

# 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: AR  
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: Rose M. Naff

CHIP Program Name(s): All, Arkansas

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: Jean C. Hecker, Program Administrator

Address: DHS Office of Policy Coordination & Promgulation  
\_\_\_\_\_

City: Little Rock State: AR Zip: 72203

Phone: 501-320-6433 Fax: 501-682-2480

Email: jean.hecker@arkansas.gov

Submission Date: 5/24/2018

(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:

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]

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Medicaid Expansion CHIP Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	

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	Alien children under the age of 19 who are lawfully residing in the United States were added as a covered CHIP eligible population effective 01/01/18 to enable Marshallese children residing in the state of Arkansas to apply for CHIP services while still in their 5-year waiting period.
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	Alien children under the age of 19 who are lawfully residing in the United States were added as a covered CHIP eligible population effective 01/01/18 to enable Marshallese children residing in the State of Arkansas to apply for CHIP services while still in their 5-year waiting period
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]**

None

## 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	47375	68536	44.67
Separate Child Health Program	73488	75082	2.17

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

The DHS Division of County Operations, the designed agency within DHS that determines & re-determines eligibility for Medicaid & CHIP applicants & beneficiaries up until middle to late 2016 had a backlog of re-determinations as a result of problems in the DCO's Curam eligibility system. This resulted in a large number of cases being closed. This backlog of re-determinations was worked off in 2017 that resulted in a large number of cases that had been closed to be re-opened which resulted in the increase in number of children ever enrolled in CHIP.

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	131	18.3	17.1	2.4
1998 - 2000	74	13.5	10.3	1.8
2000 - 2002	60	10.2	8.3	1.4
2002 - 2004	38	8.1	5.4	1.1
2003 - 2005	37	8.1	5.2	1.1
2004 - 2006	44	9.0	6.2	1.2
2005 - 2007	46	9.0	6.4	1.3
2006 - 2008	42	9.0	5.8	1.2
2007 - 2009	42	9.0	5.6	1.2
2008 - 2010	47	7.0	6.1	.9
2009 - 2011	45	9.0	6.1	1.2
2010 - 2012	44	10.0	6.0	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	27	4.0	3.7	.6
2014	21	3.0	2.9	.5
2015	27	4.0	3.7	.5
2016	19	3.0	2.6	.4
Percent change 2015 vs. 2016	29.6%	N/A	33.3%	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 DHS Division of County Operations, the designed agency within DHS that determines & re-determines eligibility of Medicaid & CHIP applicants & beneficiaries up until the middle to late 2016 had a back-log of re-determinations as a result of problems with DCO's Curam eligibility system. This resulted in a large number of cases being closed. The backlog of re-determinations was worked off in 2017 that resulted in a large number of cases that had been closed to being re-opened.

- B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**  
None

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]**  
None



## 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 selects the HEDIS® measurement specification.

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

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

### **E. Data Source:**

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



## F. Definition of Population Included in Measure:

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

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

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

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

## G. Deviations from Measure Specification

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

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

The five types (and examples) of deviations are:

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

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

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

### **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
<b>Goal #1 (Describe)</b> Performance goal discontinued	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Performance goal discontinued	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>
<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>	<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>	<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>
<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>	<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>	<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>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<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>	<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>	<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>

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></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>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: Annual Performance Objective for FFY 2017: 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: Annual Performance Objective for FFY 2018: 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: Annual Performance Objective for FFY 2019: 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 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> NONE</p>	<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (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>
<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 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> NONE</p>	<p><b>Goal #3 (Describe)</b></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>
<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>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>                      Low-income children, previously without health insurance coverage, will have health insurance coverage via the Arkansas ARKids-B program. The number of children enrolled in the ARKids-B program is expected to maintain the enrollment rate of ARKids-B enrollees at the FFY 2014 rate of 132.4%</p>	<p><b>Goal #1 (Describe)</b>                      Low-income children, previously without health insurance coverage, will have health insurance coverage via the AR ARKids-B CHIP Separate Child Health program. The total number of children enrolled in ARKids-B will increase by at least one half percent of the total number of children enrolled in the previous FFY                      NOTE: Because not all data was available to get complete/accurate data for FY 16, data for FY 14 &amp; FY 15 was used for this State Goal.</p>	<p><b>Goal #1 (Describe)</b>                      Low-income children, previously without health insurance coverage, will have coverage via the AR ARKids-B CHIP Separate Child Health program. The total number of children reported enrolled in FFY 17 CARTS will increase by at least one half percent of the total number reported enrolled in the FFY 16 CARTS. NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for this State Goal.</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>                      Arkansas DHS report</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>                      CHIP enrollees Report</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>                      NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this rate</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: ARKids-B unduplicated enrollment data for FFY 2014 (Oct. 1, 2013 - Sept. 30, 2014)                       Definition of numerator: ARKids-B unduplicated enrollment data for FFY 2015 (Oct. 1, 2014 - Sept. 30, 2015)</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: FFY 15 CHIP enrollment data                       Definition of numerator: FFY 16 CHIP enrollment data</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: FFY 15 CHIP Enrollment number                       Definition of numerator: FFY 16 CHIP enrollment number</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2014 <b>To: (mm/yyyy)</b> 09/2015</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2015 <b>To: (mm/yyyy)</b> 09/2016</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2015 <b>To: (mm/yyyy)</b> 09/2016</p>

FFY 2015	FFY 2016	FFY 2017
<p><b>Performance Measurement Data:</b> Described what is being measured: The number of enrollees in the ARKids-B program</p> <p>Numerator: 64816 Denominator: 142052 Rate: 45.6</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: One year percentage change in CHIP enrollment</p> <p>Numerator: 73125 Denominator: 73467 Rate: 99.5</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: One year percentage change in CHIP Enrollment</p> <p>Numerator: 2087 Denominator: 72004 Rate: 2.9</p>
<p>Additional notes on measure: NONE</p>	<p>Additional notes on measure: Currently, eligibility is being done thru 2 separate systems, the old "Legacy" system &amp; new "Curam" system being developed. 1)Until problems that have occurred w/ the development of the new Curam system are resolved, 2)Until all eligibility functions are included in the new Curam system &amp; 3)Until the new Curam system becomes fully functional, there will continue to be problems extracting reliable enrollment data.</p>	<p>Additional notes/comments on measure: DHS DCO had massive #s of overdue redeterminations resulted in large #s of CHIP closures. Overdues worked, resulted in large FFY 15 CHIP enrollment #s(72004). FFY 16 CHIP enrollment # 69917. Numerator obtained by FFY 15 enrollment #(72004) subtracted from FFY 16 enrollment # (69917)=-2087. Numerator -2087 divided by denominator 72004=2.9 rate decrease from FFY 15 to FFY 16. NOTE: Because not all data is available for FFY 17, data for FFY 15 &amp; FFY 16 was used to calculate this rate.</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> In FFY 2014 there were 142,052 ARKids-B enrollees. In FFY 2015 there were 64,816 ARKids-B enrollees. This is a decrease of 86.8% from the enrollment rate of 132.4% in FFY 2014 &amp; the enrollment rate of 45.6% in FFY 2015, therefore the State did not meet its performance goal in maintaining the enrollment rate of ARKids-B enrollees at the FFY 2014 rate of 132.4</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> In FFY 15 there were 73,467 CHIP enrollees. In FFY 16 there were 73,125 CHIP enrollees. This is a decrease of .465% from the FFY 15 enrollment rate, therefore the State did not meet it's performance goal of an increase by at least one half percent of the total number of children enrolled in the previous FFY</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> CHIP enrollees being reported in FFY 17 CARTS decreased by 2.9%, therefore goal to increase by at least one half percent the total number of CHIP enrollees reported enrolled in the FFY 16 CARTS was not met.</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 Q10 provider reps verbally remind Primary Care Physicians (PCPs) of the re-enrollment process &amp; encourage PCPs to remind patients that re-enrollment is required. Q10 provider reps also suggest to the PCPs that when infants come in for their 9-month check-up, they should remind the parents to watch for the re-enrollment form from AR DHS. Also, providers are encouraged to inform parents of non-ARKids-B children of the ARKids-B program &amp; to refer those who are potentially eligible to the AR DHS County Office or use the on-line application to make application for the ARKids-B program</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> Enrollment #s are related to eligibility issues in the development of the DHS DCO's new Curam eligibility system. Currently, eligibility is being done thru 2 separate systems, the old "Legacy" system &amp; the new "Curam" system. 1) Until problems that have occurred w/ the development of the new Curam system are resolved, 2) Until all eligibility functions are included in the new Curam system &amp; 3) Until the new Curam system becomes fully functional, there will continue to be problems extracting reliable enrollment data. DHS DCO is currently working to correct eligibility problems in the new Curam system.</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> Because the massive number of overdue eligibility redeterminations have been worked, the number of CHIP enrollees that will be reported enrolled in FFY 18 CARTS should be accurate, &amp; it is expected the performance objective reported in FFY 17 CARTS for the FFY 18 CARTS will be met.</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> The total number of children enrolled in CHIP in FFY 2016 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 2015</p> <p><b>Annual Performance Objective for FFY 2017:</b> The total number of children enrolled in CHIP in FFY 2017 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 2016</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of children enrolled in CHIP in 2018 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 2017</p> <p><i>Explain how these objectives were set:</i> Based on the data history over the past year of the number of children enrolled in CHIP ARKids-B program, it is felt the number of children enrolled will increase by at least one half percent over the federal fiscal year</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> The total number of children enrolled in CHIP in FFY 17 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 16</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of children enrolled in CHIP in FFY 18 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 17</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of children enrolled in CHIP in FFY 19 will increase by at least one half percent of the total number of children enrolled in CHIP in FFY 18</p> <p><i>Explain how these objectives were set:</i> DHS DCO is currently working to correct eligibility problems in the new Curam eligibility system. It is hoped that by this time next year, problems will have been corrected in the Curam eligibility system, and reliable enrollment data will be possible to report for this goal.</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> The total number of enrollees enrolled in CHIP reported in FFY 18 CARTS will increase by at least one half percent of the total number reported enrolled in FFY 17 CARTS.</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of enrollees enrolled in CHIP reported in FFY 19 CARTS will increase by at least one half percent of the total number reported enrolled in the FFY 18 CARTS.</p> <p><b>Annual Performance Objective for FFY 2020:</b> The total number of enrollees enrolled in CHIP reported in FFY 20 CARTS will increase by at least one half percent of the total number reported enrolled in the FFY 19 CARTS.</p> <p><i>Explain how these objectives were set:</i> Because the massive number of overdue eligibility redeterminations have been worked, the total number of CHIP enrollees reported in the FFY 18, FFY 19 &amp; FFY 20 CARTS should be accurate, &amp; therefore the performance objectives for FFY 18, FFY 19 &amp; FFY 20 CARTS should be met.</p>
<p><b>Other Comments on Measure:</b> NONE</p>	<p><b>Other Comments on Measure:</b> NONE</p>	<p><b>Other Comments on Measure:</b> None</p>

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #2 (Describe)</b> NONE</p>	<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (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>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>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2015	FFY 2016	FFY 2017
<b>Goal #3 (Describe)</b> NONE	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>
<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>	<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>	<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>
<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>	<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>	<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>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	<b>Explanation of Progress:</b>  How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	<b>Explanation of Progress:</b>  How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?

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></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>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: Annual Performance Objective for FFY 2017: 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: Annual Performance Objective for FFY 2018: 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: Annual Performance Objective for FFY 2019: 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**

FFY 2015	FFY 2016	FFY 2017
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>
<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>	<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>	<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>
<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>	<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>	<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>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<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>	<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>	<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>



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></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>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: Annual Performance Objective for FFY 2017: 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: Annual Performance Objective for FFY 2018: 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: Annual Performance Objective for FFY 2019: 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
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>
<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>	<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>	<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>
<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>	<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>	<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>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

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
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing <input type="checkbox"/> Discontinued. <i>Explain:</i>
<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>	<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>	<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>
<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>	<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>	<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>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

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> Children enrolled in ARKids-B will have access to health care. Their parents will be asked to select a primary care physician (PCP) upon enrollment. The State will maintain the PCP capacity to patient ratio of approximately 2.96:1</p>	<p><b>Goal #1 (Describe)</b> Children enrolled in CHIP will have access to health care. The total number of CHIP enrollees receiving preventive dental services, including orthodontia, in FFY 16 will increase by at least one half percent of the total number of CHIP enrollees receiving preventive dental services, including orthodontia, in FFY 15. NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for this State Goal.</p>	<p><b>Goal #1 (Describe)</b> Children enrolled in CHIP will have access to health care. The total number of CHIP children reported receiving preventive dental services, including orthodontia, in FFY 17 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 16 CARTS. NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for this State Goal</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The State updated their State Strategic Objectives &amp; Performance Goals effective 8/1/15. This is one of the new Performance Goals.</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> MMIS provider &amp; beneficiary enrollment report</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> Billing Claims Data</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Billing Claims Data</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>                      MMIS provider enrollment report</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>                      NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate</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>                      Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this rate.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: PCPs' maximum caseload capacity                      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: N/A</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate                      Number of FFY 14 CHIP enrollees who received preventive dental services, including orthodontia services                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Total # of FFY 15 CHIP enrollees who received preventive dental services, including orthodontia, subtracted from total # of FFY 16 CHIP enrollees who received these same services, the results of which is divided by the total # of FFY 15 enrollees who received these services. NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this rate.</p>

FFY 2015	FFY 2016	FFY 2017
	<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 & FFY 15 was used for calculation of this rate	Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator: Total number of FFY 15 CHIP enrollees who received preventive dental services, including orthodontia.
<b>Date Range:</b> <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
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:

FFY 2015	FFY 2016	FFY 2017
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator: 1379784  Denominator: 479217  Rate: 287.9</p> <p>Additional notes on measure: N/A</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator: 34508  Denominator: 44687  Rate: 77.2</p> <p>Additional notes on measure: NOTE: Because not all data was available for complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator: 3763  Denominator: 34297  Rate: 11</p> <p>Additional notes on measure: DHS DCO had massive #s of overdue elig redeterminations resulting in large CHIP closure #s. Overdues worked, resulting in large FFY 15 CHIP enrollment #s(34297). FFY 16 CHIP enrollment #: 30534. Numerator obtained by FFY 15 enrollee #(34297) subtracted from FFY 16 enrollee #(30534)=-3763. Numerator -3763 divided by denominator 34297=11% rate decrease from FFY 15 to FFY 16. NOTE: Because not all data is available to get complete data for FFY 17, data for FFY 15 &amp; FFY 16 was used to calculate rate</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 1/30/15 provider enrollment report shows there were 1,913 Primary Care Physicians (PCPs) with a maximum caseload capacity of 1,379,784 &amp; current enrollees at 479,217 compared to the 9/30/14 provider enrollment report where there were 2,002 PCPs with a maximum caseload capacity 1,356,346 &amp; current enrollees at 474,603. The FFY 2015 PCP caseload capacity to patient ratio is 2.87:1. The State has increased its PCP caseload capacity to patient ratio from 2.85:1 in FFY 2014 to 2.87:1 in FFY 2015. The State, therefore, did not meet its performance goal that it would maintain a PCP caseload capacity to patient ratio of approximately 2.96:1. However, the increase in PCP caseload capacity to patient ratio in FFY 2015 to 2.87:1 is a positive.</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 Q10 works with PCP providers to increase their caseload capacity in the areas of the State where PCP caseload capacity needs to be increased. A data mining project was completed to identify areas where access may become a problem due to increases in the eligibility population due to economic</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> In FFY 15 there were 34,508 CHIP enrollees who had preventative dental services, including orthodontia. In FFY 14 there were 44,687 CHIP enrollees who had preventative dental services, including orthodontia. This is a decrease of 022.778% from the preventative dental services, including orthodontia, that were received in FFY 14, therefore the State did not meet its goal of increasing the number of children receiving preventative dental services, including orthodontia, by at least one half percent of the total number of children receiving preventative dental services, including orthodontia, in FFY 14.</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> There has been emphasis placed on increasing the number of Medicaid &amp; CHIP enrollees receiving preventative dental services, including orthodontia. It is expected that this increased emphasis will make the goal of increasing by at least one half percent of the total number of CHIP children receiving preventative dental services, including orthodontia, a possible goal.</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> # of CHIP enrollees receiving preventive dental services, including orthodontia reported in FFY 15 CARTS was 34297. The # of enrollees reported receiving these services in FFY 16 was 30534 which was an 11% decrease, thus the FFY 17 goal to increase the number of CHIP enrollees by at least one half percent of the total number of CHIP enrollees reported in enrolled FFY 16 was not 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> Because the massive number of overdue eligibility redeterminations have been worked, the number of CHIP enrollees in FFY 18 should be accurate, &amp; it is expected the performance objective for FFY 18 will be met.</p>



FFY 2015	FFY 2016	FFY 2017
<p>conditions as well as areas in the State experiencing significant growth within the general population</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> The total number of children receiving preventive dental services, including orthodontia, in FFY 2016 will increase by at least one half percent of the total number of children receiving preventive dental services, including orthodontia, in FFY 2015</p> <p><b>Annual Performance Objective for FFY 2017:</b> The total number of children receiving preventive dental services, including orthodontia, in FFY 2017 will increase by at least one half percent of the total number of children receiving preventive dental services, including orthodontia, in FFY 2016</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of children receiving preventive dental services, including orthodontia, in FFY 2018 will increase by at least one half percent of the total number of children receiving preventive dental services, including orthodontia, in FFY 2017</p> <p><i>Explain how these objectives were set:</i> Based on the data history over the past year of children receiving preventive dental services, including orthodontia, it is expected that the number of children receiving preventive dental services will increase.</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> The total number of children receiving preventative dental services, including orthodontia, in FFY 17 will increase by at least one half percent of the total number of children receiving preventive dental services, including orthodontia, in FFY 16</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of children receiving preventative dental services, including orthodontia, in FFY 18 will increase by at least one half percent of the total number of children receiving preventative dental services, including orthodontia, in FFY 17</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of children receiving preventative dental services, including orthodontia, in FFY 19 will increase by at least one half percent of the total number of children receiving preventative dental services, including orthodontia, in FFY 18</p> <p><i>Explain how these objectives were set:</i> There has been emphasis placed on increasing the number of Medicaid &amp; CHIP enrollees receiving preventative dental services, including orthodontia. It is expected that this increased emphasis will make the goal of increasing by at least one half percent of the total number of CHIP enrollees receiving preventative dental services, including orthodontia, a possible goal.</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> The total number of CHIP enrollees who receive preventive dental services, including orthodontia, that will be reported in FFY 18 CARTS will increase by at least one half percent of the total number of CHIP enrollees receiving these services reported in FFY 17 CARTS.</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP enrollees who received preventive dental services, including orthodontia, that will be reported in FFY 19 CARTS will increase by at least one half percent of the total number of CHIP enrollees reported to have received these services in FFY 18 CARTS.</p> <p><b>Annual Performance Objective for FFY 2020:</b> The total number of CHIP enrollees who received preventive dental services, including orthodontia, that will be reported in FFY 20 CARTS will increase by at least one half percent of the total number of CHIP enrollees reported receiving these services in CHIP in FFY 19 CARTS.</p> <p><i>Explain how these objectives were set:</i> Because of the massive number of overdue eligibility redeterminations have been worked, the number of CHIP enrollees receiving preventive dental services, including orthodontia, that will be reported in the FFY 18, FFY 19 &amp; FFY 20 CARTS should be accurate, &amp; it is expected the performance objectives that will be reported in FFY 18, FFY 19 &amp; FFY 20 CARTS will be met.</p>
<b>Other Comments on Measure:</b> NONE	<b>Other Comments on Measure:</b> NONE	<b>Other Comments on Measure:</b> None

**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> NONE</p>	<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (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>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></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 type="checkbox"/> Other. <i>Specify:</i></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 type="checkbox"/> Other. <i>Specify:</i></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 type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</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>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator:            Denominator:            Rate:</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>	<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>

FY 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>
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: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<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>  <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>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2016:</b> <b>Annual Performance Objective for FFY 2017:</b> <b>Annual Performance Objective for FFY 2018:</b>  <i>Explain how these objectives were set:</i>	<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>  <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>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2017:</b> <b>Annual Performance Objective for FFY 2018:</b> <b>Annual Performance Objective for FFY 2019:</b>  <i>Explain how these objectives were set:</i>	<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>  <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>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2018:</b> <b>Annual Performance Objective for FFY 2019:</b> <b>Annual Performance Objective for FFY 2020:</b>  <i>Explain how these objectives were set:</i>
<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> NONE</p>	<p><b>Goal #3 (Describe)</b></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>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></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 type="checkbox"/> Other. <i>Specify:</i></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 type="checkbox"/> Other. <i>Specify:</i></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 type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range: From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range: From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator:            Denominator:            Rate:</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>	<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>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <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>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>	<b>Explanation of Progress:</b>  <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><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>	<b>Explanation of Progress:</b>  <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 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>
<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> On approval of AR's CHIP SPA#6, a new performance goal (Total# of children under 15 mos; children ages 3-6 yrs; &amp; adolescents ages 12-18 yrs receiving well-child visits in FFY15 will increase by at least 1/2% of total# of children receiving these services in FFY14) was expected to be reported in FFY15 CARTS. SPA#6 was not approved until 8/1/15, thus the new performance goal was only in place for 2 mos of FFY15 &amp; therefore is not being reported in FFY15 CARTS. It will be reported in FFY16 CARTS.</p>	<p><b>Goal #1 (Describe)</b> Arkansas' ARKids-B CHIP separate child health program will improve the health status of CHIP enrollees as well as improve overall health care. The total number of CHIP enrollees (under 15 months of age) receiving well-child care in FFY 16 will increase by at least one half percent of the total number of CHIP enrollees (under 15 months of age) receiving these services in FFY 15</p>	<p><b>Goal #1 (Describe)</b> CHIP program will improve the overall health care &amp; status of CHIP enrollees. The total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 17 CARTS will increase by at least one half percent of total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 16 CARTS. NOTE: Because not all data was available to get complete/accurate data for FFY 17, FFY 15 &amp; FFY 16 data was used to calculate this area.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Arkansas updated their State Strategic Objectives &amp; Performance Goals effective 8/1/15. This is one of the new goals</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 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 type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></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 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>                      NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate</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>                      NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used to calculate this rate.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Total number of CHIP enrollees (under 15 months of age) receiving well-child care in FFY 14                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: NOTE: Because not all data was available to get complete data for FFY 16, data for FFY</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Definition of numerator: Total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 16 CARTS                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator:</p>

FFY 2015	FFY 2016	FFY 2017
	14 & FFY 15 was used for calculation of this rate	Total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 15 CARTS
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 68 Denominator: 473 Rate: 014.376	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 232 Denominator: 292 Rate: 20.54
<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: NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 & FFY 15 was used for calculation of this rate	Additional notes/comments on measure: None
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<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>  <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> In FFY 14 CHIP enrollees (under 15 months of age) received 473 well-child care services. In FFY 15 CHIP enrollees (under 15 months of age) received 68 well-child care services. This is a decrease of 085.623% from FFY 14, so the State did not meet its goal of increasing by at least one half percent of the number of CHIP enrollees receiving well-child care	<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 total number of CHIP enrollees under 15 months of age reported receiving well-child care in FFY 15 CARTS was 292. The total number of CHIP enrollees under 15 months of age reported receiving well-child services in FFY 16 CARTS was 232 which is a 41.85% decrease from FFY 15 to FFY 16, therefore the State did not meet its goal of

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>  <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>services from the previous CARTS FFY</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 State has put an emphasis on increasing the number of Medicaid &amp; CHIP enrollees (under 15 months of age) receiving well-child care services. It is expected with this emphasis, there will be an increase in the number of CHIP enrollees (under 15 months of age) receiving well-child care services</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> The total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 17 will increase by at least one half percent of the total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 16</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 18 will increase by at least one half percent of the total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 17</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 19 will increase by at least one half percent of the total number of CHIP enrollees (under 15 months of age) receiving well-child care services in FFY 18</p> <p><i>Explain how these objectives were set:</i> The State has put an emphasis on increasing the number of Medicaid &amp; CHIP enrollees (under 15 months of age) receiving well-child care services. It is expected with this emphasis, there will be an increase in the number of CHIP enrollees (under 15 months of age) receiving well-child care services</p>	<p>an increase of at least one half percent from the number of enrollees under 15 months of age reported receiving well-child care services in FFY 15 CARTS to receiving these services in FFY 16 CARTS.</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 State has put an emphasis on increasing the number of Medicaid &amp; CHIP enrollees under 15 months of age receiving well-child care services. It is expected with this emphasis, there will be an increase in the number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 18 CARTS.</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> The total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 18 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 17 CARTS.</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP enrollees under 15 months of age reported receiving well-child care services in FFY 19 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 18 CARTS.</p> <p><b>Annual Performance Objective for FFY 2020:</b> The total number of CHIP enrollees under 15 months of age reported receiving well-child Care services in FFY 20 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 19 CARTS.</p> <p><i>Explain how these objectives were set:</i> The State has put an emphasis on increasing the number of Medicaid &amp; CHIP enrollees under 15 months of age receiving well-child care services. It is expected with this emphasis, there will be an increase in the number of CHIP enrollees under 15 months of age reported receiving well-child care services in the FFY 18, FFY 19 &amp; FFY 20 CARTS.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> NONE</p>	<p><b>Other Comments on Measure:</b> None</p>





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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (Describe)</b> Arkansas ARKids-B CHIP separate child health program will improve the health status of children enrolled in ARKids-B. The total number of CHIP enrollees (ages 3-6 years) receiving well-child care in FFY 16 will increase by at least one half percent of the total number of CHIP enrollees (ages 3- 6) receiving these services in FFY 15</p>	<p><b>Goal #2 (Describe)</b> CHIP program will improve overall health care &amp; status of children enrolled in CHIP. The total number of CHIP enrollees ages 3-6 years reported receiving well-child care services in FFY 17 CARTS will increase by at least one half percent of total number of CHIP enrollees ages 3-6 years reported receiving well-child care services in FFY 16 CARTS. NOTE: Because not all data was available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this area.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The State updated their State Strategic Objectives &amp; Performance Goals effective 8/1/15. This is one of the new goals</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 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 type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></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 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>                      Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate</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>                      Because not all data was available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this rate.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: CHIP enrollees (ages 3-6 years) receiving well-child care in FFY 14                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp;</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Definition of numerator: Total number of CHIP enrollees ages 3-6 years reported receiving well-child care services in FFY 16 CARTS. NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this rate.                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2015	FFY 2016	FFY 2017
	FFY 15 was used for calculation of this rate	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator: Total number of CHIP enrollees ages 3-6 years reported receiving well-child care services in FFY 15 CARTS. Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 & FFY 16 was used for calculation of this rate
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 3205 Denominator: 6798 Rate: 047.146	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 2950 Denominator: 5850 Rate: 50.43
<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: Because not all data was available to get complete data for FFY 16, data for FFY 14 & FFY 15 was used for calculation of this rate	Additional notes/comments on measure: None
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<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>  <b>What quality improvement activities that involve the</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> In FFY 14 there were 6,798 CHIP enrollees (ages 3-6 years) who received well-child care services. In FFY 15 there were 3,205 CHIP	<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> In FFY 15 CARTS there were reported 5850 CHIP enrollees ages 3-6 years receiving well-child care services. In FFY 16 CARTS there were

FFY 2015	FFY 2016	FFY 2017
<p><b>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>enrollees (ages 3-6 years) who received well-child care services. This is a decrease of 052.853% from the number of CHIP enrollees (ages 3-6 years) in FFY 14, so the State did not meet its goal of increasing by one half percent of the total number of CHIP enrollees (ages 3-6) receiving well-child care services in the previous CARTS</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 State has set an emphasis on increasing the number of Medicaid &amp; CHIP enrollees (ages 3-6 years) receiving well-child care. It is believed that with this emphasis, the increase in the number of well-child care will increase</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> The total number of CHIP enrollees (ages 3-6 years) receiving well-child care in FFY 17 will increase by at least one half percent of the total number of CHIP enrollees (age 3-6) receiving these services in FFY 16</p> <p><b>Annual Performance Objective for FFY 2018:</b> The total number of CHIP enrollees (ages 3-6 years) receiving well-child care in FFY 18 will increase by at least one half percent of the total number of CHIP enrollees (ages 3-6 years) receiving these services in FFY 17</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP enrollees (ages 3-6 years) receiving well-child care in FFY 19 will increase by at least one half percent of the total number of CHIP enrollees (ages 3-6 years) receiving these services in FFY 18</p> <p><i>Explain how these objectives were set:</i> The State has set an emphasis on increasing the number of Medicaid &amp; CHIP enrollees (ages 3-6 years) receiving well-child care services. It is believed that with this emphasis, the increase</p>	<p>reported 2950 CHIP enrollees ages 3-6 years who were reported receiving these same services. This is a rate of 50.43% which is a decrease of 3.50% of CHIP enrollees ages 3-6 years who received these services from FFY 16 to FFY 17, therefore, we did meet our performance objective of increasing by at least one half percent from FFY 16 to FFY 17 the number of well-child care services for children ages 3-6.</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 State has set an emphasis on increasing the number of Medicaid &amp; CHIP enrollees ages 3-6 years receiving well-child care services. It is believed that with this emphasis, the increase in the number of well-child care services being received by CHIP enrollees ages 3-6 years will increase.</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> The total number of CHIP enrollees ages 3-6 years that will be reported receiving well-child care services in FFY 18 CARTS will increase by at least one half percent of the total number of CHIP enrollees ages 3-6 years reported to have received these services in FFY 17 CARTS.</p> <p><b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP enrollees ages 3-6 years that will be reported receiving well-child care services in FFY 19 CARTS will increase by at least one half percent of the total number of CHIP enrollees ages 3-6 years reported to have received these services in FFY 18 CARTS.</p> <p><b>Annual Performance Objective for FFY 2020:</b> The total number of CHIP enrollees ages 3-6 years that will be reported receiving well-child care services in FFY 20 CARTS will increase by at least one half percent of the total number of CHIP enrollees (ages 3-6 years) reported to have received these services in FFY 19 CARTS.</p> <p><i>Explain how these objectives were set:</i> The State has set an emphasis on increasing the number of Medicaid &amp; CHIP enrollees ages 3-6 years receiving well-child care</p>

FFY 2015	FFY 2016	FFY 2017
	in the number of well-child care will be possible	services. it is believed that with this emphasis, the increase in the number of well-child care services for CHIP enrollees ages 3-6 years will increase.
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> NONE	<b>Other Comments on Measure:</b> None

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

FFY 2015	FFY 2016	FFY 2017
<p><b>Goal #3 (Describe)</b></p>	<p><b>Goal #3 (Describe)</b> Arkansas' ARKids-B CHIP separate child health program will improve the health status of children enrolled in ARKids-B as well as improve overall health care. The total number of CHIP adolescent enrollees (ages 12-18 years) receiving well-child care in FFY 16 will increase by at least one half percent of the total number of CHIP adolescent enrollees (ages 12-18 years) receiving these services in FFY 15</p>	<p><b>Goal #3 (Describe)</b> CHIP program will improve overall health care &amp; status of children enrolled in CHIP. Total # of adolescent enrollees ages 12-18 years reported receiving well-child care services in FFY 17 CARTS will increase by at least one half percent of total # of adolescent enrollees ages 12-18 reported receiving these same services in FFY 16 CARTS. NOTE: Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used for calculation of this area.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The State updated their State Strategic Objectives &amp; Performance Objectives effective 8/1/15. This is one of the new Performance Objectives.</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 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 type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></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 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>                      NOTE: Because not all data was available to get complete data for FFY 16, data for FFY 14 &amp; FFY 15 was used for calculation of this rate</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>                      Because not all data is available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used to calculate this rate.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: FFY 14 data for CHIP adolescent (ages 12-18 years) well-child care                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: NOTE: Because not all data was available to get complete data for FFY 16, data for FFY</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Definition of numerator: Total number of CHIP adolescent enrollees ages 12-18 reported receiving well-child care services in FFY 16 CARTS. NOTE: Because not all data was available to get complete/accurate data for FFY 17, data for FFY 15 &amp; FFY 16 was used to calculate this rate.                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2015	FFY 2016	FFY 2017
	14 & FFY 15 was used for calculation of this rate	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of denominator: Total number of CHIP adolescent enrollees ages 12-18 reported receiving well-child care services in FFY 15 CARTS. NOTE: Because not all data was available to get complete/accurate data for FFY 17, data for FFY 15 & FFY 16 was used to calculate this rate.
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 7107 Denominator: 23937 Rate: 29.690	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 5186 Denominator: 15899 Rate: 32.62
<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: NOTE: Because not all data was available for complete data for FFY 16, data for FFY 14 & FFY 15 was used for calculation of this rate	Additional notes/comments on measure: NOTE: Because not all data was available for complete/accurate data for FFY 17, data for FFY 15 & FFY 16 was used in the calculation of this rate
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<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>  <b>What quality improvement activities that involve the</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> In FFY 15 there were 7,107 CHIP adolescents (ages 12-18 years) receiving well-child care. In FFY 14 there were 23,937 CHIP	<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> In FFY 16 CARTS, it was reported 5186 CHIP adolescent enrollees ages 12-18 received well-child care services. It was reported in FFY

FFY 2015	FFY 2016	FFY 2017
<p><b>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>adolescents receiving well-child care. This is a decrease of 236.808% from the well-child care services received by CHIP adolescents in FFY 14, therefore the State did not meet it's goal of increasing by at least one half percent of the total number of CHIP adolescents receiving well-child care services in the previous CARTS</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> With an emphasis being placed on increasing the number of well-child care services received by CHIP enrolled adolescents (ages 12-18 years) in the State, it is thought increasing the number of CHIP adolescent (ages 12-18 years) well-child care is a strong possibility.</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> Total number of CHIP adolescents (ages 12-18 years) receiving well-child care in FFY 17 will increase by at least one half percent of the total number of CHIP adolescents receiving well-child care in FFY 16  <b>Annual Performance Objective for FFY 2018:</b> Total number of CHIP adolescents (ages 12-18 years) receiving well-child care in FFY 18 will increase by at least one half percent of the total number of CHIP adolescents receiving well-child care in FFY 17</p> <p><b>Annual Performance Objective for FFY 2019:</b> Total number of CHIP adolescents (ages 12-18 years) receiving well-child care in FFY 19 will increase by at least one half percent of the total number of CHIP adolescents receiving well-child care in FFY 18</p> <p><i>Explain how these objectives were set:</i> With an emphasis being placed on increasing the number of well-child care services received by CHIP enrolled adolescents (ages 12-18 years) in the State, it is thought increasing the number of CHIP adolescent well-child care is a strong possibility.</p>	<p>15 CARTS, 15899 CHIP adolescent enrollees ages 12-18 received these same services. This is a rate of 32.62% &amp; a decrease of 24.26% in number of CHIP adolescent enrollees ages 12-18 who received well-child care services from FFY 15 to FFY 16, therefore State's FFY 17 performance goal was not 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> The State has put an emphasis on increasing the number of well-child care services received by CHIP adolescent enrollees ages 12-18. It is believed with this emphasis, there will be an increase in the number of well-child care services received by CHIP adolescent enrollees ages 12-18.</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> The total number of CHIP adolescent enrollees ages 12-18 receiving well-child care services in FFY 18 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 17 CARTS.  <b>Annual Performance Objective for FFY 2019:</b> The total number of CHIP adolescent enrollees ages 12-18 receiving well-child care services in FFY 19 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 18 CARTS.  <b>Annual Performance Objective for FFY 2020:</b> The total number of CHIP adolescent enrollees ages 12-18 receiving well-child care services in FFY 20 CARTS will increase by at least one half percent of the total number reported receiving these services in FFY 19 CARTS.</p> <p><i>Explain how these objectives were set:</i> The State has put an emphasis on increasing the number of well-child care services received by CHIP enrollees ages 12-18. It is believed with this emphasis, there will be an increase in the number of well-child care services received by CHIP adolescent</p>



FFY 2015	FFY 2016	FFY 2017
		enrollees ages 12-18.
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> NONE	<b>Other Comments on Measure:</b> None

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]**  
AR Medicaid continues to survey the parents of ARKids-B CHIP Separate Child Health program beneficiaries utilizing the CAHPS protocol. Studies of the survey show that beneficiaries reported, since enrolling in ARKids First CHIP ARKids-B program, they have had significantly fewer problems seeing a personal doctor or nurse, getting Rx medication & getting urgent care compared w/ 6 months before enrolling in the program. Since the implementation of the ARMedicaid information interchange (AMII) PCP web portal, the system has been enhanced to include frequency distributions of caseload by age, gender, plan code, as well as ethnicity. PCPs are able to quickly identify those beneficiaries who are new to their caseload, have utilized the Emergency Dept within the previous 12 month period & the first paid date of a preventative health screen visit. Other measures include the last Emergency Dept visit, a foster care indicator, a new patient indicator, as well as quality measures related to diabetes & the date of the last dental visit. The AR Foundation for Medical Care (AFMC), a contract agent w/ DMS, has a Dental Coordinated Care Specialist who assists Medicaid/CHIP beneficiaries in finding a dentist, scheduling appointments, arranging transportation to appointments, conducting appointment reminder calls, assisting w/ rescheduling missed dental appointments, & providing dental benefit information. The AFMC also has education/outreach staff working collaboratively at the State & local level to educate & inform beneficiaries on the importance of a "medical home", appropriate utilization of the health care system & discourage the use of the emergency room for non-emergency care. In addition, the AFMC has a ConnectCare website that enables Medicaid/CHIP beneficiaries to request PCP assignment, access information regarding benefits, reminders, answer frequently asked questions, as well as preventative health information & links to available resources. Each year the State distributes about 10,000 provider-specific reports to active PCPs throughout the State. These reports include a quarterly PCP Profile Report to the PCPs, a quarterly Emergency Dept Trend Report to hospital Emergency Depts, as well as specialized reports on topics such as preventive health screening, asthma, sickle cell & diabetes.

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

The AR ARKids First ARKids-B CHIP separate child health program will continue to utilize beneficiary surveys & utilize our analytic executive summaries provided by our DMS contract agent. These surveys are available before the close of each survey year. AR Medicaid/CHIP may utilize the PCMH program for future CHIP specific population measurement related to 24/7 access to care, as well as infant, child & adolescent well-child visits. PCMH PCP profiles are also available quarterly for PCPs through the AR Medicaid PCMH AHIN portal quarterly, educational outreach to consumers & providers throughout the State via presentations, exhibits & direct mail for ongoing & new projects. AR Advocates for Children & Families released a child health report. The report offered a concrete opportunity to move publicly discussed opportunities to streamline enrollment & renewal in light of released closure data that helps lay significant groundwork for future activities.

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]**

AR Medicaid conducts a DRG validation process for NICU care. This process will locate bad coding that must be fixed in order to do an accurate claims based quality intervention. Projects have been developed aimed at assisting physicians to incorporate into their office systems quality teen visits, reducing unintentional injury-related deaths & disability among the children & youth of AR, assisting providers in proper dosing & administration of Hyroxyurea for sickle cell patients & assisting providers in increasing proper diagnosis & treatment for individuals with autism spectrum disorders.

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]**

A document has been released by AR Advocates for Children & Families highlighting the status of uninsured children in AR & discussing opportunities to increase the enrollment of children who meet the eligibility criteria. According to the report, two thirds of the State's uninsured children are likely already eligible for ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs. The report further states there are steps that could make a difference in reaching these children as administrative re-enrollment, accelerated enrollment through presumptive eligibility & expanded eligibility. Other states have found that when more children become eligible for coverage, the majority of new applicants would have been eligible prior to the expansion.

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

None

## 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]

Beneficiary outreach that was added in 2015 for AR's ARKids First's CHIP ARKids-B program beneficiaries focused on 4 new services added to the CHIP ARKids-B program's benefit package when CHIP ARKids-B transitioned from under the authority of an 1115(a) demonstration waiver (under Medicaid rules) to a CHIP separate child health program under the authority of the State's CHIP state plan (under CHIP rules). The State has worked w/ the DMS contracted beneficiary outreach contract agent to get information out to beneficiaries about services they can receive through the CHIP ARKids-B program. Beneficiaries can read descriptions of these CHIP ARKids-B services on the AR Medicaid website. The website displays easily understood language explaining prior authorization & the beneficiary appeal process. The website has been advertised using brightly colored pixel postcards available in English & Spanish that feature children of ethnic origin. Another AR beneficiary outreach DMS contracted contract agent targets counties in 3 different high need categories: 1) lowest amount of well child checkup visits; 2) lowest amount of dental visits; & 3) highest usage of emergency rooms for non-emergency related ER visits. Outdoor billboards are placed in targeted high traffic areas focused on increasing awareness of the availability & importance of well-child check-up coverage thru ARKids First (Medicaid ARKids-A & CHIP ARKids-B)& alternative options for the use of ERs for non-emergency visits. Radio spots run in 38 of the 75 counties in AR that were statistically targeted for outreach conveying the same message.

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]

One of AR's beneficiary outreach DMS contracted contract agents uses 3 methods of outreach found to be effective in reaching low-income uninsured children. 1) The use of the State's libraries enables the dissemination of information to each library in targeted areas of the entire state. Effectiveness is measured by survey responses from the libraries about the information they distributed. 2) Social media enable the use of educational digital ads to engage parents, grandparents or legal guardians of low-income and/or uninsured children that let them know what ARKids First (Medicaid ARKids-A & CHIP ARKids-B) covers. Effectiveness is measured from analytics provided by the social media channel. 3) Relationship w/ AR school nurses enables the ability to receive accurate information about the number of children in need in each elementary school in targeted areas. Effectiveness is measured by the amount of feedback the nurses provide on surveys. For another beneficiary outreach DDS contracted contract agent, the measure found to be most effective in providing outreach to low to moderate income communities is through word of mouth & engagement of & w/ those who work directly with potentially eligible families who may benefit from the ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs.

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

One of AR's beneficiary outreach DMS contracted contract agents has found the use of the State's libraries, social media & school nurses have served the ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs well & consider these methods as best practice for the ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs. The State's other beneficiary outreach DMS

contracted contract agent has found the use of community partnerships established through outreach to be the most effective method. Organizations w/ daily contact w/ children & families have been able to more effectively identify families who may benefit from such programs as the ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs.

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]**  
AR is a rural state. Of AR's 75 counties, 38 (51%) are considered rural. The areas that have the greatest outreach need are in the rural counties. AR also has significant minority populations, specifically African-American, Hispanic & Marshallese. Targeting specific populations works due to long-standing relationships w/ school nurses & local libraries. Also, efforts have continued to work identifying families w/ uninsured children & getting them enrolled, particularly those families who are potentially eligible for the ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs.

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]**

Data on the percentage of children below 200% of the federal poverty level (FPL) who are eligible for ARKids First (Medicaid ARKids-A & CHIP ARKids-B) programs who have been enrolled in these two programs within ARKids First program is not available at this time.

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

None

## 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

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

ARKids-B CHIP separate child health program - 148% - 211% FPL

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

Health insurance is:

- 1)a non-group or non-employer sponsored plan
- 2)lost through termination
- 3)lost through no fault of the beneficiary
- 4)not primary comprehensive
- 5)is inaccessible

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]**  
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]**

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]**

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]**

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

Data for Questions 2, 3, 3a and 4 above is not captured. Arkansas has the Curam eligibility system. Applicants are not applying for & beneficiaries are not being re-determined eligible for a specific program, but are applying for or being re-determine eligible for a health care service. The Curam system checks applicants' & beneficiaries' criteria against the eligibility rules for all Medicaid & CHIP programs. The applicant or beneficiary is placed into the Medicaid or CHIP program the Curam eligibility system determines the applicant or beneficiary meets the criteria. Therefore, it is not possible to capture the number/percentage of CHIP applicants or beneficiaries found to have Medicaid. Data pertaining to the number/percentage of CHIP applicants found to have other group health insurance is not captured, therefore cannot be reported.

## Section IIIC: Eligibility

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

### Section IIIC: Subpart A: Eligibility Renewal and Retention

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

If yes,

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

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
  - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**  
Two notices are sent
  - 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]**  
A 10-day notice is sent to the family of the CHIP ARKids-B separate child health program beneficiary requesting verification information. If there is no response or the information confirms ineligibility, a second notice is sent closing the case on the last day of the month in which the 10th day of the notice falls
- 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]**

The effectiveness of the eligibility redetermination process has not been evaluated by the State.

### Section IIIC: Subpart B: Eligibility Data

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

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

Measure	Number	Percent
1. Total number of denials of title XXI coverage		100
a. Total number of procedural denials		
b. Total number of eligibility denials		
i. Total number of applicants denied for title XXI and enrolled in title XIX		
<input 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:  
Arkansas uses the Curam Eligibility System. With this eligibility system, applicant/beneficiary does not apply for/re-determined eligible for a specific program. The applicant/beneficiary applies for/is re-determined for a "Health Care Service". The Curam Eligibility System checks the

applicant's/beneficiary's information against the eligibility criteria for all of Arkansas' Medicaid/CHIP programs & finds the applicant/beneficiary eligible for the Medicaid/CHIP program for which the applicant/beneficiary meets all the eligibility criteria. If the Curam Eligibility System does not find the applicant/beneficiary eligible/continued eligible for any Medicaid/CHIP program, the applicant's/beneficiary's application is denied/case is closed. It is for this reason that data for Section III C: Subpart B: Eligibility, Table 1. (Data on Denials of Title XXI Coverage) in FFY 2017 CARTS is not being reported.

## **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	72161	100%			
2. Total number of children screened for redetermination for title XXI	64746	89.72	100%		
3. Total number of children retained in title XXI after the redetermination process	42753	59.25	66.03		
4. Total number of children disenrolled from title XXI after the redetermination process	21993	30.48	33.97	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	8543			38.84	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	13450			61.16	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	2827				21.02
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	9174				68.21
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here <input type="checkbox"/> )	7				0.05
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )	1442				10.72
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].

None

#### Definitions:

- The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 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	270690	100%			
2. Total number of children screened for redetermination for title XIX	226081	83.52	100%		
3. Total number of children retained in title XIX after the redetermination process	185379	68.48	82		
4. Total number of children disenrolled from title XIX after the redetermination process	40702	15.04	18	100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures	24983			61.38	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	15719			38.62	100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/> )	6686				42.53
vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )	9033				57.47
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].

None

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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		100%		100%		100%		100%		100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX										
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
4. Total number of children disenrolled from title XIX										
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"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX										
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
7. Total number of children disenrolled from title XIX										
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX										
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XIX										
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

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

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

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

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

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

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

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

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

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

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

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

Specify how your “newly enrolled” population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016		100%		100%		100%		100%		100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI										
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
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"/> )										
4. Total number of children disenrolled from title XXI										
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"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XXI										
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**



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

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

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

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

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

Regarding Section IIIC: Subpart G: Eligibility Data, Table 3a "Duration of Children Enrolled in Title XIX" & Table 3b "Duration of Children Enrolled in Title XXI", because data for Table 3a & Table 3b was not available for FFY 16 CARTS, data for these two Tables was not reported in the FFY 16 CARTS. Table 3a & Table 3b are reported in two year cycles. Year 1 of this two year cycle would have been reported in the FFY 16 CARTS. Year 2 of this two year cycle would be reported in the FFY 17 CARTS. Since data for year 1 of the 2 year cycle was not reported in Table 3a & Table 3b in the FFY 16 CARTS, data for year 2 of the 2 year cycle is not being reported in Table 3a & Table 3b in the FFY 17 CARTS. Data will be reported in Table 3a & Table 3b in the FFY 18 CARTS which will be year 1 of the next two year cycle.

## 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]**

The family gross income information is supplied to DXC, AR's Medicaid fiscal contract agent, by an AR DHS DMS contract agent, via the DHS Division of County Operations' eligibility system. DXC uses this information & calculates the annual 5% SFY cost sharing cap based on this income. The file is scheduled as a daily transmit to DXC. From this file, DXC creates a benefit table used in claims processing on both MMIS & Tandem. The only time the cap is recalculated on the benefit table during the current SFY is in the event of a decrease in income from the SFY beginning amount. A letter is sent to the beneficiary w/ the new cumulative cap for cost sharing based on the new income. In the event of an increase in income, DXC creates a new segment w/ a start date equal to the first day of the next SFY & calculates the annual 5% cap based on the income. If by chance an additional change(s) in income is received that is greater than the SFY beginning amount, DXC overlays the previous data & recalculates the annual cap. The annual cap is based on SFY & will be recalculated on the beginning of each SFY based on the most current gross annual income DXC has on file. At the time of annual cost recalculation (in June), a letter is sent to the beneficiary w/ the new cumulative cap for cost sharing for the upcoming SFY beginning July 1. If a family income increase occurs, no cap increase will occur until the annual cost share recalculation (in June) for the upcoming SFY beginning on July 1. As claims for beneficiaries are paid & cost-sharing is applied, the applied amount is stored & accumulated until the cap is met. The benefit table houses both the current & the previous SFY data to allow for the one year filing deadline claims.

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]**

Because of the low co-payment, very few families are likely to exceed the 5% limit & will not approach the 5% limit of family income being expended on cost sharing expenses. The annual 5% cap is calculated when the ARKids-B beneficiary is approved. The MMIS generates a notice to the family notifying of their specific cumulative cap for cost sharing based on the family's income. If a family's income decreases during the year, the 5% cap is recalculated, & a new notice is sent to the family. The 5% cap is not recalculated if the family's income increases. All beneficiaries specific 5% limits are recalculated each year in June, & the recalculated limit is effective 07/01. The MMIS tracks the beneficiaries' family's progress toward the 5% cap. Providers (who are responsible for the collection of co-pays) indicate the services rendered to the beneficiary on the claim form submitted. The MMIS automatically calculates the co-pay that would apply for the services rendered & checks the accrual amount against the beneficiary's family's income (via ARKids-B Family Income/File. When cost

sharing reaches, in the aggregate, 5% of the beneficiary's family's total income, co-payments are no longer assess against the ARKids-B beneficiary's family until the next SFY. Families are notified when their cost sharing maximum is met. There will be a statement on the notice (received by both the beneficiary's family & the provider) that the cost sharing maximum has been met & Medicaid is paying the full Medicaid allowed rate for the service.

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]**

Since cost sharing is ceased at 5%, there are "0" children whose cost-share exceeds 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]**

There has been no changes in cost sharing over the past FFY.

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

None

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

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

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

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.

- 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.



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 agency conducts electronic data matches first through federal sources for citizenship/alien status, SSN & income & then through state sources if unable to obtain the required verification needed to determine eligibility for Medicaid/CHIP through federal sources. Additional verification sources may be used if a discrepancy between information provided by individuals & electronic data sources of information can't be verified through data matches. If worker/supervisor reviewing the case suspects fraud, the case is referred to the Medicaid Inspector General's Office for investigation.

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

Yes  No

Please Explain: **[500]**

2. For the reporting period, please report the
- 2 Number of fair hearing appeals of eligibility denials
- 0 Number of cases found in favor of beneficiary
3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:
- Provider Credentialing
- Number of cases investigated
- Number of cases referred to appropriate law enforcement officials
- Provider Billing
- Number of cases investigated
- Number of cases referred to appropriate law enforcement officials
- Beneficiary Eligibility
- 71 Number of cases investigated

2 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please Explain: **[500]**

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

None

## 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]**

N/A

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
<b>Total Individuals Enrolled for at Least 90 Continuous Days<sup>1</sup></b>	60191	477	3965	8093	12380	19529	15747
<b>Total Enrollees Receiving Any Dental Services<sup>2</sup> [7]</b>	31815	4	828	4089	7775	11410	7709
<b>Total Enrollees Receiving Preventive Dental Services<sup>3</sup> [7]</b>	29838	3	662	3788	7465	10824	7096
<b>Total Enrollees Receiving Dental Treatment Services<sup>4</sup> [7]</b>	14877	1	69	1276	3731	5553	4247

<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.

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

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 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]**

1469

**<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]**

None

### **Section IIIH: CHIPRA CAHPS Requirement:**

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set).

Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf>

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

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

**If Yes, How Did you Report this Survey (select all that apply):**

- Submitted raw data to AHRQ (CAHPS Database)
- Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
- Other. Explain:

**If No, Explain Why:**

*Select all that apply (Must select at least one):*

- Service not covered
- Population not covered
  - Entire population not covered
  - Partial population not coveredExplain the partial population not covered:
- Data not available
  - Explain why data not available
    - Budget constraints
    - Staff constraints
    - Data inconsistencies/accuracyPlease explain:
    - Data source not easily accessible*Select all that apply:*
    - Requires medical record review
    - Requires data linkage which does not currently exist
    - Other:
  - Information not collected.
    - Select all that apply:*
      - Not collected by provider (hospital/health plan)
      - Other:
    - Other:
- Small sample size (less than 30)
  - Enter specific sample size:
- Other. Explain:

**Definition of Population Included in the Survey Sample:**

Definition of population included in the survey sample:

- Denominator includes CHIP (Title XXI) population only.
  - Survey sample includes CHIP Medicaid Expansion population.
  - Survey sample includes Separate CHIP population.
  - Survey sample includes Combination CHIP population.

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

**Which Version of the CAHPS® Survey was Used?**

- CAHPS® 5.0.
- CAHPS® 5.0H.
- Other. Explain:

**Which Supplemental Item Sets were Included in the Survey?**

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain:

**Which Administrative Protocol was Used to Administer the Survey?**

- NCQA HEDIS CAHPS 5.0H administrative protocol
- AHRQ CAHPS administrative protocol
- Other administrative protocol. Explain:

Enter any Narrative text related to Section IIIH below. [7500]  
 NONE

**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 Title XXI funds?

- Yes, please answer questions below.
- No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program <sup>1</sup>
Intensive Home & Community-Based Family & Child/Youth Support Health Services Initiative	Children w/ severe emotional & behavioral issues. Children who are not able to maintain in the community w/out extra supports in place. This population of children has	15	100%

<sup>1</sup> The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.





## 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			
Fee for Service	94507766	101406833	109113752
<b>Total Benefit Costs</b>	94507766	101406833	109113752
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	\$ 94507766	\$ 101406833	\$ 109113752

	2017	2018	2019
<b>Administration Costs</b>			
Personnel			
General Administration	751127	5070342	5455688
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	751127	5070342	5455688
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	10500863	11267426	12123750

	2017	2018	2019
<b>Federal Title XXI Share</b>	95258893	106477175	114569440
<b>State Share</b>	0	0	0
<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	95258893	106477175	114569440

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

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

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

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

**A. Managed Care**

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

**A. Fee For Service**

Year	Number of Eligibles	PMPM (\$)
2017	77859	\$160
2018	77859	\$169
2019	77859	\$178

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



## Section V: Program Challenges and Accomplishments

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

The Governor's Office, State government & the business community continue to be very supportive of the programs designed to cover the State's uninsured population. This is evident in the continued support for the ARKids-First (Medicaid ARKids-A & CHIP ARKids-B) programs.

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

Like many States, AR has been facing declining revenues that is challenging all AR State government including Medicaid & CHIP programs.

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

Despite the declining State revenues, AR has continued to provide the same high level of services to its Medicaid & CHIP populations.

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]**

Congress had indicated before the Sept. 30, 2017 end date of funding for CHIP that CHIP funding would be re-authorized, however, because a bill to this effect was not drafted & voted on before the Sept. 30 funding end date, there is still uncertainty as to funding being re-authorized. Arkansas has CHIP funds available until March 2018. It is hoped that before or by March 2018, CHIP funding will be re-authorized. Until then, further planning for the State's CHIP program has been put on hold.

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

The state, in a CHIP SPA approved by CMS effective 08/01/18, added lawfully residing alien children under the age of 19 as a target population for CHIP services. The state will be submitting a CHIP SPA to comply with the Mental Health Parity & Addiction Equity Act (MHPAEA).