



CABINET FOR HEALTH AND FAMILY SERVICES

**Medicaid Oversight and Advisory Board
Healthcare Transparency Dashboard Subcommittee**

August 26, 2026

DMS/CHFS Data Sources

- Medicaid Management Information System (MMIS) Decision Support Services (DSS)
 - Contains claim information for fee-for-service and managed care encounters
- Medicaid Provider Partner Application (MPPA)
 - Provider enrollment and revalidation
- Medicaid Fee-for-Service (FFS) Utilization Management (UM)
 - Medical necessity and prior authorization for FFS
- Medicaid Waiver Management Application (MWMA)
 - 1915(c) waiver information
- Kentucky Level of Care Systems (KLOCS)
 - Level of care requests, assessments, and discharges for long-term care services and supports
- Integrated Eligibility and Enrollment System (IEES)
 - Member eligibility and demographics

DMS/CHFS Data Sources

- Kentucky Bureau of Emergency Medical Services
 - Emergency Medical Services Data
- Hospital Facility Services Data (HFSD) collected by the Kentucky Hospital Association
- Kentucky Health Information Exchange
- kynect data repository
- Medicare Part D data
- Shared Public Use Datasets (SPUD)
- Vital Statistics
 - Birth and death records
- TWIST
 - Child welfare data
- Medispan
 - Drug reference and pharmaceutical information

DMS Quality Measure Programs – Value Based Purchasing (VBP) & Directed Payment

HRIP- 2025	UK/UL - 2025	MCO VBP – 2024-2025
30 day all cause Readmissions	Breast cancer screening	HbA1c <8
Sepsis	Colorectal cancer screening	Postpartum Care
Blood Culture Contamination	Tobacco use: screening and cessation intervention	WCV 3-21
Blood Culture Contamination (CAH/LV)	Screening for Clinical Depression and f/u plan	Childhood Immunization Stats (CIS) Combo 10
Antimicrobial Stewardship	Diabetes care: HbA1c > 9% (lower is better)	Immunization of Adolescents (IMA)Combo 2
Catheter Assisted Urinary Track Infection CAUTI (CAH/LV)	Controlling High Blood Pressure	Social needs Screening
C. Diff (CAH/LV)	BMI screening and F/U	Metabolic monitoring for Children and Adolescents on Antipsychotics
Social Determinants of Health(SDOH)	30 Day all cause Readmissions	F/U after ED for Alcohol and Other Drug Depending w/in 7 days (FUA)
Concurrent e-Prescribing	Use of Opioids at High dosage	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
Antipsychotic Medication	Childhood immunization status (CIS)	Breast cancer screening (BCS)
Hours of Physical Restraint	Well Child Visits(WCV) 3-6 yrs	
Hours of Seclusion	WCV, Rate 1: 0-15 mths	
Discharge with an opioid Rx	WCV, Rate 2: 15-30 mths	
Discharge to home/community	Screening for Clinical Depression and f/u plan Ages 12 to 17	
Opioid Uncomplicated Vaginal Delivery	BMI screening and F/U - Ages 12-17	
Maternal Depression and SUD	Post-Partum Depressing Screening	
Suicide Screening in ED	SDOH Screening	
ED Opioid Use for acute ankle sprain (ALTO)		

Legend: HRIP & UK/UL; UK/UL & MCO VBP; All; Specific

MCO 2024-2025 Value Based Purchasing (VBP) Program

- Started January 1, 2024; Baseline Measurement Year (MY) 2022
- 2% withhold from total contract value
- 6 core HEDIS measures plus a 5 HEDIS bonus pool measures
- Achieve 3% or 4% point improvement to earn withhold dependent on current performance
- Must earn withhold on 4 core measures and maintain performance on all core measures to be eligible for bonus pool
- Pass/Fail
- Unearned dollars from the Core Measures are allocated to the bonus pool.

MCO 2024 VBP results

All of the Core and Bonus Measures had at least one MCO increase performance by at least 3 percentage points

- All plans met 4 of the 5 Core Measures; United met all 5 Core Measures
- All plans met improvement targets for Glycemic Status <8.0%, Post partum care, Well Child Visits, and Immunization of Adolescents
- 1 plan met the improvement target for Childhood Immunization Status (CIS)
- Four plans (Humana, Molina, United, and Wellcare) were eligible to participate in the Bonus Pool
- Humana met all 4 Bonus Measures
- All 4 plans met the improvement target for Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Counseling for Nutrition
- Humana and United met the improvement target for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days
- Humana, Molina, and Wellcare met the improvement target for Breast Cancer Screening

2024 VBP Core Measure Result Example

Glycemic Status Assessment for Patients With Diabetes – Glycemic Status <8.0%;
15% of Withhold at Risk

MCO	MY 2022 Score	MY 2022 HEDIS Percentile	Improvement Goal	MY 2024 Target	Target Met	MY 2024 Score	Withhold Returned to MCO, \$ millions	2022-2024 Improvement	Improved/ Maintained Performance within 1%
Aetna	59.85%	75 th -89 th	3%	62.85%	Yes	66.67%	\$4.8	6.82%	Yes
Anthem	55.23%	50 th -74 th	3%	58.23%	Yes	61.80%	\$3.7	6.57%	Yes
Humana	58.64%	75 th -89 th	3%	61.64%	Yes	65.69%	\$3.6	7.05%	Yes
Molina	42.34%	< 25 th	4%	46.34%	Yes	52.31%	\$6.1	9.97%	Yes
United	50.36%	25 th -49 th	3%	53.36%	Yes	63.75%	\$2.1	13.39%	Yes
Wellcare	52.55%	50 th -74 th	3%	55.55%	Yes	68.61%	\$9.6	16.06%	Yes

DMS Quality Updates

- Department in process of identifying quality measures for future use
- Monthly MCO Quality Meetings
- Continuous Glucose Monitoring Focus Study
- Community Health Worker (CHW) Focus Study: quantify access to CHW services among MCO enrollee population and to identify disparities and opportunities for improvement.
- Breast Cancer Screening Performance Improvement Plan (PIP) began on 7/1/2025
- Tobacco Cessation PIP – underway
- Secret Shopper Survey – fall 2026
- Certified Community Behavioral Health Centers Demonstration quality metrics

DMS Population Health Updates

- Creating a Maternal Health Risk Assessment. Working with the Maternal Health Branch in Health Care Policy.
- CGM Accelerator Project Phase 2 is in full swing with major data requests to review updated information related to diabetes diagnosis, CGMs, AIDs, and more.
- D-SNP State Medicaid Agency Contact for 2027 completed.
- MCOs submitted their Annual Population Health plans for review.

Data Partnerships

Data Partnership	Description
National Core Indicators (NCI) (CMS)	Participate in Medicaid Adult Core Set (MAC ACS) measure reporting including National Core Indicators® In-Person Survey (NCI IPS) measures under the MAC ACS category of Long Term Services and Supports (LTSS) Home and Community Based Services (HCBS).
Kentucky Health Benefit Exchange (KHBE) Qualified Health Plan (QHP) Issuers	Facilitates health plan oversight.
Administrative Office of the Courts (AOC)	Provision of specific Medicaid data by DMS to the AOC to determine whether duplicate claims for Medicaid enrollees are being submitted to DMS and AOC by providers for payment.
State University Partnership Program	A collaboration between the Cabinet and state universities to conduct projects and programs that improve Medicaid beneficiaries' health outcomes, reduce per capita healthcare costs, and develop evidence-based policy.
Rapid Actionable Data for Opioid Response (RADOR) in Kentucky (University of Kentucky)	Development of an integrated, population-based, timely statewide surveillance system to support opioid and other drug overdose prevention and control.
Kentucky Vitality Signs (CMS Rural Health Transformation Program) (University of Kentucky)	Create, launch, and operationalize a secure, analytical digital environment to bring together cross-sector data, performance measures, and actionable insights to support rural community hubs and the Kentucky Rural Health Transformation Plan.
Medicaid Outcomes Distributed Research Network (MODRN) (Academy Health)	Harness multi-state Medicaid data to address issues of national public health importance and measure the impact of innovative policies and interventions.

Data Partnerships Continued

Partnership	Description
Appalachian Specialty Telemedicine Access for Referrals (Appalachian STAR) (University of Kentucky)	Reduce childhood hearing loss in rural Kentucky by improving school hearing screening and the referral process.
National Institutes of Health (NIH) Helping to End Addiction Long-term (HEAL) Initiative (University of Kentucky)	Examine evidence-based interventions within an integrated model of prevention, treatment, workforce development, and harm reduction strategies to significantly benefit Kentuckians suffering from opioid use disorder (OUD), their families, and their communities.
Special Olympics	Evaluate the health outcomes and expenditures for athletes with intellectual disabilities (ID) who participate in the SOI Healthy Athlete (HA) program.
Kentucky Injury Prevention and Research Center (KIPRC) (University of Kentucky)	Statewide injury prevention and control research and translating this knowledge into practice to reduce harms to Kentuckians.
Kentucky Cancer Registry (KCR)	Collaborate with the KCR, established in 1990 by the General Assembly, to support its role as the official population-based central cancer registry for the Commonwealth of Kentucky.
Kentucky Perinatal Quality Collaborative (KYPQC)	Improve the quality of care during pregnancy, delivery, and through the first year of life.
Consulting firms, including Deloitte, Milliman, Meyers and Stauffer, Ernst and Young	

Managed Care Reports

- 86 Reports
- Listing, Frequency, and Description provided in separate document

Medicaid Analytics & Reporting Portfolio

A broad portfolio of dashboards and analytic tools designed to turn Medicaid data into actionable information for program leadership, policy development, quality improvement, and operational decision-making.

The portfolio supports analysis across key areas including:

Behavioral Health & Substance Use

Quality & HEDIS Measures

Maternal & Child Health

Foster Care

Enrollment & Member Demographics

Provider Access & Network Adequacy

Utilization, Expenditures & Billing

Public Health & Immunizations

Program & Legislative Reporting

DMS Dashboards



Medicaid Summary Dashboard

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Narrative

Summary

Member

Provider

Claims

The Medicaid Claims Summary Dashboard contains member and provider enrollment, service utilization and summary data. The data contained in this dashboard can be exported to Excel or PowerPoint.

The data for each measurement period can be filtered by Program, Gender, County and Member Categories combinations. When using the county filter data is displayed using member's county of residence. Some filtering combinations may not contain data.

Data pulled by: Date-of-Service

Measurement Period: State Fiscal Year (July 1, XXXX to June 30, XXXX) 2023, 2024, 2025, 2026 Year To Date

Data Refresh Schedule: Quarterly

Last Refresh Date: January 31, 2026

Average Percent of Data Included: SFY-2023 - 99%, SFY-2024 - 99%, SFY-2025 - 98%, SFY-2026 Q1 - 93%, SFY-2026 Q2 - 80%

Note:

The current SFY is year to date as of the refresh date.

Only data for SFY2025 and SFY2026 will be refreshed. Data for all other previous years remain static.

Navigation: When navigating the dashboard, the "Back to Dashboard's Menu" button on the top right corner will take you back to the Main DMS Dashboard Menu.

DMS Dashboards

Tabs:

Summary Tab:

This tab contains Medicaid Claims Summary data which can be filtered by FFS Waiver, FFS Non-Waiver, MCO and Total (MCO and FFS Combined) for a selected SFY. These are referred to as 'Program' in the filters across the dashboard.

The data appears by 'Age Group' and 'Member Categories'.

Age Groups: 18 yrs and Under, 19 yrs to 21 yrs and 22 yrs and Over.

Member Categories: Member Categories are based on a member's eligibility assignments (TOA). Each member is only counted in one category.

Note: To avoid duplication, Member and Provider counts across categories cannot be summed. Age Groups and Categories cannot be summed, they are two different views of the same data. Unduplicated counts are provided by Program.

Member Tab:

This tab contains Medicaid Member Enrollment by Member Categories, Age Groups, etc. The current waiver enrollment data table included in this tab is current as of the date in the header of the table. This table is provided by the Division of Long Term Services and Supports (DLTSS) and is only available for SFY2025.

Note: Race information is self-reported and may be incomplete.

Member Trends Tab:

This tab contains data trends in Member Enrollment across SFYs.

Note: Total member counts are calculated by taking an average of the individual monthly counts.

Provider Tab:

This tab contains Provider Enrollment by Provider Type and the trends in enrollment for each Provider Type, a list of the Top 250 providers by total paid during the measurement period and payment trends for the current Top 250 Providers.

Note: In the Provider Enrollment table, the Provided Service column is calculated by submitted claims (paid and denied). Coming soon

Claims Tab:

This tab contains rankings of claims data by services, diagnosis and member count. The data for each measurement period can be filtered by Program, Gender, County and Member Categories combinations. When using the county filter data is displayed using member's county of residence.

Top 10 by Paid Amount – Top Services provided during the measurement period ranked by the amount paid.

Top 10 by Services – Top Services provided during the measurement period ranked by the number of times the service is provided. In other words, the number of times the services appeared on claims during the measurement period.

Top 10 by Diagnosis – Top Diagnosis used during the measurement period ranked by the number of times it appeared on claims.

Top 10 by Member Count – Top Services provided ranked by total number of Members receiving the service is *coming soon*.

Trends Chart: This chart shows the Top 10 services by Month during the measurement period. If a service appears in the Top 10 of a month that was not in the Top 10 during the previous month, it is highlighted with a darker color.

DMS Dashboards



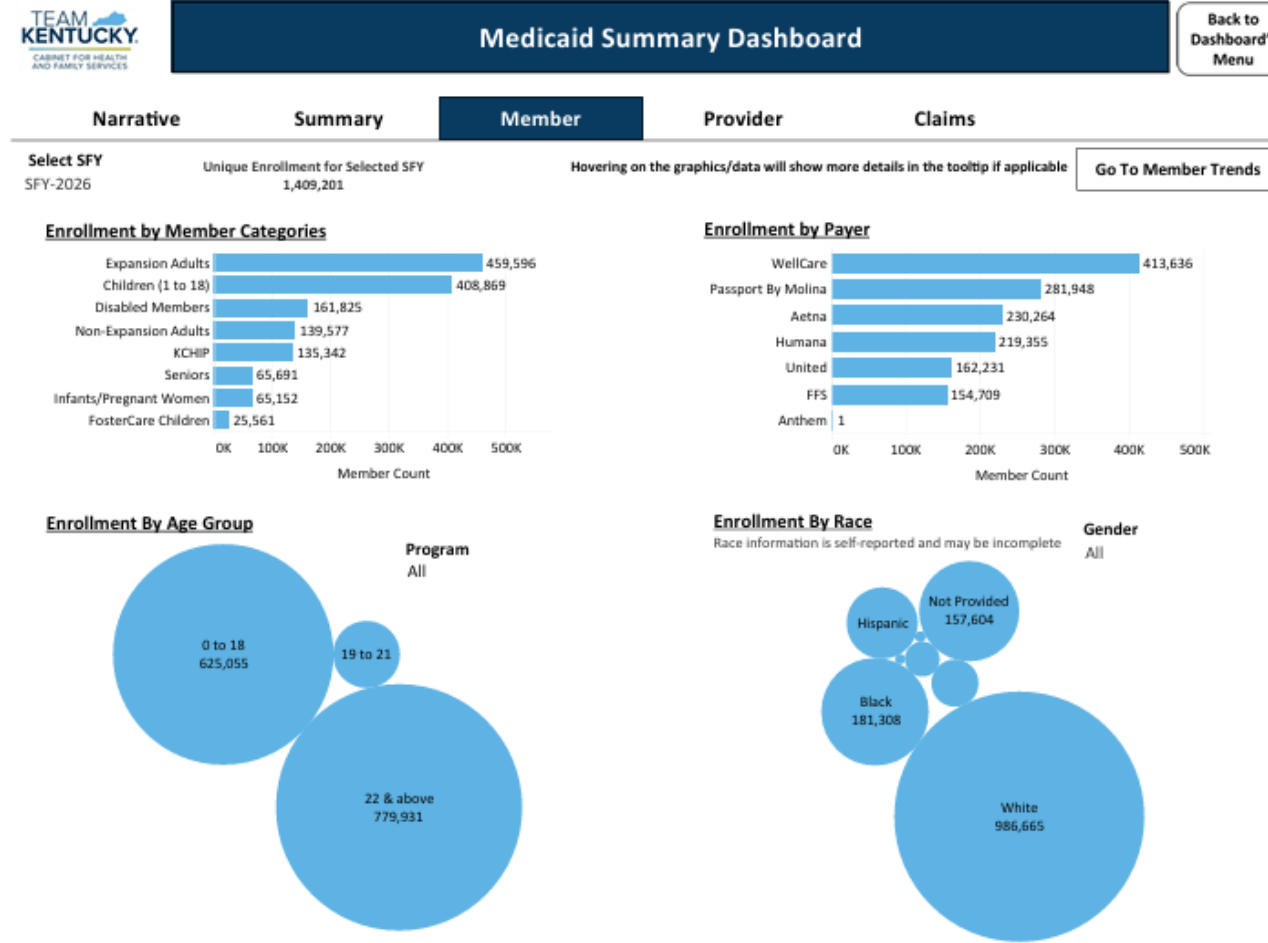
Medicaid Summary Dashboard

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Narrative		Summary	Member	Provider	Claims			
Select SFY SFY-2026		Select Program Total (FFS and MC..	Member County ALL	Note: Current SFY data is Year to Date as of the date of refresh (see Narrative)				
		Total Paid	Total Claims	Total Services	Unique Members	Billing Provider Count	Rendering Provider Count	
Age Group		0_To_18_Years	\$978,012,772	5,646,811	8,993,089	503,727	8,740	27,368
		19_To_21_Years	\$138,536,775	653,682	1,105,217	44,408	7,201	22,002
		22_And_Over	\$3,791,642,279	15,794,432	25,814,861	592,339	11,271	36,652
Member Category		Children (1 to 18)	\$424,377,076	3,059,976	4,966,678	328,971	8,142	24,550
		Disabled Members	\$1,633,035,182	6,179,570	9,912,657	146,531	10,663	35,610
		Expansion Adults	\$1,503,098,519	7,940,615	12,287,636	352,533	9,722	33,075
		FosterCare Children	\$93,744,995	394,962	586,006	23,147	5,789	16,029
		Infants/Pregnant Women	\$201,843,522	859,252	1,568,981	68,428	6,377	21,486
		KCHIP	\$135,281,691	968,319	1,598,113	114,050	7,029	20,388
		Non-Expansion Adults	\$257,030,448	1,608,184	2,766,992	93,642	8,107	26,774
		Seniors	\$659,780,391	1,084,250	2,226,104	48,395	6,381	20,783
Totals by Program		\$4,908,191,827	22,094,704	35,913,167	1,134,876	12,351	42,486	

The Totals by Program row (below) shows totals separately as the Age Group Totals and Member Category Totals are not be added together.

DMS Dashboards



DMS Dashboards



Medicaid Summary Dashboard

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Dashboard's
Menu

Narrative

Summary

Member

Provider

Claims

Select SFY

Service County

SFY-2026

ALL

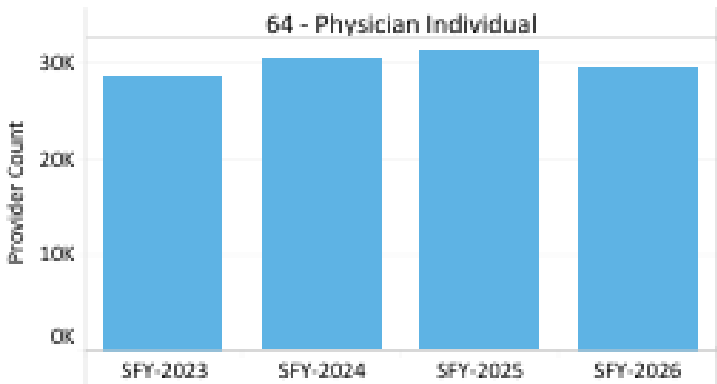
Note: Current SFY data is Year to Date as of the date of refresh (see Narrative).

Provider Enrollment

Provider Type	Enrolled Provider Count
64 - Physician Individual	29,542
78 - Certified Nurse practitioner	16,587
95 - Physician Assistant	3,987
74 - Nurse Anesthetist	2,979
82 - Licensed Clinical Social Worker	2,554
81 - Licensed Professional Clinical Counselor	2,446
65 - Physician - Group	2,284
87 - Physical Therapist	1,616
54 - Pharmacy	1,544
60 - Dentist - Individual	1,439
88 - Occupational Therapist	1,012
79 - Speech-Language Pathologist	968
77 - Optometrist - Individual	959
90 - MSEA Supplier	907

Select a
Provider Type
for it's
Enrollment Trend

Enrollment Trend by Provider Type



DMS Dashboards



Medicaid Summary Dashboard

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Narrative

Summary

Member

Provider

Claims

Select SFY
SFY-2026

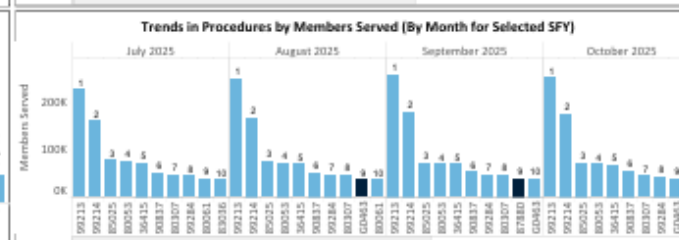
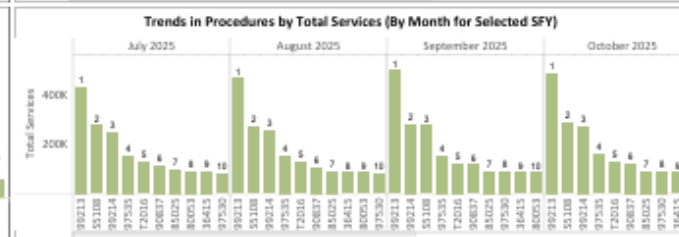
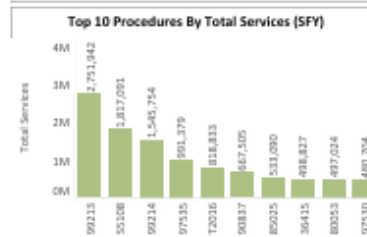
Program
Total - (FFS & MCO)

Member Category
ALL

Member County
ALL

Gender
ALL

NOTE - The Current SFY data is Year to Date.
Missing data in the chart means, there is no data for the selected filter combinations



DMS Dashboards

 CABINET FOR HEALTH AND FAMILY SERVICES	Waiver Utilization Dashboard		Back to Dashboard's Menu
Narrative	Date of Service	Paid Date	
Dashboard Narrative This dashboard shows expenditures for six Waiver programs: ABI, ABI LTC, HCB, Michelle P, Model II and SCL. Data pulled by: Date of Service and Paid Date Measurement Period: State Fiscal Year (July 1, XXXX to June 30, XXXX) Data Refresh Schedule: Monthly Dashboard Refresh Date: 04/30/2026 Next Refresh Date: 05/31/2026 Average Percent of Data Included: CY-2025(January through June) - 98%, SFY-2025 - 98%, SFY-2026 Q1 - 95%, SFY-2026 Q2 - 88% Data Source: DSS/DW - Medicaid Claims Note: The current SFY is year to date as of the refresh date. Navigation: When navigating the dashboard, the "Back to Dashboard's Menu" button on the top right corner will take you back to the Main DMS Dashboard Menu. Tabs: Date of Service Tab: This tab shows contains expenditures based on date of service within the measurement period. Data for all columns except the last 3 are provided by the Division of Fiscal Management. Only the last 3 columns in the table are refreshed monthly. NOTE: - For services that have a maximum rate (up to \$\$\$\$), Total Spend is provided instead of Units paid, though you will not see a \$ sign. Paid Date Tab: This tab shows contains expenditures based on paid date within the measurement period. Data for all columns except the last 3 are provided by the Division of Fiscal Management. Only the last 3 columns in the table are refreshed monthly. NOTE: - For services that have a maximum rate (up to \$\$\$\$), Total Spend is provided instead of Units paid, though you will not see a \$ sign.			

DMS Dashboards

- Behavioral Health Service Utilization
- Terminations by Program
- Applications by Program
- Social Determinants of Health
- Rural Health Dashboard – Coming Soon

Noteworthy Dashboards and Examples

Dashboard	Description
Antidepressant Medication Management	Tracks antidepressant medication management measures and related utilization.
Behavioral Health High/Low Support Services Dashboard	Examines utilization of high- and low-level behavioral health support services.
Billing for Higher Level Codes	Identifies and analyzes billing patterns involving higher-level service codes.
Comprehensive Community Support Dashboard	Tracks utilization and delivery of comprehensive community support services.
Disability_by_county_add	County-level analysis of disability-related Medicaid data.
DMS-242024	DMS analysis/report identified by its internal project name.
DPH Immunization Coverage Rates	Tracks immunization coverage rates using Department for Public Health data.
DPH Immunization Coverage Rates_V1	Earlier/versioned analysis of DPH immunization coverage rates.
Foster Care	Analyzes Medicaid data for children and youth involved in foster care.
Foster Care Quality Dashboard M1-3	Tracks foster care quality measures M1 through M3.
Foster Care Quality Dashboard M4-9	Tracks foster care quality measures M4 through M9.
Foster Care Quality Dashboard M10-15	Tracks foster care quality measures M10 through M15.
Fraud Flagging Tool Dashboard (v2.1)	Supports identification and review of potentially unusual Medicaid billing or utilization patterns.
Health Screening	Tracks health screening services and related measures among Medicaid members.

Dashboards Continued

Dashboard	Description
HEDIS – Antidepressant Medication Management	Tracks the HEDIS Antidepressant Medication Management measure.
HEDIS – Metabolic Monitoring for Children and Adolescents on Antipsychotics	Tracks the HEDIS measure for metabolic monitoring among children and adolescents prescribed antipsychotics.
HEDIS Use of Opioids at High Dosage	Tracks the HEDIS measure related to high-dose opioid utilization.
HepC RNA Positivity Dashboard	Examines hepatitis C RNA testing and positive results.
HEPC Trendlines and Maps	Displays hepatitis C trends and geographic patterns.
Legislative Dashboard	Provides Medicaid information and measures prepared for legislative reporting or analysis.
Maternal Child Health Dashboard	Tracks Medicaid measures related to maternal and child health.
MCO Access and Adequacy	Examines access to care and network adequacy across Medicaid managed care organizations.
MCO Covid Weekly Dashboard	Tracks weekly COVID-related Medicaid measures by managed care organization.
MCO Expenditures	Analyzes expenditures associated with Medicaid managed care organizations.
Medicaid Beneficiaries with COVID-19 Vaccine	Tracks COVID-19 vaccination among Medicaid beneficiaries.
Medicaid Insights	Provides high-level Medicaid program, member, utilization, and/or expenditure insights.
Medicaid Monthly Enrollment Demographics	Tracks monthly Medicaid enrollment and member demographic characteristics.
Med Insights Opioid Dependence	Examines Medicaid utilization and measures related to opioid dependence.
Medicaid Provider Location Lookup	Provides geographic/location information for Medicaid providers.
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Tracks monitoring after Rx
BH Provider Scorecard	Scores BH providers based on patient outcomes – HB695

QUESTIONS?