of Missouri's medically uninsured children through the use of preventive care.

Over the last five years, the Missouri rate of children's private insurance (including employer sponsored insurance (ESI) and self-pay insurance) has remained fairly stable. Missouri's uninsured population has decreased from 11.5% in 2011 to 4.8% in 2016, consistent with national trends. Missouri's rate of public insurance coverage for children (Medicaid and CHIP) remains below the national average and is almost the same in 2016 as in 2013. This means that it is highly unlikely that crowd out (the substitution of publicly funded coverage for existing private

coverage) is occurring, as there has not been a major growth in public insurance coverage, even with the recession and the watermark effect of marketplace enrollment. This is based on 2017 US Census data.

From 2000 to 2015, preventable hospitalizations for the CHIP population decreased by 33.9%. Preventable hospitalizations for the MO HealthNet (Medicaid children) population decreased by 44.2% while the preventable hospitalizations for the non-MO HealthNet group decreased by 4.7%

In 2015, the CHIP group's rate of preventable hospitalizations per 1,000 children was 6.4, below the national benchmark of 7.2 per 1,000.

From 2000 to 2015, preventable hospitalizations due to asthma for the CHIP population decreased by 47%. Preventable hospitalizations due to asthma for the MO HealthNet (Medicaid children) population decreased by 55.9% while the preventable asthma hospitalizations for the non-MO HealthNet group decreased by 39.8%. In 2014, the CHIP group's rate of 1.5 preventable asthma hospitalizations per 1,000 children was 33% lower than the national benchmark rate of 2.25 preventable asthma hospitalizations.

From 2000 to 2015, ER visits for the CHIP population decreased by 16.4%. ER visits for the MO HealthNet (Medicaid children) population decreased by 17.6% while the ER visits for the non-MO HealthNet group decreased by 1.8%. In 2015, the CHIP group's rate of 387.4 ER visits per 1,000 children was lower than the national benchmark rate of 400 ER visits.

From 2000 to 2015, asthma ER visits for the CHIP population decreased by 16.9%. Asthma ER visits for the MO HealthNet (Medicaid children) population decreased by 28.9%, while the asthma ER visits for the non-MO HealthNet group decreased by 9.5%. In 2014, the CHIP group rate of 11.1 asthma ER visits per 1,000 children was 11% higher than the national benchmark rate of 10 Asthma ER visits per 1,000 children.

Comparing 2014 to 2015, rates of preventable hospitalizations, general and asthma-related, are equal to or below national benchmarks and equal to or below their best rates since 2000, and ER visits for CHIP participants is lower than the benchmark for the first time.

Rates of asthma-related ER visits decreased between study years 2014 and 2015. However, the measure is still above the national benchmark. Children with Medicaid and CHIP are more likely to seek care through the ER than both uninsured children and children with private coverage. In a controlled study conducted in 2008, 28% of Medicaid and CHIP children visited the ER at least once, as compared to 18% of children with private coverage and 15% of uninsured children. Medicaid and CHIP children were also more likely to have had multiple visits to the ER. Barriers to access to primary care and more specifically the opportunity to obtain primary care after business hours remain key determinants in this trend for CHIP and Medicaid children.

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]**

Reporting of the MO HealthNet Managed Care member satisfaction and access to care survey data, which includes the CHIP population, by the MO HealthNet Managed Care health plans to the Missouri Department of Health and Senior Services (DHSS) will continue to be required annually.

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

Missouri has not conducted any focused quality studies on only the CHIP population. However, the MO HealthNet Managed Care health plans perform focused studies includes of CHIP participants on the following topics: Asthma, Prenatal Care, Postpartum Care, New Baby Care, Healthy Behaviors, Healthy Steps for Pregnant Members with Substance Abuse, Follow-up After Hospitalization for Behavioral Health Diagnoses, Dental Performance Improvement Project, Diabetic Screening, Tobacco-Free Counseling, and Women's Health Screenings.

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 DHSS publishes the results of the MO HealthNet Managed Care member satisfaction and access survey on their website at: <http://health.mo.gov/data/managedcare/index.php>.

The Missouri Children's Health Insurance Program (CHIP) and Show-Me Healthy Babies Annual Report from October 13, 2017 may be accessed at: <https://dss.mo.gov/mhd/mc/pages/mhk-annual-reports.htm>. This annual report on Missouri's program for uninsured children, CHIP, and Show-Me Healthy Babies was submitted to the Missouri General Assembly as required by state statute.

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

## Section III: Assessment of State Plan and Program Operation

**Please reference and summarize attachments that are relevant to specific questions**

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

### Section IIIA: Outreach

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

Missouri has continued with the same outreach activities as in previous years. DSS partners with FQHCs for application assistance and health clinics for Presumptive Eligibility (PE) determination. DSS partners with the Missouri Department of Education (DESE) to assist with back to school outreach efforts and continues to have a link on the DESE website. Additional outreach has been added through the School Nurse Program, which disseminates materials with SCHIP eligibility criteria and application procedures to parents and guardians throughout the school year as applicable.

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]**

Agencies and organizations working on eligibility with families and school outreach continue to be effective methods for reaching low-income, uninsured children. The Family Support Division (FSD) within DSS continues to be successful with back to school efforts. FQHC staff assist parents with MO HealthNet applications. Memoranda of understanding were created between some organizations in an effort to reach more children. One of these organizations is targeting children 13 to 18 years of age. The effectiveness of outreach is measured in participation rates.

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

Partnering with other organizations, like FQHCs, is the most successful method of outreach. Web applications are also used by FSD to reach a diverse group of individuals who may not otherwise apply for CHIP.

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]**

Specific populations such as immigrants, minorities, and children have been reached through MO HealthNet application options and assistance at FQHCs.

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]**

This data is not available.

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

## Section IIIB: Substitution of Coverage (Crowd-out)

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

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

- No  
 Yes  
 N/A

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

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

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

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

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. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] **[5]** 0.69 and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**?

Provide a combined percent if you cannot calculate separate percentages. **[5]**

8. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? **[5]** 0.08

a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)\*100]? **[5]** 0

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

- Yes  No

10. If yes to question 9, 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]** 1.22

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

## Section IIIC: Eligibility

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



## Section III C: 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]** 0.01
  - 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]** 75
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]**  
Two notices are sent, the review form and an adverse action notice, if the review form is not returned.
  - 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]**  
The initial review is sent a minimum of 45 days prior to the end of the eligibility period. The adverse action notice is sent 30 days prior to eligibility ending or the first business day of the month in which eligibility will end.
- 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]**

Missouri sends renewal forms and reminders. No other follow-up strategies are used.

## Section III C: Subpart B: Eligibility Data

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

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

Measure	Number	Percent
1. Total number of denials of title XXI coverage	34596	100
a. Total number of procedural denials	28260	81.7
b. Total number of eligibility denials	6336	18.3
i. Total number of applicants denied for title	0	

Measure	Number	Percent
XXI and enrolled in title XIX		
<input checked="" type="checkbox"/> (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 2017. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2017 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2017 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

## Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2017.

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

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

Description	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	25980	100%			
2. Total number of children screened for redetermination for title XXI	0		100%		
3. Total number of children retained in title XXI after the redetermination process	0				
4. Total number of children disenrolled from title XXI after the redetermination process	0			100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	0				
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	0				100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here <input checked="" type="checkbox"/> )					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input checked="" type="checkbox"/> )					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input checked="" type="checkbox"/> )					

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].

Missouri is currently developing a reporting mechanism for redetermination in its new eligibility system. This information is not available at this time.

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#### Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state

uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

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

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

Description	Number	Percent			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	534682	100%			
2. Total number of children screened for redetermination for title XIX	0		100%		
3. Total number of children retained in title XIX after the redetermination process	0				
4. Total number of children disenrolled from title XIX after the redetermination process	0			100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )					
vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input checked="" type="checkbox"/> )					
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories <input checked="" type="checkbox"/> )					

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].

Missouri is currently developing a reporting mechanism for redetermination in its new eligibility system. This information is not available at this time.

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**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2017

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

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

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

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

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

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

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

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

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

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2016	23492	100%	10288	100%	5044	100%	5827	100%	2333	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX	22468	95.64	9955	96.76	4728	93.74	5584	95.83	2201	94.34
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	142	0.6	27	0.26	45	0.89	46	0.79	24	1.03
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )	17	0.07	3	0.03	4	0.08	6	0.1	4	0.17
4. Total number of children disenrolled from title XIX	882	3.75	306	2.97	271	5.37	197	3.38	108	4.63
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )	123	0.52	50	0.49	43	0.85	20	0.34	10	0.43
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX	20114	85.62	9576	93.08	3813	75.59	4792	82.24	1933	82.85
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1817	7.73	169	1.64	774	15.34	652	11.19	222	9.52
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )	27	0.11	9	0.09	7	0.14	6	0.1	5	0.21
7. Total number of children disenrolled from title XIX	1561	6.64	543	5.28	457	9.06	383	6.57	178	7.63
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )	169	0.72	81	0.79	53	1.05	23	0.39	12	0.51
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX	17303	73.65	7548	73.37	3484	69.07	4474	76.78	1797	77.03
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2110	8.98	408	3.97	787	15.6	680	11.67	235	10.07
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )	83	0.35	45	0.44	22	0.44	11	0.19	5	0.21
10. Total number of children disenrolled from title XIX	4079	17.36	2332	22.67	773	15.33	673	11.55	301	12.9
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )	439	1.87	283	2.75	63	1.25	58	1	35	1.5

**Definitions:**

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



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

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

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

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

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

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

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

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

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

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

Specify how your “newly enrolled” population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016	1613	100%	48	100%	542	100%	709	100%	314	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	1395	86.48	40	83.33	459	84.69	622	87.73	274	87.26
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	6	0.37	1	2.08	1	0.18	2	0.28	2	0.64
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	2	0.12	1	2.08	0		1	0.14	0	
4. Total number of children disenrolled from title XXI	212	13.14	7	14.58	82	15.13	85	11.99	38	12.1
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	135	8.37	4	8.33	58	10.7	49	6.91	24	7.64
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI	1150	71.3	33	68.75	367	67.71	528	74.47	222	70.7
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	111	6.88	6	12.5	32	5.9	41	5.78	32	10.19
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	7	0.43	2	4.17	0		3	0.42	2	0.64
7. Total number of children disenrolled from title XXI	352	21.82	9	18.75	143	26.38	140	19.75	60	19.11
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	235	14.57	5	10.42	105	19.37	90	12.69	35	11.15
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI	1064	65.96	28	58.33	339	62.55	492	69.39	205	65.29
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	124	7.69	7	14.58	37	6.83	47	6.63	33	10.51
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	18	1.12	3	6.25	3	0.55	8	1.13	4	1.27
10. Total number of children disenrolled from title XXI	425	26.35	13	27.08	166	30.63	170	23.98	76	24.2
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	290	17.98	5	10.42	127	23.43	114	16.08	44	14.01

**Definitions:**

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

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

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

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

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

## 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?

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]**

CHIP participants under the age of one (1) with a family income between 185% and 300% FPL and uninsured children ages one (1) through eighteen (18) with a family income between 151% and 300% FPL pay a premium. The premium invoicing system is designed to not invoice a monthly premium in excess of 5% of the family's gross annual income divided by twelve (12).

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]**

CHIP participants are not charged cost sharing at the provider level.

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]**

There were no children who exceeded the 5% cap.

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]**

Premium adjustments are calculated annually with an effective date of July 1. The state tracks CHIP eligibility through the Department of Social Services, Family Support Division/MO HealthNet Division Monthly Management Reports. Missouri has not assessed the impact of premium adjustments on enrollment.

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

## Section III E: 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.

### Children

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

### Adults

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

8. Are there any limits on cost sharing for adults in your ESI program?  
 Yes  No
9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?  
 Yes  No  
 If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

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

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2017.

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.

Children	Low	High
Parent	Low	High

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

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

From To

Income level of Children: % of FPL [5] % of FPL [5]

Income level of Parents: % of FPL [5] % of FPL [5]

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

Yes  No

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

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

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

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

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

### Section III F: Program Integrity

**COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)**

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

(1) prevention:  Yes  No

(2) investigation:  Yes  No

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

Please explain: **[7500]**

The Department of Social Services (DSS) has written policies and procedures concerning fraud and abuse of MO HealthNet services delivered through the fee-for-service and managed care delivery systems. The Missouri Medicaid Audit and Compliance (MMAC) Unit within DSS establishes a culture that promotes prevention, coordination, detection, investigation, enforcement and reporting of instances of provider and participant conduct that do not conform to Federal and State law.



In addition, the MO HealthNet Managed Care health plans have contractual requirements pertaining to fraud and abuse and written in accordance with 42 CFR Part 438. These contractual requirements ensure that the health plans comply with the contract and policy statements regarding fraud and abuse.

Prevention procedures include a review of provider exclusion data bases by the Provider Enrollment Unit prior to enrolling a provider as a MO HealthNet provider. MO HealthNet Managed Care health plans are also required to review these data bases on a periodic basis and report to MO HealthNet any of their subcontracted providers that are found on exclusion lists. MMAC conducts post-payment reviews of MO HealthNet claims to assure that appropriate payments were made and that providers are billing and providing services in accordance with federal and state regulations and MO HealthNet requirements. If needed, MMAC determines what enforcement activities to pursue including education, demand of repayment, payment suspension, participation suspension, closed-end agreements, prepayment review, participant lock-in, termination, or referral to the Medicaid Fraud Control Unit (MFCU) within the State Office of Attorney General. When recoupment is not possible and repayment is not made by the provider, MMAC may terminate the provider number as well as complete a bad debt referral to the Attorney General's Financial Services Unit.

Participant eligibility is determined by the Family Support Division. MMAC monitors claims pertaining to health care and responds to referrals when fraud or abuse is attributed to a participant. Referrals are made to the DSS Welfare Investigative Unit (WIU) for determination of eligibility termination.

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

Yes  No

Please Explain: **[500]**

The health plans are required by contract to submit a written Fraud and Abuse Plan and their lock-in policies to the state agency for approval prior to implementation. The health plans must designate a compliance officer and compliance committee responsible for fraud and abuse activities. When a member or provider is suspected of fraud or abuse, the health plan notifies the state agency of the suspected activity as well as includes the information in their quarterly reporting.

2. For the reporting period, please report the  
202 Number of fair hearing appeals of eligibility denials  
3 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

37019 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

2481 Number of cases investigated

69 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

The MO HealthNet Fee-for-Service Program contracts with a contractor to collect and process third party liability health insurance payments, recoupments and to perform cost avoidance efforts. These processes are monitored through regular internal auditing.

Managed care health plans perform fraud and abuse functions as described in questions one and two. Once fraud and abuse has been detected, the health plans provide that information to MMAC which conducts investigations, referrals to law enforcement and other necessary actions.

The state agency provides oversight of the Managed Care health plans through the contractually required, written fraud and abuse plan submitted to the State agency; monthly, quarterly and annual submissions of billing information and provider exclusionary status; state and external organization reviews of the health plans' compliance with laws, regulations, and contracts.

In addition to the Managed Care health plans and the Third Party Liability contractor, MMAC also contracts with a Medicare/Medicaid (Medi Medi) contractor, an electronic records incentive payment audit contractor and a Recovery Audit Contractor (RAC). In 2016, the RAC contract ended and DSS applied to CMS for a waiver (exemption) for RAC services. MMAC is currently utilizing another contractor to complete credit balance audits. MMAC also oversees a CMS contract with a Medicaid Integrity Contractor (MIC). These auditors conduct provider audits and credit balance transfer audits. MMAC provides direct oversight to these contractors' activities by devoting full-time personnel to design, monitor, and approve the contractors' processes.

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

Yes

No

Please Explain: **[500]**

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

The state agency provides oversight of the Managed Care contracts.

## Section III G: Dental Benefits:

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

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

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

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

FFY 2017	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 <sup>1</sup>	21447	139	1893	3413	4845	5983	4305
Total Enrollees Receiving Any Dental Services <sup>2</sup> [7]	8610	0	246	1280	2402	2757	1701
Total Enrollees Receiving Preventive Dental Services <sup>3</sup> [7]	7744	0	196	1163	2221	2540	1450
Total Enrollees Receiving Dental Treatment Services <sup>4</sup>	3506	0	25	357	1039	1152	820

FFY 2017	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
[7]							

<sup>1</sup> **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 1<sup>st</sup> to March 31<sup>st</sup>, this child is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1<sup>st</sup> to September 30<sup>th</sup> and from October 1<sup>st</sup> to November 30<sup>th</sup>, 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 15<sup>th</sup>, the child should be counted in the 3-6 age grouping.

<sup>2</sup>**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.

<sup>3</sup>**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.

<sup>4</sup>**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 1<sup>st</sup>, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

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

586

<sup>5</sup>**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 1<sup>st</sup>, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

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

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

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

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

### Section IIIG: 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 coveredExplain 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:
- 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
- AHRQ 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

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

- 1) Does your state operate HSI(s) to provide direct services or implement public health initiatives using



HSI Program	Metric	Outcome

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



## Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).  
(Note: This reporting period equals federal fiscal year 2017. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

	2017	2018	2019
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	131386492	242104183	248156788
Fee for Service	99053056	0	0
<b>Total Benefit Costs</b>	230439548	242104183	248156788
(Offsetting beneficiary cost sharing payments)	-9941447	-10447707	-10708900
<b>Net Benefit Costs</b>	\$ 220498101	\$ 231656476	\$ 237447888

	2017	2018	2019
<b>Administration Costs</b>			
Personnel			
General Administration	3959380	5402028	5402028
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives	10114000	10400000	10400000
<b>Total Administration Costs</b>	14073380	15802028	15802028
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	24499789	25739608	26383099

	2017	2018	2019
<b>Federal Title XXI Share</b>	228120765	243078488	248767392
<b>State Share</b>	6450716	4380016	4482524
<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	234571481	247458504	253249916

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

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

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**  
 Missouri did not experience a shortfall in CHIP funding during FFY17.

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 (\$)
2017	45730	\$239
2018	76717	\$263
2019	76717	\$270

**A. Fee For Service**

Year	Number of Eligibles	PMPM (\$)
2017	30987	\$266
2018	0	\$0
2019	0	\$0

Enter any Narrative text related to Section IV below. **[7500]**  
 The CHIP Fee-for-Service population transitioned to statewide Managed Care in FFY17. Carve-out services will remain in Fee-for-Service. the Table in response to question number 4 includes an estimate of carve-out services costs in the Managed Care PMPM.

## 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]**

The MO HealthNet program is continuing to transform from a payer of services to a model program providing high-quality healthcare focuses on wellness. The MO HealthNet program focuses resources on prevention, improved health outcomes, individual responsibility, evidence-based practice, technology, and efficient program operation. Budget constraints on both the federal and state systems are a concern when providing healthcare for low income children and families.

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

The greatest challenge continues to be achieving program goals under the current budget environment.

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

Missouri continues to cover children up to 300% of the FLP. This includes the Show-Me Healthy Babies Program, which provides coverage for any low-income unborn children with families with income of up to 300% FPL.

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]**

Missouri extended its Managed Care program statewide on May 1, 2017. All children in CHIP are now provided services through Managed Care. Missouri continues to develop a model program providing high quality healthcare focused on wellness.

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