DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO.

NUMBER OF CHILDREN SERVED
FOR THE MEDICAL ASSISTANCE PROGRAM

STATE: KENTUCKY FINAL REPORT
FISCAL YEAR ENDED 09302006

KYME1400-R016 Medicaid GRAND TOTALS: ALL AGE GROUPS RUN DATE: 01/01/2007

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	41,972	5,886	9,908	0	57,766
B. MANAGED CARE ARRANGEMENTS	63,196	24,405	9,110	0	96,711
C. PRIMARY CARE CASE MANAGEMENT	165,742	63,855	18,784	0	248,381
D. TOTAL ALL PLANS (A + B + C)	272,910	94,146	37,802	0	404,858
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	38,059	5,237	7,318	0	50,614
B. MANAGED CARE ARRANGEMENTS	49,245	17,864	7,277	0	74,386
C. PRIMARY CARE CASE MANAGEMENT	112,807	45,538	15,467	0	173,812
D. TOTAL ALL PLANS (A + B + C)	200,111	68,639	30,282	0	299,032
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	3,354	565	1,134	0	5,053
B. MANAGED CARE ARRANGEMENTS	9,226	4,895	1,699	0	15,820
C. PRIMARY CARE CASE MANAGEMENT	25,466	12,756	4,022	0	42,244
D. TOTAL ALL PLANS (A + B + C)	38,046	18,216	6,855	0	63,117
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	417,442	50,508	67,819	0	535,769
B. MANAGED CARE ARRANGEMENTS	662,532	245,446	64,519	0	972,497
C. PRIMARY CARE CASE MANAGEMENT	1719,797	657,851	139,978	0	2517,626
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	10	9	7	0	9
B. MANAGED CARE ARRANGEMENTS	10	10	7	0	10
C. PRIMARY CARE CASE MANAGEMENT	10	10	7	0	10

FORM CMS-64EC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO.

NUMBER OF CHILDREN SERVED RELATED TO CHILDRENS HEALTH INSURANCE PROGRAM

STATE: KENTUCKY FINAL REPORT
FISCAL YEAR ENDED 09302006

KYMN1400-R017 - P5-P6 GRAND TOTALS: ALL AGE GROUPS RUN DATE: 01/01/2007

TYPE OF ELIGIBLE: BO

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	2,111	0	0	2,111
B. MANAGED CARE ARRANGEMENTS	0	10,192	0	0	10,192
C. PRIMARY CARE CASE MANAGEMENT	0	29,829	0	0	29,829
D. TOTAL ALL PLANS (A + B + C)	0	42,132	0	0	42,132
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	1,962	0	0	1,962
B. MANAGED CARE ARRANGEMENTS	0	8,076	0	0	8,076
C. PRIMARY CARE CASE MANAGEMENT	0	22,271	0	0	22,271
D. TOTAL ALL PLANS (A + B + C)	0	32,309	0	0	32,309
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	198	0	0	198
B. MANAGED CARE ARRANGEMENTS	0	1,934	0	0	1,934
C. PRIMARY CARE CASE MANAGEMENT	0	5,533	0	0	5,533
D. TOTAL ALL PLANS (A + B + C)	0	7,667	0	0	7,667
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	16,164	0	0	16,164
B. MANAGED CARE ARRANGEMENTS	0	101,935	0	0	101,935
C. PRIMARY CARE CASE MANAGEMENT	0	308,784	0	0	308,784
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	0	8	0	0	8
B. MANAGED CARE ARRANGEMENTS	0	10	0	0	10
C. PRIMARY CARE CASE MANAGEMENT	0	10	0	0	10

FORM CMS-64.21E

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO.

CHILDRENS HEALTH INSURANCE PROGRAM
NUMBER OF CHILDREN SERVED

STATE: KENTUCKY FINAL REPORT
FISCAL YEAR ENDED 09302006

KYMN1400-R018 P7 GRAND TOTALS: ALL AGE GROUPS RUN DATE: 01/01/2007

PROGRAM CODE: KY1

	FAMILY INCOME (%FPL)				
	0 - 100	101 - 150	151 - 200	201+	TOTAL
1. UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	0	1,332	0	1,332
B. MANAGED CARE ARRANGEMENTS	0	0	5,298	0	5,298
C. PRIMARY CARE CASE MANAGEMENT	0	0	16,510	0	16,510
D. TOTAL ALL PLANS (A + B + C)	0	0	23,140	0	23,140
2. UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	0	1,276	0	1,276
B. MANAGED CARE ARRANGEMENTS	0	0	3,896	0	3,896
C. PRIMARY CARE CASE MANAGEMENT	0	0	11,336	0	11,336
D. TOTAL ALL PLANS (A + B + C)	0	0	16,508	0	16,508
3. UNDUPLICATED NUMBER OF DISENROLLEES IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	0	182	0	182
B. MANAGED CARE ARRANGEMENTS	0	0	1,860	0	1,860
C. PRIMARY CARE CASE MANAGEMENT	0	0	5,627	0	5,627
D. TOTAL ALL PLANS (A + B + C)	0	0	7,669	0	7,669
4. NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE YEAR					
A. FEE-FOR-SERVICE PLANS	0	0	9,657	0	9,657
B. MANAGED CARE ARRANGEMENTS	0	0	48,778	0	48,778
C. PRIMARY CARE CASE MANAGEMENT	0	0	157,909	0	157,909
5. AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE4 DIVIDED BY LINE1)					
A. FEE-FOR-SERVICE PLANS	0	0	7	0	7
B. MANAGED CARE ARRANGEMENTS	0	0	9	0	9
C. PRIMARY CARE CASE MANAGEMENT	0	0	10	0	10

FORM CMS-21E