

# **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) provides 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: 1115 Demonstration Waivers (Financed by CHIP)
- Section VI: 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.

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

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

State/Territory: \_\_\_\_\_ **IL** \_\_\_\_\_  
(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: \_\_\_\_\_  
**James Parker**

CHIP Program Name(s): **All, KidCare & FamilyCare** \_\_\_\_\_

CHIP Program Type:

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

Reporting Period: **2013** \_\_\_\_\_  
*Note: Federal Fiscal Year 2013 starts 10/1/2014 and ends 9/30/2013.*

Contact Person/Title: **Lynne Thomas/Cheif, Bureau of All Kids** \_\_\_\_\_

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Phone: **(217) 524-7156** Fax: **(217) 557-4274** \_\_\_\_\_

Email: **lynne.thomas@illinois.gov** \_\_\_\_\_

Submission Date: **1/8/2015** \_\_\_\_\_

*(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 characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. 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				Separate Child Health Program				
* Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>										
Gross or Net Income: ALL Age Groups as indicated below										
		Is income calculated as gross or net income?	<input checked="" type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>		Gross Income		
						<input checked="" type="checkbox"/>		Income Net of Disregards		
Eligibility					From	0	% of FPL conception to birth	300	% of FPL *	
	From		% of FPL for infants		% of FPL *	From	134	% of FPL for infants	300	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	134	% of FPL for children ages 1 through 5	300	% of FPL *
	From	101	% of FPL for children ages 6 through 16	133	% of FPL *	From	134	% of FPL for children ages 6 through 16	300	% of FPL *
	From	101	% of FPL for children ages 17 and 18	133	% of FPL *	From	134	% of FPL for children ages 17 and 18	300	% of FPL *
					From		% of FPL for pregnant women ages 19 and above		% of FPL *	

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Children whose declared countable income is within the income range, appear to meet immigration and citizenship status, and who have not receive PE within the last 12 months. PE begins with date of application. If ongoing coverage is approved, PE lasts until regular coverage begins. If denied, PE ends five days after the date of decision.</p>	<input checked="" type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) <b>[1000]</b>  134% - 200%</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  One PE period per child within a 12 month period. PE begins with the date of application and runs until the start date of regular coverage if the application is approved. if the application is denied, PE ends five days after the applicaiton is denied.</p> <p>Brief description of your presumptive eligibility policies <b>[1000]</b>  PE is authorized by the state worker at registration for all children whose declared countable income is within the income range, appear to meet immigration and citizenship status, and who have not receive PE within the last 12 months. PE begins with date of application. If ongoing coverage is approved, PE lasts until regular coverage begins. If denied, PE ends five days after the date of decision.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Three months prior to the month of application for all approved.</p>	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Up to two weeks prior to the date of application the first time a child is approved for separate CHIP if their family income is no higher than 200% FPL.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Please check all the methods of application utilized by your state.	<input checked="" type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input checked="" type="checkbox"/>	Phoned-in application	<input checked="" type="checkbox"/>	Phoned-in application

	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in
	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line
	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	12
			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>  The period of uninsurance applies to children in families with income above 200% FPL.	

			<p>List all exemptions to imposing the period of uninsurance <b>[1000]</b></p> <p>The child lost medical benefits under one of the Family Health Plans at or below 200% of the FPL in the 12 months prior to the month of application for All Kids;  The child only has COBRA insurance now or at any time in the 12 months prior to the first month of All Kids Premium Level 2 coverage;  The child lost insurance when a parent's job ended for any reason;  The child reached the insurance plan's maximum lifetime benefit limit; or  The child lost insurance because the noncustodial parent canceled the insurance as part of a divorce.  Note: Disease specific policies (such as cancer insurance), medical service specific policies (such as dental, vision, or hospital only policies) and accident policies (such as school-based insurance for grades K-12) are not considered health insurance for this requirement.</p>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Specify number of months		12	Specify number of months		12
	Explain circumstances when a child would lose eligibility during the time period in the box below <b>[1000]</b>			Explain circumstances when a child would lose eligibility during the time period in the box below <b>[1000]</b>		
	Children lose coverage if they turn age 19, move out of state, request cancellation, fail to cooperate with SSN requirements, or if they are a parent and refuse to cooperate with child support.			Children lose coverage if they turn age 19, move out of state, request cancellation, fail to cooperate with SSN requirements, or if they are a parent and refuse to cooperate with child support.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A			

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No				
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes				
	Enrollment fee amount		Enrollment fee amount			0		
	Premium amount		Premium amount			15		
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount		Premium Amount		Premium Amount		Premium Amount	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$5	\$ 15	% of FPL 151	% of FPL 200
	\$	\$	% of FPL	% of FPL	\$40	\$ 40	% of FPL 201	% of FPL 300
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family		\$		Yearly Maximum Premium Amount per family		\$960	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$180	\$480	% of FPL 151	% of FPL 200
	\$	\$	% of FPL	% of FPL	\$180	\$960	% of FPL 201	% of FPL 300
\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
If yes, briefly explain fee structure in the box below <b>[500]</b>				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) <b>[500]</b>				

		The monthly premiums for children in families with income from 151% to 200% FPL are \$15 for 1 child, \$25 for 2, \$30 for 3, \$35 for 4 and \$40 for 5 or more covered children. The monthly premiums for children in families with income greater than 200% up to 300% FPL are \$40 for one child or \$80 for two or more children.
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program require an assets test?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	If Yes, please describe below <b>[500]</b>	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	If Yes, do you permit the administrative verification of assets?	
	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Does your program require income disregards? <b>(Note: if you checked off net income in the eligibility question, you must complete this question)</b>	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	If Yes, please describe below <b>[1000]</b>	
	\$90 for each employed parent, the first \$50 of child support received.	
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Which delivery system(s) does your program use?	<input checked="" type="checkbox"/> Managed Care	<input checked="" type="checkbox"/> Managed Care
	<input checked="" type="checkbox"/> Primary Care Case Management	<input checked="" type="checkbox"/> Primary Care Case Management
	<input checked="" type="checkbox"/> Fee for Service	<input checked="" type="checkbox"/> Fee for Service



	Please describe which groups receive which delivery system <b>[500]</b> All children are initially enrolled as FFS. They have 60 days to choose a primary care physician, either under PCCM or, if available in their area, managed care. If they do not choose a PCP within 60 days, they are assigned to one.	Please describe which groups receive which delivery system <b>[500]</b> All children are initially enrolled as FFS. They have 60 days to choose a primary care physician, either under PCCM or, if available in their area, managed care. If they do not choose a PCP within 60 days, they are assigned to one.
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Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input checked="" type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input checked="" type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

**Comments on Responses in Table:**

- 2. Is there an assets test for children in your Medicaid program?
 

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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- 3. Is it different from the assets test in your separate child health program?
 

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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- 4. Are there income disregards for your Medicaid program?
 

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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- 5. Are they different from the income disregards in your separate child health program?
 

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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- 6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?
 

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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- 7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?
 

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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- 8. Indicate what documentation is required at initial application for

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Insured Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use of Income Disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. 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 appropriate column.

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

Rule)

- s) Expansion to "Lawfully Residing" children
- t) Expansion to "Lawfully Residing" pregnant women
- u) Pregnant Women state plan expansion
- v) Waiver populations (funded under title XXI)

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

Parents

Pregnant women

Childless adults

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

- w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- x) Other – please specify

a.

\_\_\_\_\_

b.

\_\_\_\_\_

c.

\_\_\_\_\_

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

10. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	
e) Cost sharing (including amounts, populations, & collection process)	Copays were increased.
f) Crowd out policies	
g) Delivery system	

h) Eligibility determination process	
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	Illinois began receiving federal matching funds for children in families with income above 200% and at or below 300% fPL, a population that was previously covered using only state funds.
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) 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)	
s) Expansion to "Lawfully Residing" children	Began claiming federal match for lawfully residing children previously covered at state expense.
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	

Pregnant women	
Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on about the CHIP and/or Medicaid program. Section IIA captures data on the core set of children's health care quality measures. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your state's general strategic objectives and performance goals.

### SECTION IIA: REPORTING OF THE CORE SET OF CHILDREN'S HEALTH CORE QUALITY MEASURES (CHILDREN'S CORE SET)

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify an initial core set of child health care quality measures for voluntary use by state programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. CHIPRA also required the Secretary to publish changes to the core set measures beginning in January 2013. Three measures (Human Papillomavirus (HPV) Vaccine for Female Adolescents, Behavioral Health Risk Assessment (for Pregnant Women, and Medication Management for People with Asthma) were added to the Children's Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Acronyms replaced measure numbers beginning in 2013.

Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the core set of measures. This section of CARTS will be used for standardized reporting on the Children's Core Set measures.

States that volunteer are required to report using the standardized methodologies and specifications and report on the populations to which the measures are applied. Below are the measure stewards and general description of the measures. Please reference the Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures for detailed information for standardized measure reporting.

The Technical Specifications and Resource Manual for the Children's Core Set of Health Care Quality Measures can be found at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>

### Children's Core Set Measures

Old Measure Number	New Measure Abbreviation	Measure	Measure Steward	Description
1	PPC	Timeliness of Prenatal Care	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS)	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment.

Old Measure Number	New Measure Abbreviation	Measure	Measure Steward	Description
2	FPC	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
3	LBW	Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period
4	CSEC	Cesarean Rate for Nulliparous Singleton Vertex	California Maternal Care Collaborative	Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
5	CIS	Childhood Immunization Status	NCQA/HEDIS	Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday
6	IMA	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13 <sup>th</sup> birthday
7	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender
8	DEV	Developmental Screening in the First Three Years of Life	Oregon Health and Science University	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday

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9	CHL	Chlamydia Screening	NCQA/HEDIS	Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year
10	W15	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life
11	W34	Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year
12	AWC	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
13	PDENT	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
14	CAP	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years that had a visit with a PCP, including four separate percentages: <ol style="list-style-type: none"> <li>1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>2. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ol>
15	CWP	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode



Old Measure Number	New Measure Abbreviation	Measure	Measure Steward	Description
17	TDENT	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
18	AMB	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 beneficiary months among children up to age 19
19	CLABSI	Pediatric Central Line Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
20	ASMER	Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits	Alabama Medicaid	Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits
21	ADD	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
22	PA1C	Annual Pediatric Hemoglobin A1C Testing	NCQA	Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year
23	FUH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge

Old Measure Number	New Measure Abbreviation	Measure	Measure Steward	Description
24	CPC	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	NCQA/HEDIS	Survey on parents' experiences with their children's care
Not applicable (new measure)	HPV	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday
Not applicable (new measure)	BHRA	Behavioral Health Risk Assessment (for Pregnant Women)	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit
Not applicable (new measure)	MMA	Medication Management for People with Asthma	NCQA/HEDIS	Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

This section contains templates for reporting performance measurement data for each of the Children's Core Set measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous two years' annual reports (FFY 2011 and FFY 2012) will be populated with data previously reported in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data 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 2013). Additional instructions for completing each row of the table are provided below.

**If Data Not Reported, Please Explain Why:**

**Beginning in 2011, the CARTS application will require states to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.**

**If Data Not Reported, Please Explain Why:**

If you cannot provide a specific measure, please check the box that applies to your state for each measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the denominator size for a particular measure is less than 30. If the denominator size is less than 30, your state is not required to report a rate on the measure. However, please indicate the exact denominator size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Although the Children's Core Set measures is voluntarily reported, if the state is not reporting data on a specific measure, it is important to provide the reasons why the state is not reporting the measure. It is important for CMS to understand why each state and why all states as a group may not be reporting on specific measures. Your selection of a reason for not reporting and/or provision of an "other" reason for not reporting will assist CMS in that understanding.

#### **Status of Data Reported:**

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

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

**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 the current CARTS reporting period.
- 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 in another annual report. Indicate in which year's annual report you previously reported the data.

#### **Measurement Specification:**

For each measure, please indicate whether the measure is based on HEDIS® technical specifications, the specifications developed by other measure stewards listed in the Technical Specifications and Resource Manual (e.g. CMS, CDC, AMA/PCPI), or "other" measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If "Other" measurement specification is selected, the explanation field must be completed. States should use the technical specifications outlined in the Technical Specifications and Resource Manual for the Children's Core Set measures.

#### **HEDIS® Version:**

Please specify HEDIS® Version (example HEDIS 2011, HEDIS 2012). 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,

#### **Data Source:**

For each measure, please indicate the methodology and data source used to calculate the measure – administrative method (e.g., using claims or encounter data); hybrid method (e.g., combining administrative data and medical records); survey data (specify the survey used); or other source (specify the other source).

**Definition of Population Included in the Measure:**

**Numerator:** Please indicate the definition of the population included in the numerator for each measure.

**Denominator:** Please indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the CHIP population only (Title XXI), the Medicaid population only (Title XIX), or include both CHIP and Medicaid children combined.

If the denominator reported is not fully representative of the population defined above (the CHIP population only, the Medicaid population only, or the CHIP and Medicaid populations combined), please further define the denominator, including those who are excluded from the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the states and over time.

**Deviation from the Measure Technical Specification**

If the data provided for a measure deviates from the measure technical 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:

1. Year of Data (e.g., partial year),
2. Data Source (e.g., use of different data sources among health plans or delivery systems),
3. Numerator (e.g., coding issues),
4. Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
5. Other (please describe in detail).

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

**Year of Data: not available for the 2013 CARTS reporting period.**

Please report the year of data for each measure. The year (or months) should correspond to the *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.

**Date Range: available for 2013 CARTS reporting period.**

Please define the date range for the reporting period based on the “From” time period as the month and year that corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year that 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.

**Children’s Core Set Measurement Data**

In this section, please report the numerators and denominators for each measure (or component). The template provides two sections for entering the 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 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-level 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. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on Data from Multiple Sources,” available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

**Beginning in 2012, in an effort to reduce state burden of reporting on the Children’s Core Set measures, CMS will calculate measures PDENT (Preventive Dental Services) and TDENT (Dental Treatment Services) for states based on data submitted as part of the EPSDT report (Form CMS-416), and measure CLABSI (Pediatric Central Line Associated Blood Stream Infections) based on data submitted by states to the National Healthcare Safety Network database.**

**Clarification About Implementing the CHIPRA CAHPS Requirement Under Section 402(a)(2):**

- **Title XXI Programs:** 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 Child Medicaid survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Questions Items for Children with Chronic Conditions to align with the CAHPS Initial Core Set Measure. 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: <http://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.
- **Title XIX Programs:** Reporting of the CAHPS survey, remains voluntary for Title XIX Programs. Title XIX 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.

If a state would like to provide 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.

**CHIPRA Quality Demonstration States**

CHIPRA Quality Demonstration states have the option of reporting state developed quality measures through CARTS. Instructions may be found on page 27 in the web-based template and after core measure MMA (Medication Management for People with Asthma) on the Word template.

**MEASURE PPC: Timeliness of Prenatal Care**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2013 data are provisional since the measure was re-programmed to HEDIS® 2013 specifications (previous years reported using HEDIS® 2007) and sample testing has not yet been completed.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: HFS continuously enrolled (Title XIX, Title XXI) with prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment and any gaps in enrollment during pregnancy.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above,</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) with prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment and any gaps in enrollment during pregnancy.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above,</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) with prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment and any gaps in enrollment during pregnancy.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above,</p>

FFY 2011	FFY 2012	FFY 2013
please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.
<b>Date Range:</b> <b>From: (mm/yyyy) 11/2009 To: (mm/yyyy) 11/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	<b>Performance Measurement Data:</b> Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	<b>Performance Measurement Data:</b> Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: 45113 Denominator: 80731 Rate: 55.9	Numerator: 45154 Denominator: 77439 Rate: 58.3	Numerator: 39474 Denominator: 78719 Rate: 50.2
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released November 2012. Additionally, currently using Decision Rule 2. Note: LOINC codes are not used by HFS. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> The deviation(s) consists of differences between HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released November 2012. Additionally, currently using Decision Rule 2. Note: LOINC codes are not used by HFS. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC. Now using all four decision rules, not just Decision Rule 2, as in the past. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2007 was not allowed as an entry. Additionally, currently using only Decision Rule 2. Note: LOINC codes are not used by HFS.	Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specification" section since 2007 was not allowed as an entry. Additionally, currently using only Decision Rule 2. Note: LOINC codes are not used by HFS.	Additional notes/comments on measure: Using all four decision rules, not just Decision Rule 2, as in the past. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. Because of changes to measure programming, the rates for FFY2011 (2010 data) and FFY2012 (2011 data) are 48.7% and 50.1%, respectively. These rates differ from those reported into CARTS in previous years.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>

FFY 2011	FFY 2012	FFY 2013
Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:



**MEASURE FPC: Frequency of Ongoing Prenatal Care**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2013 data are provisional since the measure was re-programmed and sample testing has not yet been completed.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Women with unduplicated count of &lt;21%, 21-40%, 41-60%, 61-80%, or &gt;81% of the expected visits, adjusted by month of pregnancy at enrollment and gestational age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Women with unduplicated count of &lt;21%, 21-40%, 41-60%, 61-80%, or &gt;81% of the expected visits, adjusted by month of pregnancy at enrollment and gestational age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Women with unduplicated count of &lt;21%, 21-40%, 41-60%, 61-80%, or &gt;81% of the expected visits, adjusted by month of pregnancy at enrollment and gestational age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the</p>

FFY 2011	FFY 2012	FFY 2013
number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.
<b>Date Range:</b> <b>From: (mm/yyyy) 11/2009 To: (mm/yyyy) 11/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>	<b>Performance Measurement Data:</b> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>	<b>Performance Measurement Data:</b> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>
<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: 8770 Denominator: 80731 Rate: 10.9</li> <li>21 percent – 40 percent of expected visits Numerator: 5206 Denominator: 80731 Rate: 6.4</li> <li>41 percent – 60 percent of expected visits Numerator: 8658 Denominator: 80731 Rate: 10.7</li> <li>61 percent – 80 percent of expected visits Numerator: 17244 Denominator: 80731 Rate: 21.4</li> <li>≥ 81 percent of expected visits Numerator: 40853 Denominator: 80731 Rate: 50.6</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: 8246 Denominator: 77439 Rate: 10.7</li> <li>21 percent – 40 percent of expected visits Numerator: 4966 Denominator: 77439 Rate: 6.4</li> <li>41 percent – 60 percent of expected visits Numerator: 8118 Denominator: 77439 Rate: 10.5</li> <li>61 percent – 80 percent of expected visits Numerator: 16342 Denominator: 77439 Rate: 21.1</li> <li>≥ 81 percent of expected visits Numerator: 39767 Denominator: 77439 Rate: 51.4</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: 3857 Denominator: 79520 Rate: 4.9</li> <li>21 percent – 40 percent of expected visits Numerator: 3172 Denominator: 79520 Rate: 4.0</li> <li>41 percent – 60 percent of expected visits Numerator: 3605 Denominator: 79520 Rate: 4.5</li> <li>61 percent – 80 percent of expected visits Numerator: 4739 Denominator: 79520 Rate: 6.0</li> <li>≥ 81 percent of expected visits Numerator: 64147 Denominator: 79520 Rate: 80.7</li> </ul>

FFY 2011	FFY 2012	FFY 2013
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released November 2012. Additionally, currently using Decision Rule 2. Note: LOINC codes not used by HFS.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released November 2012. Additionally, currently using Decision Rule 2. Note: LOINC codes not used by HFS.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  HFS does not use LOINC. Now using all four decision rules, not just Decision Rule 2, as in the past.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specification" section since 2007 was not allowed as an entry.</p>	<p>Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specification" section since 2007 was not allowed as an entry.</p>	<p>Additional notes/comments on measure: Using all four decision rules, not just Decision Rule 2, as in the past. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. Because of changes to measure programming, the rates for FFY2011 (2010 data) and FFY2012 (2011 data) are reported into CARTS in previous years are not comparable to rates reported in FFY2013.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>

**MEASURE LBW: Live Births Weighing Less Than 2,500 Grams**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly revised and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2012 data are provisional since the data mart aggregating Vital Record and claims data, and matching Moms and Babies is being revised. It is believed these data are accurate, however.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      FFY2012 &amp; FFY2013 data are provisional pending sample testing. FFY2012 entry says the data mart aggregating Vital Record and claims data, and matching Moms and Babies is in revision; which is true, then and now. But, FFY2012 &amp; FFY2013 data use the OLD match process pending test of new match process.  <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 checked="" type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records birth data and claims data</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records birth data and claims data.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records (VR) birth data and claims data. These VR data are UNCERTIFIED. We are reporting uncertified VR data after a one-year "run-out" period has elapsed. Therefore, we are not reporting CY2012 LBW due to concern about the stability of those uncertified data.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of resident live births &lt;2,500 grams with Medicaid and/or CHIP payer source                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of resident live births &lt;2,500 grams with Medicaid and/or CHIP payer source.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of resident live births &lt;2,500 grams with Medicaid and/or CHIP payer source.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2011	FFY 2012	FFY 2013
<input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS births with match between baby's Vital Record (for birth weight) and Mom's eligibility file (for title and payment). See additional notes on measure. The data are provisional since quality tests are not complete. Any changes resulting from quality tests will be included in FFY2013 reporting.	<input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS births with match between baby's Vital Record (birth weight) and Mom's eligibility and claims data (title and payment). See additional notes on measure. The data are provisional since quality tests are not complete. Any changes resulting from quality tests will be included in FFY2013 reporting.	<input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS births with match between baby's Vital Record (birth weight) and Mom's eligibility and claims data (title and payment). See additional notes on measure. The data are provisional since VR data are uncertified and measure programming quality tests are not complete.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>
<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: 5547 Denominator: 62402 Rate: 8.9  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>	Numerator: 5687 Denominator: 65995 Rate: 8.6  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>	Numerator: 5227 Denominator: 60878 Rate: 8.6  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: Baby to Mom link created since birth file has weight, but no Medicaid/CHIP indicator. Use Mom's eligibility b/c CMSTA response (2/2012) says "...eligibility for this measure should be based on deliveries that were covered by Medicaid or CHIP." For 2009, 5.3% births are not matched to Vital Records (4,328 of 80,977 total births). There are 14,168 Moms dropped due to no match to baby (n=14,159) or Mom lacks eligibility on delivery date (n=9). Analysis shows no systematic exclusion by demographics.	Additional notes on measure: Baby to Mom link created since birth file has weight, but no Medicaid/CHIP indicator. Use Mom's eligibility b/c CMSTA response (2/2012) says "...eligibility for this measure should be based on deliveries that were covered by Medicaid or CHIP." For 2010, analysis shows that of the 84,774 total HFS births 65,995 births were covered by HFS (i.e., net liability >\$0).	Additional notes/comments on measure: Baby to Mom link is used since birth file has weight, but no Medicaid/CHIP indicator. Use Mom's eligibility b/c CMSTA response (2/2012) says "...eligibility for this measure should be based on deliveries that were covered by Medicaid or CHIP." For FFY2013, analysis shows that of the 67,553 CY2011 total HFS births, 60,878 births were covered by HFS (i.e., net liability >\$0). Vital Records data (2010-2011) are uncertified. Did not report 2012 data due to instability of the uncertified data.
<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>

<b>FFY 2011</b>	<b>FFY 2012</b>	<b>FFY 2013</b>
<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

**MEASURE CSEC: Cesarean Rate for Nulliparous Singleton Vertex**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      A request was submitted to have this measure programmed. The programming has not yet been completed.</p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      FFY2013 reporting is provisional pending updates to the Moms and Babies match process revision and because Vital Records for CY2011, reported here, are uncertified.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      FFY2013 reporting is provisional pending updates to the Moms and Babies match process revision and because Vital Records for CY2011, reported here, are uncertified.  <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"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records (VR) birth data and claims data. The VR data are UNCERTIFIED. We are reporting uncertified VR data after a one-year "run-out" period has elapsed. Therefore, we are not reporting CY2012 data due to concern about the stability of those uncertified data. For example, the percentage of uncertified CY2012 VR data with unknown delivery type is 1.25% (n=171, Title 19 and Title 21 combined) compared to 0.48% for CY2011 uncertified VR data (n=68).</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records (VR) birth data and claims data. The VR data are UNCERTIFIED. We are reporting uncertified VR data after a one-year "run-out" period has elapsed. Therefore, we are not reporting CY2012 data due to concern about the stability of those uncertified data. For example, the percentage of uncertified CY2012 VR data with unknown delivery type is 1.25% (n=171, Title 19 and Title 21 combined) compared to 0.48% for CY2011 uncertified VR data (n=68).</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.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The percentage of women that had a Cesarean section among women with first live singleton birth at 37 weeks of gestation or later. This is among women for</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The percentage of women that had a Cesarean section among women with first live singleton birth at 37 weeks of gestation or later. This is among women for</p>

FFY 2011	FFY 2012	FFY 2013
<input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	whom we have information regarding delivery method; per CMS TA response (10-3-13) the data steward indicates that "...women with unknown method of delivery should be excluded from the denominator...". Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Live births at or beyond 73.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions) among those for whom we have information about delivery method and can determine it is their first birth.	whom we have information regarding delivery method; per CMS TA response (10-3-13) the data steward indicates that "...women with unknown method of delivery should be excluded from the denominator...". Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Live births at or beyond 73.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions) among those for whom we have information about delivery method and can determine it is their first birth.
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>
<b>Performance Measurement Data:</b> Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	<b>Performance Measurement Data:</b> Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	<b>Performance Measurement Data:</b> Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
Numerator: Denominator: Rate:	Numerator: 3528 Denominator: 15441 Rate: 22.85	Numerator: 3331 Denominator: 14179 Rate: 23.5
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>



FFY 2011	FFY 2012	FFY 2013
Additional notes on measure:	Additional notes on measure: For FFY2012, the CY2010 data are provided since we did not report on this measure in the FFY2011 CHIP Annual Report. For comparability, certified CY2009 data are not reported since we are using uncertified Vital Records (VR) data for CY2010 and CY2011 in the report for FFY2012 and FFY2013, respectively. For CY2010, 0.35% of births (n=55) are of unknown delivery type. This is based on uncertified VR data among Title 19 and Title 21 recipients.	Additional notes/comments on measure: For CY2011, 0.48% of births (n=68) are of unknown delivery type. This is based on uncertified VR data among Title 19 and Title 21 recipients.
<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:

**MEASURE CIS: Childhood Immunization Status**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2013 data are provisional since the measure was re-programmed and sample testing has not yet been completed.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year and achieve the vaccine series.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year and achieve the vaccine series.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year and achieve the vaccine series.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p><b>Performance Measurement Data:</b>  Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>	<p><b>Performance Measurement Data:</b>  Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>

FFY 2011		FFY 2012		FFY 2013	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 60200 Denominator: 94133 Rate: 64	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 60889 Denominator: 92296 Rate: 66.0	DTap Numerator: 63571 Denominator: 88348 Rate: 71.96	Combo 2 Numerator: 59823 Denominator: 88348 Rate: 67.71
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 55554 Denominator: 94133 Rate: 59	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 56184 Denominator: 92296 Rate: 60.9	IPV Numerator: 76885 Denominator: 88348 Rate: 87.03	Combo 3 Numerator: 55802 Denominator: 88348 Rate: 63.16
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 75859 Denominator: 88348 Rate: 85.86	Combo 4 Numerator: 25098 Denominator: 88348 Rate: 28.41
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: 78642 Denominator: 88348 Rate: 89.01	Combo 5 Numerator: 43772 Denominator: 88348 Rate: 49.54
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: 81380 Denominator: 88348 Rate: 92.11	Combo 6 Numerator: 27024 Denominator: 88348 Rate: 30.59
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: 75215 Denominator: 88348 Rate: 85.13	Combo 7 Numerator: 21015 Denominator: 88348 Rate: 23.79
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: 65018 Denominator: 88348 Rate: 73.59	Combo 8 Numerator: 14212 Denominator: 88348 Rate: 16.09
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: 28953 Denominator: 88348 Rate: 32.77	

FFY 2011		FFY 2012		FFY 2013	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: 57163 Denominator: 88348 Rate: 64.70	Combo 9 Numerator: 22794 Denominator: 88348 Rate: 25.80
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: 32889 Denominator: 88348 Rate: 37.23	Combo 10 Numerator: 12367 Denominator: 88348 Rate: 14.00
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input checked="" type="checkbox"/> Numerator, <i>Explain</i> . HFS Combo 3: 4Dtap, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1 VZV, 4 PCV. Accepting 1 Pertusis instead of 4. Accepting 2 Hep B since first vaccine is often given to newborns in hospital and billed under mother's RIN. Using Cornerstone Immunization codes in addition to CPT, ICD codes. <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 checked="" type="checkbox"/> Numerator, <i>Explain</i> . HFS Combo 3: 4Dtap, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1 VZV, 4 PCV. Accepting 1 Pertusis instead of 4. Accepting 2 Hep B since first vaccine is often given to newborns in hospital and billed under mother's RIN. Using Cornerstone Immunization codes in addition to CPT, ICD codes. <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 checked="" type="checkbox"/> Numerator, <i>Explain</i> . Accepting 2 Hep B not 3 since first vaccine is often given to newborns in hospital and billed under mother's RIN. Using Cornerstone Immunization codes in addition to CPT, ICD codes. <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	
Additional notes on measure: Individual vaccines and Combos 4-10 are not reported. A request was submitted to have these combos and individual vaccines programmed. The programming has not yet been completed.		Additional notes on measure: Individual vaccines and Combos 4-10 are not reported. A request was submitted to have these combos and individual vaccines programmed. The programming has not yet been completed.		Additional notes/comments on measure: Exclusions to the denominator were first applied for reporting CY2012 data in FFY2013. These exclusions were not applied to the denominator in previous years. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	

**MEASURE IMA: Immunization Status for Adolescents**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® used: 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Meningococcal: One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays.                      Tdap/Td: One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays.                      Combo 1 = Having both the Meningococcal and Tdap/Td as described above.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Meningococcal: One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays.                      Tdap/Td: One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays.                      Combo 1 = Having both the Meningococcal and Tdap/Td as described above.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Meningococcal: One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays.                      Tdap/Td: One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays.                      Combo 1 = Having both the Meningococcal and Tdap/Td as described above.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2011	FFY 2012	FFY 2013
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents who turn 13 years of age during the measurement year.	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents who turn 13 years of age during the measurement year.	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents who turn 13 years of age during the measurement year.
<b>Date Range:</b> From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	<b>Date Range:</b> From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	<b>Date Range:</b> From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
<b>Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>Performance Measurement Data:</b> Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	<b>Performance Measurement Data:</b> Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
Meningococcal Numerator: 21206 Denominator: 63593 Rate: 33.3  Tdap/Td Numerator: 24834 Denominator: 63593 Rate: 39.1  Combination (Meningococcal, Tdap/Td) Numerator: 16938 Denominator: 63593 Rate: 26.6	Meningococcal Numerator: 29134 Denominator: 68949 Rate: 42.3  Tdap/Td Numerator: 32312 Denominator: 68949 Rate: 46.9  Combination (Meningococcal, Tdap/Td) Numerator: 24302 Denominator: 68949 Rate: 35.3	Meningococcal Numerator: 36337 Denominator: 73518 Rate: 49.43  Tdap/Td Numerator: 40228 Denominator: 73518 Rate: 54.72  Combination (Meningococcal, Tdap/Td) Numerator: 31674 Denominator: 73518 Rate: 43.08
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>

FFY 2011	FFY 2012	FFY 2013
<p>Additional notes on measure: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry. Numerator change: Tdap procedure is using 99.39. Added new Cornerstone codes to measure. Title 92 now grouping to Title 19. Unknown counties are now being kept in measure. Denominator change: Title 92 now grouping to Title 19. Unknown counties are now being kept in measure.</p>	<p>Additional notes on measure: Numerator change: Tdap procedure is using 99.39. Added new Cornerstone codes to measure. Title 92 now grouping to Title 19. Unknown counties are now being kept in measure. Denominator change: Title 92 now grouping to Title 19. Unknown counties are now being kept in measure.</p>	<p>Additional notes/comments on measure: Prior to FFY2013, exclusions were entered into the measure and applied across all vaccines. This was corrected and now exclusion codes are associated with their corresponding vaccine code. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>



**Screening**

**MEASURE WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: BMI percentile during the measurement year (using HEDIS® table WCC-B).            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children 3 - 17 years who had an outpatient visit with a PCP or OB/GYN.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: BMI percentile during the measurement year (using HEDIS® table WCC-B).            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children 3 - 17 years who had an outpatient visit with a PCP or OB/GYN.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Children ages 3 to 17 whose BMI percentile for age and gender was classified and submitted in claims data.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 3 to 17 having an</p>

FFY 2011		FFY 2012		FFY 2013	
				outpatient visit with a PCP or OB/GYN.	
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		<b>Performance Measurement Data:</b> Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender		<b>Performance Measurement Data:</b> Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender	
<u>3-11 years</u> Numerator: 4431 Denominator: 740817 Rate: 0.6	<u>Total</u> Numerator: 6555 Denominator: 1117592 Rate: 0.6	<u>3-11 years</u> Numerator: 6090 Denominator: 776103 Rate: .90	<u>Total</u> Numerator: 9196 Denominator: 1172077 Rate: .87	<u>3-11 years</u> Numerator: 9842 Denominator: 788512 Rate: 1.33	<u>Total</u> Numerator: 15070 Denominator: 1205088 Rate: 1.33
<u>12-17 years</u> Numerator: 2124 Denominator: 376775 Rate: 0.6		<u>12-17 years</u> Numerator: 3106 Denominator: 395974 Rate: .85		<u>12-17 years</u> Numerator: 5228 Denominator: 416576 Rate: 1.34	
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: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry. Numerator change: Use HCPCS codes G0270, G0271, S9449, S9452, S9470, S9451 for ServiceProcedure. HCPCS H2032 deleted. Additional Diag codes selected using substring instead of exact match. Denominator change: ICD 9 diagnosis codes (V700.703,705,706,708,709) deleted.		Additional notes on measure: The HEDIS® version used for this measure is 2012. Numerator change: Use HCPCS codes G0270, G0271, S9449, S9452, S9470, S9451 for ServiceProcedure. HCPCS H2032 deleted. Additional Diag codes selected using substring instead of exact match. Denominator change: ICD 9 diagnosis codes (V700.703,705,706,708,709) deleted.  We believe the actual rate of BMI documentation is much higher, but the use of only administrative claims data is reducing our rates on this measure.		Additional notes/comments on measure: The rate of BMI assessment is likely much higher, but using only claims data reduces rates. HFS published a provider notice (Oct. 2013) advising providers to report BMI assessment in claims and clarifying when weight management E&M visits can be billed. Education sessions are planned. These activities should increase our BMI rates in the future. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	

FFY 2011	FFY 2012	FFY 2013
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:              Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:              Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:              Additional notes on measure:</p>

**MEASURE DEV: Developmental Screening in the First Three Years of Life**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CAHMI  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CAHMI  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CAHMI  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p> <p>The May 2013 core measure specifications describe that states with policies defining tools approved for use under CPT96110 should be able to report on this measure using claims data. IL has such a policy, and has a standardized process to review and approve tools for reimbursement. However, HFS' policy permits the use of domain-specific tools under CPT96110. So, we cannot determine whether providers billing CPT96110 used general or domain-specific screening tools.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children with one developmental screening at ages: a) &lt;=12 months, b) between &gt;12 and &lt;=24 months, and c) between &gt;24 and &lt;=36 months                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children with one developmental screening at ages: a) &lt;=12 months, b) between &gt;12 and &lt;=24 months, and c) between &gt;24 and &lt;=36 months                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children screened for developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2011	FFY 2012	FFY 2013
<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 12 months through 36 months	<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year.	<input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	<b>Performance Measurement Data:</b> Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.	<b>Performance Measurement Data:</b> Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.
Children screened by 12 months of age Numerator: 49014 Denominator: 92940 Rate: 52.7  Children screened by 24 months of age Numerator: 38855 Denominator: 94565 Rate: 41.1  Children screened by 36 months of age Numerator: 26042 Denominator: 96134 Rate: 27.1	Children screened by 12 months of age Numerator: 54840 Denominator: 89985 Rate: 60.9  Children screened by 24 months of age Numerator: 46404 Denominator: 93192 Rate: 49.8  Children screened by 36 months of age Numerator: 33185 Denominator: 95552 Rate: 34.7	Children screened by 12 months of age Numerator: 55795 Denominator: 87849 Rate: 63.5  Children screened by 24 months of age Numerator: 48315 Denominator: 90292 Rate: 53.5  Children screened by 36 months of age Numerator: 36230 Denominator: 94030 Rate: 38.5

FFY 2011	FFY 2012	FFY 2013
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  The specifications state domain-specific objective developmental screening tools should not be used in this measure. However, HFS' provider manual allows domain-specific tools under CPT 96110. We cannot determine whether providers billing CPT 96110 used general or domain-specific screening tools.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  The specifications state domain-specific objective developmental screening tools should not be used in this measure. However, HFS' provider manual allows domain-specific tools under CPT 96110. We cannot determine whether providers billing CPT 96110 used general or domain-specific screening tools.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  The May 2013 specs say states with policies defining tools to use with CPT96110 should be able to report using claims data. IL has a policy. But, HFS' policy allows domain-specific tools under CPT96110. So, we don't know whether CPT96110 was used with general or domain-specific screening tools.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: HFS has not conducted a validity assessment of the claims data compared to the medical record, as the measure steward recommends in the November 2012 CHIPRA core measure specifications changes "summary of updates" document.</p>	<p>Additional notes on measure: HFS has not conducted a validity assessment of the claims data compared to the medical record, as the measure steward recommends in the November 2012 CHIPRA core measure specifications changes "summary of updates" document.</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>

**MEASURE CHL: Chlamydia Screening**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: At least one Chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Females identified as sexually active</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Females identified as sexually active</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Females identified as sexually active</p>

FFY 2011	FFY 2012	FFY 2013
and 16 - 20 years of age as of December 31 of the measurement year.	and 16 - 20 years of age as of December 31 of the measurement year.	and 16 - 20 years of age as of December 31 of the measurement year.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	<b>Performance Measurement Data:</b> Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	<b>Performance Measurement Data:</b> Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: 25257 Denominator: 53389 Rate: 47.3	Numerator: 23863 Denominator: 52466 Rate: 45.5	Numerator: 21678 Denominator: 49933 Rate: 43.41
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC codes. <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> Measure quality testing found denom. included those with eligibility not only those sexually active. Denominator now includes those who are sexually active. Look at rejected claims for exclusions. Additional ICD9 proc codes selected using substring instead of exact match. ICD9 DX codes added. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC codes. <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> Measure quality testing found denom. included those with eligibility not only those sexually active. Denominator now includes those who are sexually active. Look at rejected claims for exclusions. Additional ICD9 proc codes selected using substring instead of exact match. ICD9 DX codes added. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry.	Additional notes on measure:	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.
<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:



**Well-child Care Visits (WCV)**

**MEASURE W15: Well-Child Visits in the First 15 Months of Life**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: HFS continuously enrolled children (Title XIX, Title XXI) who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children (31 days to 15 months of age with no more</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children (31 days to 15 months of age with no more</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children that turn 15 months of age during the</p>

FFY 2011		FFY 2012		FFY 2013	
than 45 day break in enrollment).		than 45 day break in enrollment).		measurement year with no more than 45 day break in enrollment.	
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		<b>Performance Measurement Data:</b> Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life		<b>Performance Measurement Data:</b> Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	
<u>0 visits</u> Numerator: 2380 Denominator: 90365 Rate: 2.6  <u>1 visits</u> Numerator: 2127 Denominator: 90365 Rate: 2.4  <u>2 visits</u> Numerator: 2876 Denominator: 90365 Rate: 3.2  <u>3 visits</u> Numerator: 4151 Denominator: 90365 Rate: 4.6	<u>4 visits</u> Numerator: 6056 Denominator: 90365 Rate: 6.7  <u>5 visits</u> Numerator: 8795 Denominator: 90365 Rate: 9.7  <u>6+ visits</u> Numerator: 63980 Denominator: 90365 Rate: 70.8	<u>0 visits</u> Numerator: 2313 Denominator: 87798 Rate: 2.6  <u>1 visits</u> Numerator: 1968 Denominator: 87798 Rate: 2.2  <u>2 visits</u> Numerator: 2791 Denominator: 87798 Rate: 3.2  <u>3 visits</u> Numerator: 3987 Denominator: 87798 Rate: 4.5	<u>4 visits</u> Numerator: 5647 Denominator: 87798 Rate: 6.4  <u>5 visits</u> Numerator: 8210 Denominator: 87798 Rate: 9.4  <u>6+ visits</u> Numerator: 62882 Denominator: 87798 Rate: 71.6	<u>0 visits</u> Numerator: 2447 Denominator: 85739 Rate: 2.9  <u>1 visits</u> Numerator: 2112 Denominator: 85739 Rate: 2.5  <u>2 visits</u> Numerator: 2991 Denominator: 85739 Rate: 3.5  <u>3 visits</u> Numerator: 3861 Denominator: 85739 Rate: 4.5	<u>4 visits</u> Numerator: 5421 Denominator: 85739 Rate: 6.3  <u>5 visits</u> Numerator: 7429 Denominator: 85739 Rate: 8.7  <u>6+ visits</u> Numerator: 61478 Denominator: 85739 Rate: 71.7
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>	

FFY 2011	FFY 2012	FFY 2013
Additional notes on measure: Numerator change: Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.	Additional notes on measure: Numerator change: Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.
<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:

**MEASURE W34: Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: HFS continuously enrolled children (Title XIX, Title XXI) ages three, four, five or six years during the measurement year, and who received one or more well child visits during the measurement year.</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX,</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) ages three, four, five or six years during the measurement year, and who received one or more well child visits during the measurement year.</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children ages three, four, five or six years of age.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) ages three, four, five or six years during the measurement year, and who received one or more well child visits with a PCP during the measurement year.</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children ages three, four, five or six</p>

FFY 2011	FFY 2012	FFY 2013
Title XXI) children ages three, four, five or six years of age.		years of age.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	<b>Performance Measurement Data:</b> Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.	<b>Performance Measurement Data:</b> Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.
<u>1+ visits</u> Numerator: 257265 Denominator: 359917 Rate: 71.5	<u>1+ visits</u> Numerator: 265963 Denominator: 373913 Rate: 71.1	<u>1+ visits</u> Numerator: 257459 Denominator: 373757 Rate: 68.9
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: Numerator change: Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.	Additional notes on measure: Numerator change: Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.
<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:

**MEASURE AWC: Adolescent Well-Care Visit**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents ages 12 through 20 years of age</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents ages 12 through 20 years of age</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Adolescents ages 12 through 20 years of age</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>

FFY 2011	FFY 2012	FFY 2013
<p><b>HEDIS Performance Measurement Data:</b> Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p><b>Performance Measurement Data:</b> Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.</p>	<p><b>Performance Measurement Data:</b> Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.</p>
<p>Numerator: 198390 Denominator: 486325 Rate: 40.8</p>	<p>Numerator: 207937 Denominator: 507238 Rate: 41.0</p>	<p>Numerator: 219392 Denominator: 527668 Rate: 41.58</p>
<p>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></p>	<p>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></p>	<p>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></p>
<p>Additional notes on measure: HEDIS® 2012 used; 2011 entered since 2012 not allowed as an entry.</p> <p>Numerator change: Added HCPCS G0438, G0439 per HEDIS® 2012. PCP now identified using ProviderAffiliationV.TypeCds 'P', 'G' and 'Y'; before, any PCP was being counted in measure. Before, HFS used Table PPC-D to identify Prenatal Care visits; removed table PPC-D for this measure to comply with HEDIS®. Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.</p>	<p>Additional notes on measure: Numerator change: Added HCPCS G0438, G0439 per HEDIS® 2012. PCP now identified using ProviderAffiliationV.TypeCds 'P', 'G' and 'Y'; before, any PCP was being counted in measure. Before, HFS used Table PPC-D to identify Prenatal Care visits; removed table PPC-D for this measure to comply with HEDIS®. Measure was updated to look for diagnosis codes independent of procedure codes as recommended by HSAG following a measure audit.</p>	<p>Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Dental**

**MEASURE PDENT : Percentage of Eligibles That Received Preventive Dental Services**

In an effort to reduce state burden of reporting on the Core Measures, CMS will be calculating this measure for your state based on data submitted as part of the FY 2012 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your state on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section III G of this report.

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><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 checked="" type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Based on March 2010 CMS-416 guidance, "Line 12b - Total Eligibles Receiving Preventive Dental Services - Enter the unduplicated number of children receiving at least one preventive dental service by or under the</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 Medicaid population only.</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 Medicaid population only.</p>



FFY 2011	FFY 2012	FFY 2013
<p>supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999)."</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Based on March 2010 CMS-416 guidance, "Line 1b-Total Individuals Eligible for EPSDT for 90 Continuous Days-Enter...total unduplicated...individuals from line 1a...continuously enrolled in Medicaid or a CHIP Medicaid expansion program for at least 90 days and...eligible for EPSDT services."</p>	<p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
<p><b>Date Range:</b> From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</p>	<p><b>Date Range:</b> From: (mm/yyyy) To: (mm/yyyy)</p>	<p><b>Date Range:</b> From: (mm/yyyy) To: (mm/yyyy)</p>
<p><b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services</p>	<p><b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services</p>	<p><b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services</p>
<p>Numerator: 697930 Denominator: 1507472 Rate: 46.3</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those &lt; 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p>

FFY 2011	FFY 2012	FFY 2013
Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:

Access

**MEASURE CAP: Child and Adolescent Access to Primary Care Practitioners**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: HFS continuously enrolled (Title XIX, Title XXI) 12 months - 19 years who had a visit with a PCP.  <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>                     Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) 12 months - 19 years who had a visit with a PCP.  <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>                     Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) 12 months - 19 years who had a visit with a PCP.  <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>                     Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2011		FFY 2012		FFY 2013	
<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) from 12 months to 19 years of age.		<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) from 12 months to 19 years of age.		<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) from 12 months to 19 years of age.	
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner		<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ol style="list-style-type: none"> <li>Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ol>		<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ol style="list-style-type: none"> <li>Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ol>	
<u>12-24 months</u> Numerator: 162100 Denominator: 186557 Rate: 86.9	<u>7-11 years</u> Numerator: 279820 Denominator: 349763 Rate: 80	<u>12-24 months</u> Numerator: 157139 Denominator: 180521 Rate: 87.1	<u>7-11 years</u> Numerator: 297596 Denominator: 376951 Rate: 79.0	<u>12-24 months</u> Numerator: 149097 Denominator: 173074 Rate: 86.15	<u>7-11 years</u> Numerator: 314168 Denominator: 391709 Rate: 80.20
<u>25 months-6 years</u> Numerator: 278490 Denominator: 359905 Rate: 77.4	<u>12-19 years</u> Numerator: 323583 Denominator: 410698 Rate: 78.8	<u>25 months-6 years</u> Numerator: 289332 Denominator: 373898 Rate: 77.4	<u>12-19 years</u> Numerator: 344046 Denominator: 440173 Rate: 78.2	<u>25 months-6 years</u> Numerator: 286871 Denominator: 373738 Rate: 76.76	<u>12-19 years</u> Numerator: 368226 Denominator: 464031 Rate: 79.35
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: Numerator change: Added HCPCS G0438, G0439.		Additional notes on measure: Numerator change: Added HCPCS G0438, G0439.		Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are	

FFY 2011	FFY 2012	FFY 2013
		adjudicated in sufficient time to not impact measurement.
<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:

**MEASURE CWP: Appropriate Testing for Children with Pharyngitis**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Children from 2 - 18 years with a group A streptococcus test (Table CWP-D) in the seven-day period from three days prior to the IESD through three days after the IESD.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children from 2 - 18 years who had an outpatient or ED visit (Table CWP-B) with only a diagnosis of</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children from 2 - 18 years with a group A streptococcus test (Table CWP-D) in the seven-day period from three days prior to the IESD through three days after the IESD.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children from 2 - 18 years who had an outpatient or ED visit (Table CWP-B) with only a diagnosis of</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children from 2 - 18 years with a pharyngitis diagnosis, dispensed an antibiotic and who had a group A streptococcus test in the seven-day period from three days prior to the IESD through three days after the IESD.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children from 2 - 18 years who had an outpatient or ED visit (with only a diagnosis of pharyngitis</p>

FFY 2011	FFY 2012	FFY 2013
pharyngitis during the Intake Period, excluding claims/encounters with more than one diagnosis.	pharyngitis during the Intake Period, excluding claims/encounters with more than one diagnosis.	during the Intake Period, excluding claims/encounters with more than one diagnosis.
<b>Date Range:</b> <b>From: (mm/yyyy) 07/2009 To: (mm/yyyy) 06/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 07/2011 To: (mm/yyyy) 06/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	<b>Performance Measurement Data:</b> Percentage of children ages 2 to18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	<b>Performance Measurement Data:</b> Percentage of children ages 2 to18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
Numerator: 33842 Denominator: 86197 Rate: 39.3	Numerator: 41299 Denominator: 95613 Rate: 43.2	Numerator: 43228 Denominator: 86795 Rate: 49.80
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Illinois does not use LOINC codes to identify a Group A Streptococcus test. However, the CPT codes being used are capturing the data needed. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Illinois does not use LOINC codes to identify a Group A Streptococcus test. However, the CPT codes being used are capturing the data needed. <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: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry. Denominator change: Code 99499 deleted. Revenue 077x deleted.	Additional notes on measure: Denominator change: Code 99499 deleted. Revenue 077x deleted.	Additional notes/comments on measure: Illinois does not use LOINC to identify a Group A Streptococcus test. Since the measure specs permit CPTs in place of LOINC this is not noted as a numerator deviation. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.
<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:

**MEASURE DENT: Percentage of Eligibles that Received Dental Treatment Services**

In an effort to reduce state burden of reporting on the Core Measures, CMS will be calculating this measure for your state based on data submitted as part of the FY 2012 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your state on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section IIIG of this report.

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><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 checked="" type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>



FFY 2011	FFY 2012	FFY 2013
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Based on March 2010 CMS-416 guidance, "Line 12c - Total Eligibles Receiving Dental Treatment Services - Enter the unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999)."  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Based on March 2010 CMS-416 guidance, "Line 1b-Total Individuals Eligible for EPSDT for 90 Continuous Days-Enter...total unduplicated...individuals from line 1a...continuously enrolled in Medicaid or a CHIP Medicaid expansion program for at least 90 days and...eligible for EPSDT services."</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 Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and 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 Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</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>  Percentage of eligible children ages 1-20 who received dental treatment services</p>	<p><b>Performance Measurement Data:</b>  Percentage of eligible children ages 1-20 who received dental treatment services</p>	<p><b>Performance Measurement Data:</b>  Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services</p>
<p>Numerator: 280436  Denominator: 1507472  Rate: 18.6</p>	<p>Numerator:  Denominator:  Rate:</p>	<p>Numerator:  Denominator:  Rate:</p>
<p>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></p>	<p>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></p>	<p>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></p>

FFY 2011	FFY 2012	FFY 2013
Additional notes on measure: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those < 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.	Additional notes on measure:	Additional notes/comments 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:

**MEASURE AMB: Ambulatory Care - Emergency Department (ED) Visits**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Number of ambulatory care emergency department visits among children through 19 years of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of member months for children through 19 years of age.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of ambulatory care emergency department visits among children through 19 years of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of member months for children through 19 years of age.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of ambulatory care emergency department visits among children through 19 years of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of member months for children through 19 years of age.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>

FFY 2011	FFY 2012	FFY 2013
<p><b>HEDIS Performance Measurement Data:</b> The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year</p>	<p><b>Performance Measurement Data:</b> Rate of ED visits per 1,000 member months among children up to age 19</p>	<p><b>Performance Measurement Data:</b> Rate of ED visits per 1,000 member months among children up to age 19</p>
<p>Numerator: 713405 Denominator: 0000000 Rate:</p>	<p>&lt;1 year Numerator: 50703 Denominator: 532353 Rate:</p> <p>1 to 9 years Numerator: 462109 Denominator: 8877971 Rate: 52</p> <p>10 to 19 years Numerator: 226873 Denominator: 6813326 Rate: 33</p> <p>Total Numerator: 739685 Denominator: 0000000 Rate: 46</p>	<p>&lt;1 year Numerator: 50147 Denominator: 525825 Rate: 95</p> <p>1 to 9 years Numerator: 446022 Denominator: 8970253 Rate: 50</p> <p>10 to 19 years Numerator: 225716 Denominator: 7202276 Rate: 31</p> <p>Total Numerator: 721885 Denominator: 16698354 Rate: 43</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>

FFY 2011	FFY 2012	FFY 2013
<p>Additional notes on measure: Denom=15811202 Rate/1000Mmbr Mos: 45; field truncated #. &lt;1 N: 52,112 D: 550,356 Rate/1000 Mmbr Mos: 95 1-9 N: 440,819 D: 8,731,943 Rate/1000 Membr Mos: 50 10-19 N: 220,474 D: 6,528,903 Rate/1,000 Member Mos: 34</p> <p>The HEDIS® version used is 2012 Denominator change: ICD9 proc/diag codes now selected w/sub-string not exact match. Before, denominator was only those with an ED visit; now is number of member months for all recipients. Added CPTs 10040-69979 with place of service = ED.</p>	<p>Additional notes on measure: Denom.=16223650; field truncated #.</p> <p>Denom. change: ICD9 proc/diag codes now selected w/sub-string not exact match. Before, denom. was only those with an ED visit; now is number of member months for all recipients. Added CPTs 10040-69979 with place of service = ED.</p> <p>In 2012, programming code reviewed/updated to be consistent with specifications. Group convened to develop policy regarding updating measures, to review data use and availability, and to generally investigate measure quality.</p>	<p>Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Inpatient**

**MEASURE CLABSI: Pediatric Central Line-Associated Blood Stream Infections– Neonatal Intensive Care Unit and Pediatric Intensive Care Unit**

Because the data for this measure are collected by hospitals and are not readily available to states, CMS plans to obtain data to calculate this measure from the National Healthcare Safety Network. Thus, states do not need to report this measure in CARTS.

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Illinois is unable to collect data needed for this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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></p> <p><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"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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 Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and 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 Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and 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 Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>

FFY 2011	FFY 2012	FFY 2013
<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> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit 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/comments 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:

**MEASURE ASMER: Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly revised and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly revised and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <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>Measurement Specification:</b>  <input checked="" type="checkbox"/> Alabama Medicaid  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> Alabama Medicaid  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> Alabama Medicaid  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year with one or more asthma-related emergency room visit diagnosis.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year with one or more asthma-related emergency room visit diagnosis.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year with one or more asthma-related emergency room visit diagnosis.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number</p>



FFY 2011	FFY 2012	FFY 2013
of children excluded: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year.	of children excluded: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year.	of children excluded: Number of children ages 2 through 20 years diagnosed with asthma during the measurement year.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	<b>Performance Measurement Data:</b> Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room(ER) visits	<b>Performance Measurement Data:</b> Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room(ER) visits
Numerator: 13505 Denominator: 74510 Rate: 18.1	Numerator: 14193 Denominator: 75881 Rate: 18.7	Numerator: 14041 Denominator: 113258 Rate: 12.4
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: This measure uses November 2012 CHIPRA specifications. It is programmed in response to CMS TA response, 1/28/13, "...for ED visits that include the first asthma diagnosis of the measurement period should be included in the numerator."  This measure is provisional since it is newly revised and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.	Additional notes on measure: This measure uses November 2012 CHIPRA specifications. It is programmed in response to CMS TA response, 1/28/13, "...for ED visits that include the first asthma diagnosis of the measurement period should be included in the numerator."  This measure is provisional since it is newly revised and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.	Additional notes/comments on measure: May 2013 CHIPRA core specifications for this measure request information regarding the version of the specifications used to report this measure. Illinois used the May 2013 specifications that exclude the use of at least two short-acting beta andrenergic agents as a method for identifying asthmatics. FFY2013 rate is less than previous years since a denominator programming error was found and corrected. Denominator now captures more asthma diagnoses which lowered the 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:



**MEASURE ADD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly developed and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly developed and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <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>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Initiation: % of children 6-12 years by the Index Prescription Episode Start Date (IPSD) with a dispensed ADHD prescription who had 1 followup visit with a PCP with prescribing authority during the 30 day initiation phase.                       Continuation and Maintenance: % of members 6-12 years by the IPSD with an ambulatory prescription who stayed on medication for at least 210 days and, plus initiation phase visit, had at least two follow-up visits with PCP within 270 days</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Initiation: % of children 6-12 years by the Index Prescription Episode Start Date (IPSD) with a dispensed ADHD prescription who had 1 followup visit with a PCP with prescribing authority during the 30 day initiation phase.                       Continuation and Maintenance: % of members 6-12 years by the IPSD with an ambulatory prescription who stayed on medication for at least 210 days and, plus initiation phase visit, had at least two follow-up visits with PCP within 270 days</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Initiation: % of members 6-12 years by the Index Prescription Episode Start Date (IPSD) with an ADHD prescription dispensed who had 1 followup visit with a PCP with prescribing authority during the 30 day initiation phase.                       Continuation and Maintenance: % of members 6-12 years by the IPSD with an ADHD prescription dispensed who stayed on medication for at least 210 days and, plus initiation phase visit, had at least two follow-up visits with PCP in 270 days after the</p>

FFY 2011	FFY 2012	FFY 2013
<p>after the initiation phase ended.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children 6-12 years of age with a negative medication history who are dispensed ADHD medication during the 12-month Intake Period and who do not have an acute inpatient claim/encounter with principal diagnosis or DRG for mental health or substance abuse during 30 days after the IPSD.</p>	<p>after the initiation phase ended.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children 6-12 years of age with a negative medication history who are dispensed ADHD medication during the 12-month Intake Period and who do not have an acute inpatient claim/encounter with principal diagnosis or DRG for mental health or substance abuse during 30 days after the IPSD.</p>	<p>initiation phase ended.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children 6-12 years of age with a negative medication history who are dispensed ADHD medication during the 12-month Intake Period and who do not have an acute inpatient claim/encounter with principal diagnosis or DRG for mental health or substance abuse during 30 days after the IPSD.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 03/2009 To: (mm/yyyy) 02/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 03/2010 To: (mm/yyyy) 02/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 03/2011 To: (mm/yyyy) 02/2012</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.   Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p><b>Performance Measurement Data:</b>  Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p>	<p><b>Performance Measurement Data:</b>  Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p>
<p>Initiation Phase  Numerator: 3808  Denominator: 12032  Rate: 31.6   Continuation and Maintenance (C&amp;M) Phase:  Numerator: 1215  Denominator: 3345  Rate: 36.3</p>	<p>Initiation Phase  Numerator: 4074  Denominator: 12818  Rate: 31.8   Continuation and Maintenance (C&amp;M) Phase:  Numerator: 1406  Denominator: 3604  Rate: 39.0</p>	<p>Initiation Phase  Numerator: 4833  Denominator: 14447  Rate: 33.45   Continuation and Maintenance (C&amp;M) Phase:  Numerator: 1571  Denominator: 4121  Rate: 38.12</p>

FFY 2011	FFY 2012	FFY 2013
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: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry. Numerator note: A CMS TA request was submitted to use a provider type code with a category of service code combined to define "practitioner with prescribing authority". The current coding scheme identifies providers with a DEA number. The absence of the proposed coding scheme under-estimates follow-up visits.	Additional notes on measure: Numerator note: A CMS TA request was submitted to use a provider type code with a category of service code combined to define "practitioner with prescribing authority". The current coding scheme identifies providers with a DEA number. The absence of the proposed coding scheme under-estimates follow-up visits.	Additional notes/comments on measure: Numerator note: A TA request was sent requesting use of a provider type code combined with category of service code to define Mental Health Services Providers as "practitioners w/prescribing authority". The coding scheme used follows the measure specifications, defining providers with a DEA number. We believe that not permitting the use of a provider type code combined with a category of service code to identify Mental Health Services Providers for this measure under-estimates follow-up visits.
<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:

**MEASURE PA1C: Annual Pediatric Hemoglobin A1C Testing**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since the measure was newly programmed and sample testing has not yet been completed.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2012 data are provisional since the measure was newly programmed and sample testing has not yet been completed.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2013 data are provisional since the measure was newly programmed and sample testing has not yet been completed.  <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 checked="" type="checkbox"/> NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Children ages 5-17 with diabetes (type 1 or type 2) that had a HbA1c test during the measurement period.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 5-17 years who have diabetes (type 1 or type 2).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children ages 5-17 with diabetes (type 1 or type 2) that had a HbA1c test during the measurement period.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 5-17 years who have diabetes (type 1 or type 2).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children ages 5-17 with diabetes (type 1 or type 2) that had a HbA1c test during the measurement period.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 5-17 years who have diabetes (type 1 or type 2).</p>

FFY 2011	FFY 2012	FFY 2013
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>Performance Measurement Data:</b> Percentage of children (5-17 years old) with diabetes and a HbA1c test during the measurement year period	<b>Performance Measurement Data:</b> Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year	<b>Performance Measurement Data:</b> Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year
Numerator: 2430 Denominator: 3338 Rate: 72.8	Numerator: 2698 Denominator: 3669 Rate: 73.54	Numerator: 2638 Denominator: 3618 Rate: 72.91
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC. <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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> HFS does not use LOINC. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. For FFY2011, the CY2010 data are provided since we did not report on this measure in the FFY2011 CHIP Annual Report.	Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. For FFY2012, the CY2011 data are provided since we did not report on this measure in the FFY2012 CHIP Annual Report.	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.
<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/comments on measure:

Mental Health

**MEASURE FUH: Follow-up after hospitalization for mental illness**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly developed and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      This measure is provisional since it is newly developed and quality testing conducted by the Department is not fully complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.  <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>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <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: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>



FFY 2011	FFY 2012	FFY 2013
<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of discharges among children 6-20 years discharged alive from acute inpatient setting (includes acute care psychiatric facilities) with principal mental health diagnosis between January 1 and December 1 of measurement year. (Denominator is the number of discharges not the number of children.)	<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of discharges among children 6-20 years discharged alive from acute inpatient setting (includes acute care psychiatric facilities) with principal mental health diagnosis between January 1 and December 1 of measurement year. (Denominator is the number of discharges not the number of children.)	<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Number of discharges among children 6-20 years discharged alive from acute inpatient setting (includes acute care psychiatric facilities) with principal mental health diagnosis between January 1 and December 1 of measurement year. (Denominator is the number of discharges not the number of children.)
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	<b>Performance Measurement Data:</b> Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge	<b>Performance Measurement Data:</b> Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge
7 Day Follow-Up Numerator: 1040 Denominator: 3791 Rate: 27.4  30 Day Follow-Up Numerator: 1760 Denominator: 3791 Rate: 46.4	7 Day Follow-Up Numerator: 930 Denominator: 3635 Rate: 25.6  30 Day Follow-Up Numerator: 1587 Denominator: 3635 Rate: 43.7	7 Day Follow-Up Numerator: 647 Denominator: 2013 Rate: 32.1  30 Day Follow-Up Numerator: 1111 Denominator: 2013 Rate: 55.2
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>

FFY 2011	FFY 2012	FFY 2013
<p>Additional notes on measure: The HEDIS® version used for this measure is 2012. To continue data entry, 2011 was entered in the "Measurement Specification" section since 2012 was not allowed as an entry.</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure: Measure testing identified that the programming was NOT limiting the age range to ages 6-20 for FFY2012 (CY2011 data) and FFY2011 (CY2010) reporting. The numerators/denominators/rates are correctly reflecting the populations 6-20 years for FFY2013 (CY2012 data). Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>

**MEASURE CPC: Consumer Assessment Of Healthcare Providers and Systems® (CAHPS) 5.0H  
(Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)**

FFY 2011	FFY 2012	FFY 2013
<p><b>Did you collect on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</b>  <input type="checkbox"/> Submitted raw data to AHRQ.  <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p><b>If no, explain why data were not reported:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> In the next procurement cycle, Illinois will replace the existing satisfaction survey in the PCCM program with the CAHPS® survey. HFS is working to execute required managed care contract amendments to include CAHPS®.</p>	<p><b>Did you collect on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If no, explain why data were not reported:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> HFS will amend contracts or procure contracts as necessary to implement the CAHPS® survey, including the CCC questions, to include representative samples of Medicaid and CHIP populations. As yet, these procurements have not been completed</p>	<p><b>Did you collect on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure (select all that apply):</b>  <input type="checkbox"/> Submitted raw data to AHRQ  <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p><b>If no, explain why data were not reported:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: HFS' EQRO is now conducting 2013 CAHPS for Title XIX/XXI populations (Jan-Mar). IL will load summary report into CARTS in April 2014 or thereafter. At that time, Illinois will respectfully request CARTS be re-opened for us to submit the summary.</p>
	<p><b>Which version of CAHPS survey was used to report this measure?</b>  <input type="checkbox"/> CAHPS 4.0.  <input type="checkbox"/> CAHPS 4.0H.  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Which version of CAHPS survey was used to report this measure?</b>  <input type="checkbox"/> CAHPS 5.0.  <input checked="" type="checkbox"/> CAHPS 5.0H.  <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2011	FFY 2012	FFY 2013
	<p><b>Which supplemental item sets were included in the survey?</b></p> <p><input type="checkbox"/> No supplemental item sets were included</p> <p><input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions</p> <p><input type="checkbox"/> Other CAHPS Item Set. Explain:</p>	<p><b>Which supplemental item sets were included in the survey?</b></p> <p><input type="checkbox"/> No supplemental item sets were included</p> <p><input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions</p> <p><input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: UT1 – In the last six months, how many times did your child go to an emergency room for care?</p> <p>AH1 – After hours care is health care when your child’s usual doctor’s office or clinic is closed. In the last six months, did your child need to visit a doctor’s office or clinic for after hours care?</p> <p>AH2 – In the last six months, how often was it easy to get the after hours care you though you needed for your child?</p> <p>R1 – In the last six months, how often was it easy to get a referral to a specialist that your child needed to see?</p> <p>MH1 – In general, how would you rate your child’s overall mental or emotional health?</p>
		<p><b>Which administrative protocol was used to administer the survey?</b></p> <p><input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol</p> <p><input type="checkbox"/> AHRQ CAHPS administrative protocol</p> <p><input type="checkbox"/> Other administrative protocol. Explain:</p>

**MEASURE HPV: Human Papillomavirus (HPV) for Female Adolescents**

		<b>FFY 2013</b>
		<p><b>Did you report on this measure?</b></p> <p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input type="checkbox"/> Other. Explain:</p>
		<p><b>Status of Data Reported:</b></p> <p><input checked="" type="checkbox"/> Provisional.  Explanation of Provisional Data: The FFY2013 data are provisional since the measure was newly programmed and sample testing has not yet been completed.  <input type="checkbox"/> Final.</p>
		<p><b>Measurement Specification:</b></p> <p><input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2013  <input type="checkbox"/> Other. Explain:</p>
		<p><b>Data Source:</b></p> <p><input checked="" type="checkbox"/> Administrative (claims data). Specify:  <input type="checkbox"/> Hybrid (claims and medical record data). Specify:  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>

		<b>FFY 2013</b>
		<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Female adolescents that turned 13 years of age during the measurement year who had at least three HPV vaccinations, with different dates of service, on or between their 9th and 13th birthdays.</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Female adolescents who turned 13 years of age during the measurement year.</p>
		<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>
		<p><b>Performance Measurement Data:</b>  Percentage of females that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
		<p>Numerator: 4311  Denominator: 36286  Rate: 11.88</p>
		<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain</p>
		<p>Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>
		<p><b>Other Performance Measurement Data:</b>  (If reporting with another methodology)  Numerator:  Denominator:  Rate:</p>

		<b>FFY 2013</b>
		Additional notes on measure:

**MEASURE BHRA: Behavioral Health Risk Assessment (for Pregnant Women)**

		<b>FFY 2013</b>
		<p><b>Did you report on this measure?</b></p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input type="checkbox"/> Other. Explain:  Data are not available since this measure is specified for collection using electronic health records (EHR). Illinois' Medicaid/CHIP program does not collect EHR data.</p>
		<p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.  Explanation of Provisional Data:  <input type="checkbox"/> Final.</p>
		<p><b>Measurement Specification:</b></p> <p><input type="checkbox"/> AMA-PCPI.  <input type="checkbox"/> Other. Explain:</p>
		<p><b>Data Source:</b></p> <p><input type="checkbox"/> Administrative (claims data). Specify:  <input type="checkbox"/> Hybrid (claims and medical record data). Specify:  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>
		<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of numerator:</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
		<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>



**MEASURE BHRA: Behavioral Health Risk Assessment (for Pregnant Women) (continued)**

		<b>FFY 2013</b>
		<p><b>Performance Measurement Data:</b>                      Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit</p>
		Numerator: Denominator: Rate:
		<p><b>Deviations from Measure Specifications:</b></p> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
		Additional notes/comments on measure:
		<p><b>Other Performance Measurement Data:</b>                      (If reporting with another methodology)                      Numerator:                      Denominator:                      Rate:</p> Additional notes on measure:

**MEASURE MMA: Medication Management for People with Asthma**

		<b>FFY 2013</b>
		<p><b>Did you report on this measure?</b></p> <p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input type="checkbox"/> Other. Explain:</p>
		<p><b>Status of Data Reported:</b></p> <p><input checked="" type="checkbox"/> Provisional.  Explanation of Provisional Data: The FFY2013 data are provisional since the measure was newly programmed and sample testing has not yet been completed.  <input type="checkbox"/> Final.</p>
		<p><b>Measurement Specification:</b></p> <p><input checked="" type="checkbox"/> HEDIS Specify version of HEDIS® used below 2013  <input type="checkbox"/> Other. Explain:</p>
		<p><b>Data Source:</b></p> <p><input checked="" type="checkbox"/> Administrative (claims data). Specify:  <input type="checkbox"/> Hybrid (claims and medical record data). Specify:  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>

		<b>FFY 2013</b>
		<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Children ages 5 to 20 having persistent asthma who were dispensed appropriate medication that they remained on during the treatment period.</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Children ages 5 to 20 by December 31 of the measurement year having persistent asthma.</p>
		<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>

**MEASURE MMA: Medication Management for People with Asthma (continued)**

		<b>FFY 2013</b>
		<p><b>Performance Measurement Data:</b>  Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <p>percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period</p> <p>percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period.</p> <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p>

		<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 7511 Denominator: 18101 Rate: 41.49 <u>12-18 Years</u> Numerator: 4084 Denominator: 11092 Rate: 36.82 <u>19-20 Years</u> Numerator: 141 Denominator: 434 Rate: 32.49 <u>Total</u> Numerator: 11736 Denominator: 29627 Rate: 39.61	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 3507 Denominator: 18101 Rate: 19.37 <u>12-18 Years</u> Numerator: 1862 Denominator: 11092 Rate: 16.79 <u>19-20 Years</u> Numerator: 79 Denominator: 434 Rate: 18.20 <u>Total</u> Numerator: 5448 Denominator: 29627 Rate: 18.39
		<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	
		Additional notes/comments on measure:	

		<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:  Additional notes on measure:
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**Reporting of state-specific measures:**

In addition to reporting the Children's Core Set measures, if your state has developed state-specific quality measures as part of the CHIPRA Quality Demonstration Grant project, the state may report that data in CARTS. The state may attach documents/data regarding the state-specific measures by using the CARTS attachment facility. Please provide a brief description of the attachment in the space provided when submitting the attachment.

**Is the state attaching any state-specific quality measures as a CARTS attachment?**

Yes  No

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

- 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.

Program	FFY 2012	FFY 2013	Percent change FFY 2012-2013
CHIP Medicaid Expansion Program	169021	162134	-4.07
Separate Child Health Program	178883	174963	-2.19

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
- The table below shows trends in the three-year averages for the number and rate of uninsured children in your state based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2010-2012. 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. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2012 Annual Report Template.

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	Std. Error	Rate	Std. Error
1996 - 1998	277	34.4	7.7	1.0
1998 - 2000	269	33.5	7.4	.9
2000 - 2002	228	26.5	6.9	.8
2002 - 2004	243	27.2	7.1	.8
2003 - 2005	230	26.8	6.7	.8
2004 - 2006	217	26.0	6.4	.7

2005 - 2007	180	24.0	5.3	.7
2006 - 2008	146	22.0	5.0	.7
2007 - 2009	175	23.0	5.2	.7
2008 - 2010	181	16.0	5.4	.5
2009-2011	171	16.0	5.2	.5
2010-2012	142	14.0	4.4	0
Percent change 1996-1998 vs. 2010-2012	-38.3%	NA	-32.5%	NA

1. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

n/a

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

n/a

- 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.

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	

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

- What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**
  
- 3. What are the limitations of the data or estimation methodology? **[7500]**
  
- 4. How does your state use this alternate data source in CHIP program planning? **[7500]**
  
- How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

n/a



## SECTION IIC: 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 2011 and FFY 2012) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2011 and/or 2012) and you want to update/change the data, please enter that data. If you previously reported no data for either of those years, but you now have recent 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 2013).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the 24 core child health measures. In this section, the term is used more broadly, 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 in Sections IIA or IIB. The intent of this section is to capture goals and measures that your state did not\_report elsewhere in Section II.**

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

### 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."

### 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.

### **Status of Data Reported:**

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2013.

**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 2013.
- **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.

### **Measurement Specification:**

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

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

### **HEDIS® Version:**

Please specify HEDIS® Version (example 2011, 2012). This field must be completed only when a user select the HEDIS® measurement specification.

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

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

### **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.

### **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.

- check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
1. 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.

### **Deviations from Measure**

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:

2. Year of Data (e.g., partial year),
3. Data Source (e.g., use of different data sources among health plans or delivery systems),
4. Numerator (e.g., coding issues),
5. Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
6. 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 2013 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.

### **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.

### **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 2014, 2015 and 2016. Based on your recent performance on the measure (from FFY 2011 through 2013), 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.

### **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 IIB, Questions 2 and 3)**

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</p>	<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</p>	<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</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 checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      American Community Survey</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      American Community Survey</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      American Community Survey</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: All children under age 19 in the survey                       Definition of numerator: Children under age 19 in the survey with no healthcare coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children under age 19 in the survey.                       Definition of numerator: Children under age 19 in the survey with no healthcare coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Total number of children in Illinois.                       Definition of numerator: Number of uninsured children in Illinois.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates                       Numerator: 173                      Denominator: 3308                      Rate: 5.2</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates.                       Numerator: 113311                      Denominator: 3091887                      Rate: 3.7</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates.                       Numerator: 101466                      Denominator: 3059055                      Rate: 3.3</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure: The goal was 4.9. We achieved 3.7.</p>	<p>Additional notes/comments on measure: Continued program funding is critical.</p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The goal was 4.6. We only achieved 5.2.</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? Continued program funding is critical.</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? Continued program funding is critical.</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 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The goal was 3.5. We achieved 3.3.</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 2012: 4.9%  Annual Performance Objective for FFY 2013: 4.6%  Annual Performance Objective for FFY 2014: 4.5%</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 2013: 3.5  Annual Performance Objective for FFY 2014: 3.2  Annual Performance Objective for FFY 2015: 3.0</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 2014: 3.2  Annual Performance Objective for FFY 2015: 3.0  Annual Performance Objective for FFY 2016: 2.8</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 IIB, Questions 2 and 3) (Continued)**

FFY 2011	FFY 2012	FFY 2013
<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:
<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>

FFY 2011	FFY 2012	FFY 2013
<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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 IIB, Questions 2 and 3) (Continued)**

FFY 2011	FFY 2012	FFY 2013
<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:
<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>

FFY 2011	FFY 2012	FFY 2013
<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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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**

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by 1%</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by .5%</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by .5%</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 checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            Number of children enrolled as of 7/31/10 compared to the number of children enrolled as of 7/31/11 in families with income above 133% and at or below 200%.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            Number of children enrolled as of 7/31/11 compared to the number of children enrolled as of 7/31/12 in families with income above 133% and at or below 200%.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            Number of children enrolled as of 7/31/12 compared to the number of children enrolled as of 7/31/13 in families with income above 133% and at or below 200%.</p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Number of children enrolled as of 7/31/10             Definition of numerator: Number of children enrolled as of 7/31/11.</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Number of children enrolled as of 7/31/11             Definition of numerator: Number of children enrolled as of 7/31/12</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Number of children enrolled as of 7/31/12             Definition of numerator: Number of children enrolled as of 7/31/13.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2010 To: (mm/yyyy) 07/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2011 To: (mm/yyyy) 07/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2012 To: (mm/yyyy) 07/2013</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Enrollment of children as of 7/31/10 compared to 7/31/11.             Numerator: 74249            Denominator: 75021            Rate: 99</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Enrollment of children as of 7/31/11 compared to 7/31/12.             Numerator: 74253            Denominator: 71103            Rate: 104.4</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Enrollment of children as of 7/31/12 compared to 7/31/13.             Numerator: 72267            Denominator: 67880            Rate: 106.5</p>

FFY 2011	FFY 2012	FFY 2013
Additional notes on measure:	Additional notes on measure: Enrollment decreased by 4.4%	Additional notes/comments on measure: Enrollment decreased by 6.5%. This was a result of two changes. The first was an enhanced match with the postal service to facilitate the cancelation of enrollees who have moved to another state. The other was a state law that required changes to the state's redetermination process.
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Our goal was to increase enrollment by 0.5%. Enrollment actually decreased by 1%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> We hoped to increase enrollment by .5%, but it decreased by 4.4%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> Rather than the expected increase in enrollment, we had a decrease.</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> When fully implemented in 2015, the new eligibility system will make it easier for customers to apply, report changes and complete the redetermination process. The state will also have access to more robust electronic verification sources for use in determining and maintaining coverage.</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 2012:</b> .5%  <b>Annual Performance Objective for FFY 2013:</b> .5%</p> <p><b>Annual Performance Objective for FFY 2014:</b> 1%</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 2013:</b> .5%  <b>Annual Performance Objective for FFY 2014:</b> 1.0%</p> <p><b>Annual Performance Objective for FFY 2015:</b> .5%</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 2014:</b> Maintain current enrollment  <b>Annual Performance Objective for FFY 2015:</b> Increase by .5%  <b>Annual Performance Objective for FFY 2016:</b> Maintain enrollment.</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 2011	FFY 2012	FFY 2013
<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 2011	FFY 2012	FFY 2013
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</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 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</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 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2011	FFY 2012	FFY 2013
<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:
<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>

FFY 2011	FFY 2012	FFY 2013
<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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2011	FFY 2012	FFY 2013
<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 5%.</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 2%.</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 2%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" 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 checked="" 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 checked="" 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: Enrollment as of July 2010             Definition of numerator: Enrollment as of July 2011</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Enrollment as of July 2011             Definition of numerator: Enrollment as of July 2012</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Enrollment as of July 2012             Definition of numerator: Enrollment as of July 2013</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2010 To: (mm/yyyy) 07/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2011 To: (mm/yyyy) 07/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2012 To: (mm/yyyy) 07/2013</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/10 to 7/31/11.             Numerator: 1608712            Denominator: 1561029            Rate: 103.1</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/11 to 7/31/12.             Numerator: 1608863            Denominator: 1621153            Rate: 99.2</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/12 to 7/31/13.             Numerator: 1283390            Denominator: 1272706            Rate: 100.8</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure: Enrollment increased by .8%.</p>	<p>Additional notes/comments on measure: Enrollment increased by 0.8%</p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> We increased by 0.1% more than our goal.</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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> We had hoped to increase enrollment by 2%, but the increase was only .8%.</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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> Weh increase was smaller than expected.</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> Improved online options being implemented in 2015 will help families enroll in and maintain Medicaid coverage.</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 2012:</b> 2%  <b>Annual Performance Objective for FFY 2013:</b> 2%  <b>Annual Performance Objective for FFY 2014:</b> 2%</p> <p><i>Explain how these objectives were set:</i> 2%</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 2013:</b> 2%  <b>Annual Performance Objective for FFY 2014:</b> 2%  <b>Annual Performance Objective for FFY 2015:</b> 1%</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 2014:</b> 1%  <b>Annual Performance Objective for FFY 2015:</b> 1%  <b>Annual Performance Objective for FFY 2016:</b> 1%</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> 1%</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2011	FFY 2012	FFY 2013
<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 2011	FFY 2012	FFY 2013
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012 compare with the Annual Performance Objective documented in your 2011 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 2013 compare with the Annual Performance Objective documented in your 2012 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 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</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 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</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 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</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 2011	FFY 2012	FFY 2013
<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:
<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>

FFY 2011	FFY 2012	FFY 2013
<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><b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</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 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</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 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</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 2011	FFY 2012	FFY 2013
<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</p>	<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</p>	<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</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 type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2012</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> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</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> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</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>                      Illinois Department of Public Health - Vital Records</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>                      Illinois Department of Public Health - Vital Records</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>                      Illinois Department of Public Health - Vital Records</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator = Infant Deaths (statewide)                       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: Denominator = Live Births (statewide)</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator = Infant Deaths (statewide)                       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: Denominator = Live Births (statewide)</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator = Infant Deaths (statewide)                       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: Denominator = Live Births (statewide)</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2008 To: (mm/yyyy) 12/2008</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</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/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>

FFY 2011	FFY 2012	FFY 2013
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: Data from Dept. of Public Health Vital Records are uncertified for CY2010-CY2012. So, updated data are not available beyond that reported in FFY2012 (CY2009 data).
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 1263 Denominator: 176634 Rate: 0.7  Additional notes on measure: Rate 7.2 per 1,000 live births	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 171077 Denominator: 1176 Rate: 6.9  Additional notes on measure: Rate is per 1,000 live births statewide	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 1176 Denominator: 171077 Rate: 0.7  Additional notes on measure: The measure is a rate per 1,000 live births.
<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2007 data) to FFY2011 (2008 data), there was a percent change increase of +9.09 in the statewide infant mortality rate.  <b>What quality improvement activities that involve the</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> From FFY2011 (2008 data) to FFY2012 (2009 data), there was a percent change increase of -4.2 in the statewide infant mortality rate per 1,000 live births	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> Data from Dept. of Public Health Vital Records are uncertified for CY2010-CY2012. So, updated data are not available beyond that reported in FFY2012 (CY2009 data).



FFY 2011	FFY 2012	FFY 2013
<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> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed 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 2012:</b> 6.84/1,000 live births statewide <b>Annual Performance Objective for FFY 2013:</b> 6.50/1,000 live births statewide <b>Annual Performance Objective for FFY 2014:</b> 6.37/1,000 live births statewide</p> <p><i>Explain how these objectives were set:</i> Reduce the state's infant mortality rate.</p> <p>FFY for CARTS      DATA Year      Baseline</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 Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to all; and risk stratified levels of support are provided to pregnant women through monitoring and offer access to needed services. HFS collaborates with other state agencies to identify and focus services on high risk pregnant and postpartum women. HFS is involved in applying for a Strong Start for Mothers and Newborns cooperative agreement. Currently, the state is awaiting the outcome of the funding determination by CMS.</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 2013:</b> 6.56 per 1,000 live births statewide (2010 data) <b>Annual Performance Objective for FFY 2014:</b> 6.23 per 1,000 live births statewide (2011 data)</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> Within state government, HFS shares responsibility for maternal and child health programs with the Department of Public Health and the Department of Human Services. Per legislative mandate (2004), these agencies were tasked with improving birth outcomes. Biennially, HFS reports to the legislature on on-going and completed activities. All of the reports are available on our HFS' Web site: <a href="http://www.hfs.illinois.gov/mch/report.html">http://www.hfs.illinois.gov/mch/report.html</a>. The 2014 report is being drafted for submission to the legislature by January 1, 2014. Please refer to the Perinatal Report 2014 that will be available on the aforementioned Web site for details on our initiatives to improve birth outcomes (i.e., infant mortality, low birth weight, very low birth weight).</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 2014:</b> 6.56 per 1,000 live births statewide (2010 data) - same as reported in FFY2012 <b>Annual Performance Objective for FFY 2015:</b> 6.23 per 1,000 live births statewide (2011 data) - same as reported in FFY2012</p>



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

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL as reported by the Illinois Department of Public Health, Illinois Lead Program Surveillance 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> The measure is of Medicaid children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL as reported by the Illinois Department of Public Health, Illinois Lead Program Surveillance report.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL as reported by the Illinois Department of Public Health, Illinois Lead Program Surveillance report.</p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Data Source:</b></p> <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> Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program Surveillance Report and personal communication (for numerator and denominator).	<p><b>Data Source:</b></p> <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> Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program Surveillance Report and personal communication (for numerator and denominator).	<p><b>Data Source:</b></p> <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> Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program Surveillance Report and personal communication (for numerator and denominator).
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Medicaid enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with hand-held analyzers.            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: Medicaid enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Medicaid enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with hand-held analyzers.            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: Medicaid enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Medicaid enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with hand-held analyzers.            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: Medicaid enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <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>	<p><b>Deviations from Measure Specifications:</b></p> <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>	<p><b>Deviations from Measure Specifications:</b></p> <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>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional note/commentss on measure:</p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 3424 Denominator: 219493 Rate: 1.6</p> <p>Additional notes on measure: The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 2/15/2012.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 2583 Denominator: 215238 Rate: 1.2</p> <p>Additional notes on measure: The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 11/20/2012.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 2440 Denominator: 221859 Rate: 1.1</p> <p>Additional notes on measure: The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 11/12/2013.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change decrease of -5.88 in the rate of Medicaid children with a blood lead level exceeding 10 mcg/dL.</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> HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. Additionally, the patient profile identifies children due for a lead screening, but for whom no evidence exists of having received the screening.</p> <p>A bonus payment strategy was implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> From FFY2011 (2010 data) to FFY2012 (2011 data), there was a percent change decrease of -25.0 in the rate of Medicaid children with a blood lead level exceeding 10 mcg/dL.</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>HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. Additionally, the patient profile identifies children due for a lead screening, but for whom no evidence exists of having received the screening.</p> <p>A bonus payment strategy was implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> From FFY2012 (2011 data) to FFY2013 (2012 data), there was a percent change decrease of -8.3 in the rate of Medicaid children with a blood lead level exceeding 10 mcg/dL; from 1.2 to 1.1, respectively.</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>HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. Additionally, the patient profile identifies children due for a lead screening, but for whom no evidence exists of having received the screening.</p> <p>A bonus payment strategy was implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p>

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<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 2012:</b> 1.4 (2011 data)  <b>Annual Performance Objective for FFY 2013:</b> 1.2 (2012 data)  <b>Annual Performance Objective for FFY 2014:</b> 1.0 (2013 data)</p> <p><i>Explain how these objectives were set:</i> Elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th colspan="2">Annual % Reduction</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>1.6</td> <td>0.2</td> <td>1.40</td> <td></td> </tr> <tr> <td>2012</td> <td>2011</td> <td>1.40</td> <td>0.2</td> <td>1.20</td> <td></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>1.20</td> <td>0.2</td> <td>1.00</td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>1.00</td> <td>0.2</td> <td>0.80</td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.80</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	DATA Year	Baseline	Annual % Reduction		Projection for Following Year	2011	2010	1.6	0.2	1.40		2012	2011	1.40	0.2	1.20		2013	2012	1.20	0.2	1.00		2014	2013	1.00	0.2	0.80		2015	2014	0.80				<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 2013:</b> 1.0% (2012 data)  <b>Annual Performance Objective for FFY 2014:</b> 0.8% (2013 data)  <b>Annual Performance Objective for FFY 2015:</b> 0.6% (2015 data)</p> <p><i>Explain how these objectives were set:</i> Percentage with elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th colspan="2">Annual % Reduction</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>2011</td> <td>1.2</td> <td>0.2</td> <td>1.00</td> <td></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>1.00</td> <td>0.2</td> <td>0.80</td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>0.80</td> <td>0.2</td> <td>0.60</td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.60</td> <td>0.2</td> <td>0.40</td> <td></td> </tr> <tr> <td>2016</td> <td>2015</td> <td>0.40</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	DATA Year	Baseline	Annual % Reduction		Projection for Following Year	2012	2011	1.2	0.2	1.00		2013	2012	1.00	0.2	0.80		2014	2013	0.80	0.2	0.60		2015	2014	0.60	0.2	0.40		2016	2015	0.40				<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 2014:</b> 0.90% (2013 data)  <b>Annual Performance Objective for FFY 2015:</b> 0.70% (2014 data)  <b>Annual Performance Objective for FFY 2016:</b> 0.50% (2015 data)</p> <p><i>Explain how these objectives were set:</i> Percentage with elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th colspan="2">Annual % Reduction</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>2012</td> <td>1.1</td> <td>0.2</td> <td>0.90</td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>0.90</td> <td>0.2</td> <td>0.70</td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.70</td> <td>0.2</td> <td>0.50</td> <td></td> </tr> <tr> <td>2016</td> <td>2015</td> <td>0.50</td> <td>0.2</td> <td>0.30</td> <td></td> </tr> <tr> <td>2017</td> <td>2016</td> <td>0.30</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	DATA Year	Baseline	Annual % Reduction		Projection for Following Year	2013	2012	1.1	0.2	0.90		2014	2013	0.90	0.2	0.70		2015	2014	0.70	0.2	0.50		2016	2015	0.50	0.2	0.30		2017	2016	0.30			
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**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: The data reported for FFY2011 are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.</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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</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: 2010</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input 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>                      Administrative claims data, including CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Dept. of Public Health blood lead testing program data. This has been the case for some years. So, previous reporting indicating claims as the only data source is in error.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday.                      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: HFS continuously enrolled</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday.                      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: HFS continuously enrolled</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday.                      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: HFS continuously enrolled</p>

FFY 2011	FFY 2012	FFY 2013
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<b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 70179 Denominator: 94882 Rate: 73.5	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 70189 Denominator: 92928 Rate: 75.5	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 68792 Denominator: 88902 Rate: 77.4
<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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Counts include CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Dept. of Public Health blood lead testing program data. <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:



FFY 2011	FFY 2012	FFY 2013
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change increase of +1.94 in the percent of 24 month olds who received at least one blood lead screening.</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> HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. 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The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</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 2012:</b> 76.24% (2011 data)  <b>Annual Performance Objective for FFY 2013:</b> 78.62% (2012 data)</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> From FFY2011 (2010 data) to FFY2012 (2011 data), there was a percent change increase of +2.0 in the percent of 24 month olds who received at least one blood lead screening.</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> HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. 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The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</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 2014:</b> 79.66% (2013 data)  <b>Annual Performance Objective for FFY 2015:</b> 81.69% (2014 data)</p>

FFY 2011	FFY 2012	FFY 2013																																																																																																																																																																																																																		
<p><b>Annual Performance Objective for FFY 2014:</b> 80.75% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Children who receive at least one capillary or venous blood lead screening test</p> <p>HFS Continuously Enrolled</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile</th> <th>DATA Year</th> <th>Baseline</th> <th>% Improvement</th> <th>Annual Improvement</th> <th>Projection</th> <th>for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>73.6</td> <td>100</td> <td>26.40</td> <td></td> <td></td> </tr> <tr> <td>10%</td> <td>2.64</td> <td>76.24</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2012</td> <td>2011</td> <td>76.24</td> <td>100</td> <td>23.76</td> <td></td> <td></td> </tr> <tr> <td>10%</td> <td>2.38</td> <td>78.62</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>78.62</td> <td>100</td> <td>21.38</td> <td></td> <td></td> </tr> <tr> <td>10%</td> <td>2.14</td> 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**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)**

FFY 2011	FFY 2012	FFY 2013
<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>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<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>	<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>	<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>
<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:	<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:	<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:
<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>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/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <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>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>

FFY 2011	FFY 2012	FFY 2013
<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> <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>  <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></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 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></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 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></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 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</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) (Continued)**

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #2 (Describe)</b>                      Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p><b>Goal #2 (Describe)</b>                      Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p><b>Goal #2 (Describe)</b>                      Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>

FFY 2011	FFY 2012	FFY 2013
<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>	<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>	<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>
<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>	<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>	<b>Status of Data Reported:</b> <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: The FFY2013 data are provisional since the measure was re-programmed and sample testing has not yet been completed.</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>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i>
<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> Administrative (claims data) and registry data.	<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> Administrative (claims data) and registry data.	<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> Administrative (claims data) and registry data.
<b>Definition of Population Included in the Measure:</b> Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series.  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: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.	<b>Definition of Population Included in the Measure:</b> Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series.  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: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.	<b>Definition of Population Included in the Measure:</b> Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series. 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: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 00 Denominator: 00 Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 00 Denominator: 00 Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 00 Denominator: 00 Rate:

FFY 2011	FFY 2012	FFY 2013
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  Accepting 2 Hep B not 3 since first vaccine is often given to newborns in hospital and billed under mother's RIN. Using Cornerstone Immunization codes in addition to CPT, ICD codes.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate.  Combo 2: 66,339 / 95,100 = 69.8%  Combo 3: 60,556 / 95,100 = 63.7%</p>	<p>Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate.  Combo 2: 65,982 / 95,082 = 69.4%  Combo 3: 61,424 / 95,082 = 64.6%</p>	<p>Additional notes/comments on measure: Vaccine combo data are provided as Numerator / Denominator = Rate.  Combo 2: 66,476/92,166 = 72.13%  Combo 3: 62,223/92,166 = 67.51%  Combo 4: 42,328/92,166 = 45.93%  Combo 5: 46,034/92,166 = 49.95%  Combo 6: 31,559/92,166 = 34.24%  Combo 7: 33,475/92,166 = 36.32%  Combo 8: 24,693/92,166 = 26.79%  Combo 9: 25,203/92,166 = 27.35%  Combo 10: 20,309/92,166 = 22.04%</p> <p>Individual vaccine rates also available, but not reported here.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Between FFY2010 (2009 data) and FFY2011 (2010 data) the Combo 2 and Combo 3 immunization rates increased among those less than 36 months of age. The immunization rate for Combo 2 and Combo 3 is also higher among those less than 36 months of age (71.9% and 65.7%, respectively) compared to those less than 24 months of age (the CHIP core measure; 63.0% and 58.0% respectively). The measure</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> Between FFY2011 (2010 data) and FFY2012 (2011 data) the Combo 2 and Combo 3 immunization rates remained essentially unchanged among those less than 36 months of age. The 2011 immunization rate for Combo 2 and Combo 3 is higher among those less than 36 months of age (69.4% and 64.6%, respectively) compared to those less than 24 months of age (the CHIP core measure; 66.0% and</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> Between FFY2012 (2011 data) and FFY2013 (2012 data) the Combo 2 and Combo 3 immunization rates increased by a percent change of +3.93 and +4.50, respectively. The FFY2013 immunization rate (2012 data) for all vaccine combinations is higher among those less than 36 months of age compared to those less than 24 months of age (the CHIPRA core measure). The measure of those 36</p>

FFY 2011	FFY 2012	FFY 2013
<p>of those 36 months of age permits a "catch-up" period during which young children are able to receive the appropriate immunizations.</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> Childhood immunizations (by age 2) is a bonus payment strategy within the managed care program (MCO and PCCM). Making child-specific immunization data available in the expanded format (e.g., all available data sources) is viewed as a best practice strategy to promote appropriate immunization status.</p> <p>Additionally, HFS imports immunization data from all sources (e.g., Illinois Department of Public Health's immunization registry of private providers [I-CARE], and the Illinois Department of Human Services' Cornerstone public health data). The expanded child-specific data are being made available to the child's primary care provider.</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 2012:</b>  Combo 2: 73.3%  Combo 3: 67.4%  (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b>  Combo 2: 74.7%  Combo 3: 69.0%  (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b>  Combo 2: 75.9%  Combo 3: 70.6%  (2013 data)</p> <p><i>Explain how these objectives were set:</i> Combo 2 Enrolled children (36 Month Olds) will be appropriately immunized</p> <p>HFS Continuously Enrolled</p>	<p>60.9% respectively). The measure of those 36 months of age permits a "catch-up" period during which young children are able to receive the appropriate immunizations.</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> Childhood immunizations (by age 2) is a bonus payment strategy within the managed care program (MCO and PCCM). Making child-specific immunization data available in the expanded format (e.g., all available data sources) is viewed as a best practice strategy to promote appropriate immunization status.</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 2013:</b>  Combo 2: 71.0%  Combo 3: 66.4%  (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b>  Combo 2: 72.4%  Combo 3: 68.1%  (2013 data)</p> <p><b>Annual Performance Objective for FFY 2015:</b>  Combo 2: 73.8%  Combo 3: 69.7%  (2014 data)</p> <p><i>Explain how these objectives were set:</i> Combo 2: Enrolled children (36 Month Olds) will be appropriately immunized</p> <p>HFS Continuously Enrolled</p>	<p>months of age permits a "catch-up" period during which young children are able to receive the appropriate immunizations.</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> Childhood immunizations (by age 2) is a bonus payment strategy within the managed care program (MCO and PCCM). Making child-specific immunization data available in the expanded format (e.g., all available data sources) is viewed as a best practice strategy to promote appropriate immunization status.</p> <p>HFS' Quality Strategy priority measures for Voluntary Managed Care include childhood immunization combo 3 as a key measure with a target of 10 percent improvement in performance compared to the previous 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 2014:</b>  Combo 2: 73.52%  Combo 3: 69.13%  (2013 data)</p> <p><b>Annual Performance Objective for FFY 2015:</b>  Combo 2: 74.85%  Combo 3: 70.68%  (2014 data)</p> <p><b>Annual Performance Objective for FFY 2016:</b>  Combo 2: 76.10%  Combo 3: 72.14%  (2015 data)</p> <p><i>Explain how these objectives were set:</i> Combo 2: Enrolled children (36 Month Olds) will be appropriately immunized</p> <p>HFS Continuously Enrolled</p>



FFY 2011					FFY 2012					FFY 2013				
FFY for CARTS 100th Percentile Annual Improve- ment Following Year	DATA Year	Difference	Projection	Baseline % Improve- ment for	FFY for CARTS 100th Percentile Annual Improve- ment Following Year	DATA Year	Difference	Projection for Following Year	Baseline % Improve- ment	FFY for CARTS 100th Percentile Improve-ment for Following Year	DATA Year	Difference	Annual Improve- ment	Baseline % Projection
2011	2010	71.93	100	28.07	2012	2011	69.4	100	30.60	2013	2012	72.13	100	27.87
5% 1.40	73.33				5% 1.53	70.93				5% 1.39	73.52			
2012	2011	73.33	100	26.67	2013	2012	70.93	100	29.07	2014	2013	73.52	100	26.48
5% 1.33	74.67				5% 1.45	72.38				5% 1.32	74.85			
2013	2012	74.67	100	25.33	2014	2013	72.38	100	27.62	2015	2014	74.85	100	25.15
5% 1.27	75.93				5% 1.38	73.76				5% 1.26	76.10			
2014	2013	75.93	100	24.07	2015	2014	73.76	100	26.24	2016	2015	76.10	100	23.90
5% 1.20	77.14				5% 1.31	75.08				5% 1.19	77.30			
2015	2014	77.14			2016	2015	75.08			2017	2016	77.30		
Combo 3 projections used same methodology														
<b>Other Comments on Measure:</b>					<b>Other Comments on Measure:</b>					<b>Other Comments on Measure:</b>				

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

FFY 2011	FFY 2012	FFY 2013
<p><b>Goal #3 (Describe)</b>                      Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p><b>Goal #3 (Describe)</b>                      Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p><b>Goal #3 (Describe)</b>                      Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (form CMS-416), defined by CMS using the March 2010 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</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> The annual EPSDT report (form CMS-416), defined by CMS using the March 2010 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (Form CMS-416), defined by CMS using the March 2010 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2011	FFY 2012	FFY 2013
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per the CMS-416 guidance revised March 2010, "Line 9 - Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one documented initial or periodic screen during the year."            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: This is a report for Medicaid (Title XIX) only. Per the CMS-416 guidance revised March 2010, "Line 8 - Total Eligibles Who Should Receive at Least One Initial or Periodic Screen...." This calculation includes Line 1b and therefore is based on those enrolled for at least 90 continuous days.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per the CMS-416 guidance revised March 2010, "Line 9 - Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one documented initial or periodic screen during the year."            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: This is a report for Medicaid (Title XIX) only. Per the CMS-416 guidance revised March 2010, "Line 8 - Total Eligibles Who Should Receive at Least One Initial or Periodic Screen...." This calculation includes Line 1b and therefore is based on those enrolled for at least 90 continuous days.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per the CMS-416 guidance revised March 2010, "Line 9 - Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one documented initial or periodic screen during the year."            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: This is a report for Medicaid (Title XIX) only. Per the CMS-416 guidance revised March 2010, "Line 8 - Total Eligibles Who Should Receive at Least One Initial or Periodic Screen...." This calculation includes Line 1b and therefore is based on those enrolled for at least 90 continuous days.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:            Denominator:            Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 803592            Denominator: 1065956</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 827197            Denominator: 1092290</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 810613            Denominator: 1098631</p>

FFY 2011	FFY 2012	FFY 2013
Rate: 75.4  Additional notes on measure: Includes Title XIX only	Rate: 76  Additional notes on measure: Includes Title XIX only	Rate: 74.0  Additional notes on measure: Includes Title XIX only
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> A comparison is not appropriate since there were revisions to the CMS-416 guidance between the reports for FFY2009 and FFY2010. The CMS-416 FFY2010 report includes a newly created Line 1b that counts those in Medicaid or CHIP who were enrolled for at least 90 continuous days. The FFY2009 report is for Medicaid recipients only and for any duration of enrollment. Therefore, the methodology used to count children in the denominator for this measure changed between the FFY2010 and FFY2011 CHIP Annual Report periods.</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> By January 1, 2015, the Medicaid reform law [PA 96-1501] requires that at least 50% of the individuals covered by Medicaid be enrolled in a care coordination program. At least 1.5M of Illinois' Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fragmented system. As Phase I, the Department of Healthcare and Family Services is developing the “Care Coordination Innovations Project” to test community interest and capacity to provide alternative models of delivering care (as an adjunct to current managed care programs).</p> <p>A bonus payment strategy has been implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program encourages comprehensive services via patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> From FFY2011 (2010 data) to FFY2012 (2011 data), there was a percent change increase of +1.33 in the rate of children who received at least one initial or periodic screening.</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 Medicaid reform law [PA 96-1501], requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid be enrolled in a care coordination program that organizes care around their medical needs. In January 2014, Illinois Medicaid will expand the care coordination program to the other populations we serve: children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act. It is expected that care coordination for these populations will be provided by some or all of the current managed care entities on contract with the state, as well as others who are likely to apply (including MCOs, CCEs and MCCNs). The traditional managed care organizations serving Illinois Medicaid clients are also likely to offer private health insurance on the Illinois Health Insurance Exchange, thereby providing continuity of care, as clients go on or off Medicaid.</p> <p>Bonus payments and provider quality tools continue to be implemented.</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 2013:</b> 78.40% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> From FFY2012 (FFY2011 data) to FFY2013 (FFY2012 data), there was a percent change decrease of -2.63 in the rate of children who received at least one initial or periodic screening.</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 Medicaid reform law [PA 96-1501], requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid be enrolled in a care coordination program that organizes care around their medical needs. In January 2014, Illinois Medicaid will expand the care coordination program to the other populations we serve: children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act. It is expected that care coordination for these populations will be provided by some or all of the current managed care entities on contract with the state, as well as others who are likely to apply (including MCOs, CCEs and MCCNs). The traditional managed care organizations serving Illinois Medicaid clients are also likely to offer private health insurance on the Illinois Health Insurance Exchange, thereby providing continuity of care, as clients go on or off Medicaid.</p> <p>Bonus payments and provider quality tools continue to be implemented.</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 2014:</b> 76.60% (FFY2013 data)</p> <p><b>Annual Performance Objective for FFY 2015:</b></p>

FFY 2011	FFY 2012	FFY 2013																																																																																																																																																						
<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 2012:</b> 77.50% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 79.75% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 81.78% (2013 data)</p> <p><i>Explain how these objectives were set:</i> CMS-416 Line 10:</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile</th> <th>DATA Year Difference</th> <th>Baseline % Improve- ment</th> <th>Annual Improve- ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr><td>2011</td><td>2010</td><td>75</td><td>100</td><td>25.00</td></tr> <tr><td>10%</td><td>2.50</td><td>77.50</td><td></td><td></td></tr> <tr><td>2012</td><td>2011</td><td>77.50</td><td>100</td><td>22.50</td></tr> <tr><td>10%</td><td>2.25</td><td>79.75</td><td></td><td></td></tr> <tr><td>2013</td><td>2012</td><td>79.75</td><td>100</td><td>20.25</td></tr> <tr><td>10%</td><td>2.03</td><td>81.78</td><td></td><td></td></tr> <tr><td>2014</td><td>2013</td><td>81.78</td><td>100</td><td>18.23</td></tr> <tr><td>10%</td><td>1.82</td><td>83.60</td><td></td><td></td></tr> <tr><td>2015</td><td>2014</td><td>83.60</td><td></td><td></td></tr> </tbody> </table> <p>Rates based on the total, not age-specific population</p>	FFY for CARTS 100th Percentile	DATA Year Difference	Baseline % Improve- ment	Annual Improve- ment	Projection for Following Year	2011	2010	75	100	25.00	10%	2.50	77.50			2012	2011	77.50	100	22.50	10%	2.25	79.75			2013	2012	79.75	100	20.25	10%	2.03	81.78			2014	2013	81.78	100	18.23	10%	1.82	83.60			2015	2014	83.60			<p>80.56% (2013 data)</p> <p><b>Annual Performance Objective for FFY 2015:</b> 82.50% (2014 data)</p> <p><i>Explain how these objectives were set:</i> CMS-416 Line 10: Eighty percent of children as measured by the CMS 416 guidance will participate in well child screenings</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile</th> <th>DATA Year Difference</th> <th>Baseline % Improve- ment</th> <th>Annual Improve- ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr><td>2012</td><td>2011</td><td>76</td><td>100</td><td>24.00</td></tr> <tr><td>10%</td><td>2.40</td><td>78.40</td><td></td><td></td></tr> <tr><td>2013</td><td>2012</td><td>78.40</td><td>100</td><td>21.60</td></tr> <tr><td>10%</td><td>2.16</td><td>80.56</td><td></td><td></td></tr> <tr><td>2014</td><td>2013</td><td>80.56</td><td>100</td><td>19.44</td></tr> <tr><td>10%</td><td>1.94</td><td>82.50</td><td></td><td></td></tr> <tr><td>2015</td><td>2014</td><td>82.50</td><td>100</td><td>17.50</td></tr> <tr><td>10%</td><td>1.75</td><td>84.25</td><td></td><td></td></tr> <tr><td>2016</td><td>2015</td><td>84.25</td><td></td><td></td></tr> </tbody> </table> <p>Rates based on the total, not age-specific population</p>	FFY for CARTS 100th Percentile	DATA Year Difference	Baseline % Improve- ment	Annual Improve- ment	Projection for Following Year	2012	2011	76	100	24.00	10%	2.40	78.40			2013	2012	78.40	100	21.60	10%	2.16	80.56			2014	2013	80.56	100	19.44	10%	1.94	82.50			2015	2014	82.50	100	17.50	10%	1.75	84.25			2016	2015	84.25			<p>78.94% (FFY2014 data)</p> <p><b>Annual Performance Objective for FFY 2016:</b> 81.05% (FFY2015 data)</p> <p><i>Explain how these objectives were set:</i> CMS-416 Line 10: Eighty percent of children measured by Form CMS-416 will participate in well child screenings</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile</th> <th>DATA Year (FFY) Difference</th> <th>Baseline % Improve- ment</th> <th>Annual Improve- ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr><td>2013</td><td>2012</td><td>74</td><td>100</td><td>26.00</td></tr> <tr><td>10%</td><td>2.60</td><td>76.60</td><td></td><td></td></tr> <tr><td>2014</td><td>2013</td><td>76.60</td><td>100</td><td>23.40</td></tr> <tr><td>10%</td><td>2.34</td><td>78.94</td><td></td><td></td></tr> <tr><td>2015</td><td>2014</td><td>78.94</td><td>100</td><td>21.06</td></tr> <tr><td>10%</td><td>2.11</td><td>81.05</td><td></td><td></td></tr> <tr><td>2016</td><td>2015</td><td>81.05</td><td>100</td><td>18.95</td></tr> <tr><td>10%</td><td>1.90</td><td>82.94</td><td></td><td></td></tr> <tr><td>2017</td><td>2016</td><td>82.94</td><td></td><td></td></tr> </tbody> </table> <p>Rates based on total, not age-specific population</p>	FFY for CARTS 100th Percentile	DATA Year (FFY) Difference	Baseline % Improve- ment	Annual Improve- ment	Projection for Following Year	2013	2012	74	100	26.00	10%	2.60	76.60			2014	2013	76.60	100	23.40	10%	2.34	78.94			2015	2014	78.94	100	21.06	10%	2.11	81.05			2016	2015	81.05	100	18.95	10%	1.90	82.94			2017	2016	82.94		
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1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

HFS contracts with eQ Health Solutions, a federally recognized Quality Improvement Organization, for external utilization review and quality assurance, primarily monitoring inpatient care and performing special projects/quality reviews. Findings on various components of the review process are available in their ongoing reporting to HFS. HFS contracts with Health Services Advisory Group for the federally required external quality monitoring of managed care. In compliance with the BBA, HFS has developed a quality strategy for managed care and its contracts with managed care providers require ongoing internal monitoring and quality improvement in the area of access to and quality of care. HFS's contracts with managed care organizations require meeting performance standards and improving outcomes. HFS implemented Primary Care Case Management (PCCM) in order to assure access to care through providing a medical home, and performing quality improvement strategies and monitoring performance measures. Additionally, HFS has many initiatives, including provider outreach training and technical assistance, to promote the medical home, improve provider compliance with best practice guidelines, EPSDT content of care, and promote appropriate medical follow-up and referral.

HFS believes these initiatives will prove successful in improving appropriate health care utilization and therefore, will improve health status.

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]**

Through the CHIPRA Quality Demonstration grant, Illinois reports the CHIPRA core set of child health quality measures. Measures related to access, quality and outcomes will continue to be added to the CARTS report in the future as the data are available. Through the CHIPRA Quality Demonstration grant a variety of initiatives were undertaken to improve measurement and reporting. These include: Amending contracts to better align MCO reporting requirements with the CHIPRA core set measures; replacing the satisfaction survey in the PCCM program with the CAHPS survey for 2013 and beyond; procuring a NCQA-certified vendor to conduct CAHPS surveying and reporting in FFY2013 and beyond; and HFS instituting other supports to sustain measurement (e.g., improvements in programming, coordination among staff, work groups focused on measurement and data issues).

HFS utilizes child health indicators in HEDIS® and compares progress with national HEDIS® benchmarks. HFS also uses other measures (e.g., state developed) where no HEDIS® indicators exist. Ongoing monitoring of key indicators and provider feedback are among HFS' strategies to improve outcomes. Access to quality health care services is promoted through the PCCM Program and Integrated Care interventions. As new measures are developed on a national level by NCQA and others, HFS will review those measures to determine whether they are relevant to the population and able to be programmed for monitoring through administrative data. Data will generally be available the year after the measurement reporting period, due to claims lag time, and will be considered "final" once other data sources, as needed, have been accessed.

Focusing on improving birth outcomes, Illinois Department of Healthcare and Family Services (DHS) and HFS are collaborating to share data on women identified as high-risk for a poor birth outcome. First, HFS identifies women as potentially pregnant by culling through claims for data indicative of pregnancy (e.g., pharmacy claims for prenatal vitamins). Once identified as potentially pregnant, Phase I of the algorithm determines whether the women had a previous high-cost birth. These women are "flagged" in a file that is transferred to DHS. Subsequently, DHS Family Case Management/Intensive Prenatal Case Management program staff conduct outreach to these women to enroll them in case management and prenatal care. Phase II of the algorithm will identify women with conditions identified as highly associated with a poor birth outcome based on an odds ratio analysis of HFS claims data and based on research information. In Phase II, the identification of potentially high-risk pregnancies is enhanced by expanding the definition of qualifying conditions beyond costs associated with a previous delivery. This phase also will identify an additional group of women who have not had a previous birth by including characteristics of the woman that are indicative of a potential poor birth outcome (e.g., chronic conditions such as

diabetes, mental health/substance abuse). Evaluation will be conducted to determine whether women identified through this process receive needed prenatal care and have improved birth outcomes.

HFS imports other data sources (e.g., immunization tracking system data and lead screening results) that are not available in HFS claims data in order to have a more complete picture of utilization and outcomes. HFS collaborates with the Illinois Department of Human Services and Illinois Department of Public Health, and the Division of Specialized Care for Children to incorporate additional data into the HFS Enterprise Data Warehouse (EDW). Data acquisitions include blood lead screening laboratory results, I-CARE immunization data, Vital Records that include matching birth data with claims information, and other data. These external data sources are matched with HFS recipient-level data providing a robust data warehouse.

HFS continues to pursue other data sources. Integrating these data into HFS' EDW provides opportunities to match recipient-level data across sources. These matches can be used for purposes of enhancing care coordination. For example, HFS is establishing a data mart that matches data from IDPH's Early Hearing Detection and Intervention (EHDI) program with HFS data. IDPH EHDI staff will use the data mart to identify the primary care provider assigned to infants with potential hearing loss so that outreach, care coordination and intervention activities can be conducted in a timely manner to improve outcomes. Program evaluation conducted, in the current scenario, by the IDPH EHDI program will track whether there are improvements in infants achieving the program benchmarks. We anticipate expanding this in the future to link PCPs providing care to infants identified with various risk factors (e.g., newborns with genetic disorders) to assure follow-up care by the assigned PCP.

HFS is interested in securing laboratory results from IDPH for recipients covered by HFS. These data would provide useful clinical information to measure outcomes related to service provision, to wrap-around case management service and to identify needed intervention services for those identified with abnormal laboratory results.

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]**

The CHIP population is included in the voluntary managed care option or, if not enrolled with a MCO, in the PCCM program. In the MCO program, there have been focused quality studies on children's health issues, such as appropriate care for asthma; improving the rate of well child visits, lead screening and childhood immunizations; as well as ensuring that content of care is in compliance with well child screening guidelines for children under age three.

Public Act 93-0536 (305 ILCS 5/5 – 5.23) was enacted with the goal of improving birth outcomes for the over 80,000 births covered by HFS annually. The law states that HFS may provide reimbursement for all prenatal and perinatal health care services that are provided under Medicaid for the purpose of preventing low birth weight infants, reducing the need for neonatal intensive care hospital services, and promoting perinatal health. Additionally, HFS was required to develop a plan for prenatal and perinatal health care for presentation to the General Assembly by January 1, 2004. HFS is required to report to the General Assembly on the effectiveness of prenatal and perinatal health care services, on or before January 1, 2006, and every two years thereafter. The biennial reports identify steps HFS has taken with its partners (other state agencies, advocate groups, maternal and child health experts, local funding resources and others) to address the Perinatal health care needs and racial health disparities in Illinois; detail the progress made in addressing the priority recommendations as outlined in the Report to the General Assembly as a result of Public Act 93-0536; review the available trend data on infant mortality, low birth weight and very low birth weight outcomes; identify the progress made to address poor birth outcomes through analysis of trend data; and identify next steps in improving birth outcomes. These reports are available on-line at <http://www.illinoishealthywomen.com/providers/report.html>. The 2014 Perinatal Report is due to the legislature by January 1, 2014. The report will be posted to the above Web site shortly thereafter.

HFS is involved with the Screening Assessment and Support Services (SASS) initiative, a cooperative partnership between the Department of Children and Family Services (DCFS), HFS and the Department of Human Services (DHS). The development of the tri-department SASS program created a single, statewide system to serve children experiencing a mental health crisis whose care will require public funding from one of the three agencies. This program features a single point of entry (Crisis and Referral Entry Service, CARES) for all children entering the system and ensures that children receive crisis services in the most appropriate setting.

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 health coverage initiatives. **[7500]**

The Medicaid reform law [PA 96-1501], requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid be enrolled in a care coordination program that organizes care around their medical needs. In January 2014, Illinois Medicaid will expand the care coordination program to the other populations we serve: children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act. It is expected that care coordination for these populations will be provided by some or all of the current managed care entities on contract with the state, as well as others who are likely to apply (including MCOs, CCEs and MCCNs). In addition, Illinois has created its own version of Accountable Care Organization, referred to locally as an ACE. These entities will be organized around NFP Integrated Delivery Systems which will be responsible for providing a broad range of medical, ancillary and support services to enrollees in a coordinated fashion, while assuming an increasing level of financial risk leading to full risk capitation. The traditional managed care organizations serving Illinois Medicaid clients are also likely to offer private health insurance on the Illinois Health Insurance Exchange, thereby providing continuity of care, as clients go on or off Medicaid.

Enter any Narrative text below **[7500]**.



## SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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Please reference and summarize attachments that are relevant to specific questions

### A. OUTREACH

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

In the past year Illinois continued its outreach efforts to enroll eligible children into the All Kids program while also increasing electronic outreach methods. The efforts included, but were not limited to, working with other state agency facilities and programs by providing information to people who use other state services that may also qualify for All Kids such as:

- The Department of Healthcare and Family Services put more effort into promoting its online healthcare portal Web site located at <http://www.health.illinois.gov/> Illinois' Healthcare Portal is the state's one-stop source for healthcare needs. Here, custodial parents may sign up their children for the state's affordable health insurance programs, seniors can sign up for one of Illinois' affordable prescription drug programs, women can find information on free breast and cervical cancer screenings, and much more.

- Department of Professional and Financial Regulation – Applications made available for those who are self-employed or run small businesses.

- Department of Commerce and Economic Opportunity – Outreach to small business owners through Opportunity Returns regional network.

- Department of Human Services – Applications sent to those enrolled in a DHS program, and those who receive state grants.

Online Marketing Materials

Marketing materials such as brochures, applications, fact sheets, covered services information, posters are available online at <http://www.allkids.com/material.html>

Persons may also order outreach materials online using the online Outreach Material Order form on the same Web page.

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]

All Kids Application Agents are our most effective way to help families apply and enroll into the program. We also continue to see increased use of our online application.

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

The All Kids Application Agents and our online application are both best practices.

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]

Illinois continues to use a variety of strategies to reach families who speak languages other than English. Fact Sheets are available in many languages. The All Kids Hotline uses a language translation service that allows staff to talk to callers who speak any language. All written client communications are available in both English and Spanish. These strategies are critical to reaching those for whom English is not their primary language. AKAAs are also community-based/integrated

and many are very active in reaching out to the populations in their respective communities. The State is supporting the work of CHIPRA Outreach Grantees in Illinois.

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]

## B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

- Yes  
 No

If yes, indicate if you have the following policies:

- Imposing waiting periods between terminating private coverage and enrolling in CHIP  
 Imposing cost sharing in approximation to the cost of private coverage  
 Monitoring health insurance status at the time of application  
 Other, please explain [7500]

We offer a state-funded premium assistance program to children in families with income above 133% to 200% FPL and impose a waiting period above 200% FPL.

- a. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. [7500]

Illinois provides direct coverage to insured children in families with income from 133% to 200% FPL using state-only funds. Insurance status at application is coded in the system for these children.

- b. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. [7500]

n/a

### **All states must complete the following questions**

- c. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] [5] 0 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] [5]? Provide a combined percent if you cannot calculate separate percentages. [5]

- d. 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]

- e. Does your state have an affordability exception to its waiting period?

- Yes  
 No

If yes, please respond to the following questions. If no, skip to question 7.

- a. Has the state established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?

- Yes  
 No

If the state has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the state determine who meets the affordability exception? **[7500]**

- b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the state consider only premiums, or premiums and other cost-sharing charges? Does the state base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) **[7500]**

- c. What percentage of enrollees at initial application qualified for this exception in the last federal fiscal year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). **[5]**

- d. Does the state conduct surveys or focus groups that examine whether affordability is a concern?

- Yes  
 No

If yes, please provide relevant findings. **[7500]**

7. If your state does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? **[7500]**

No

8. Does the state's CHIP application ask whether applicants have access to private health insurance?

- Yes  
 No

If yes, do you track the number of individuals who have access to private insurance?\_

- Yes  
 No

If yes, 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]**

**C. 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: Overall CHIP and Medicaid Eligibility Coordination**

1. Does the state use a joint application for establishing eligibility for Medicaid or CHIP?

- Yes  
 No

If no, please describe the screen and enroll process. **[7500]**

2. Please explain the process that occurs when a child’s eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

The worker progresses the child from Medicaid to CHIP at redetermination if there is a change in circumstances. The change from CHIP to Medicaid is a more manual process that requires the CHIP coverage to be canceled and a new case opened for Medicaid.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP? **[7500]**

- Yes  
 No

If no, please explain. **[7500]**

4. 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 those children are determined eligible and enrolled? [5] 51

**Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for CHIP (Title XXI) and Medicaid (Title XIX) Programs**

**Table B1**

This section is designed to assist CMS and the states track progress on the “5 out of 8” eligibility and enrollment milestones. It will not be used to determine CHIPRA performance bonus payments.

Program Feature	Question	Medicaid	CHIP
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Continuous Eligibility	<p>1. Does the state provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the state;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p>	<p>In accordance with section 1902(e)(12) of the Act</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Liberalization of Asset (or Resource Test) Requirements	<p>2. Does the state have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>3. If there is an assets test, does the state allow administrative verification of assets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
Elimination of In-Person Interview	<p>4. Does the state require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>5. Has the state eliminated an in-person requirement for renewal of CHIP eligibility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	<p>6. Does the state use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>7. Does the state use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Automatic/Administrative Renewal	<p>8. For renewals of Medicaid or CHIP eligibility, does the state provide a preprinted form populated with eligibility information available to the state, to the child or the child's parent or other representative, along with a notice that eligibility</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

	will be renewed and continued based on such information unless the State is provided other information that affects eligibility?		
	9. Does the state do an ex parte renewal? Specifically, does the state renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the state, before it seeks any information from the child's parent or representative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the state provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]
Premium Assistance	12. Has the state implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section IIIC: Subpart C: Eligibility Renewal and Retention**

**CHIP (Title XXI) and Medicaid (Title XIX) Programs**

a. What additional measures, besides those described in Tables B1 or C1, does your state employ 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
  - i. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
  - i. 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]**
- Other, *please explain*: **[500]**

b. 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]**

Follow up by workers.

**Section IIIC: Subpart D: Eligibility Data**

**Table 1. Application Status of Title XXI Children in FFY 2012**

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
a. Total number of title XXI applicants	0	100
b. Total number of application denials		
1. Total number of procedural denials		
2. Total number of eligibility denials		
1. Total number of applicants denied for title XXI and enrolled in title XIX		
(Check here if there are no additional categories <input type="checkbox"/> )		
3. Total number of applicants denied for other reasons Please indicate:		

c. Please describe any limitations or restrictions on the data used in this table: We have a single application and processing system. Every application is considered first as a Medicaid application and then as a CHIP application. When our new system is fully implemented in 2015, we should be able to report on child applicants denied for Medicaid due to income who were then considered for CHIP.

**Definitions:**

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2013. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility

determination made in FFY 2013 (e.g., an application that was determined eligible in September 2013, but coverage was effective October 1, 2013 is counted in FFY 2013).

2. The “the total number of denials” 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 2013. This definition only includes denials for title XXI at the time of initial application (not redetermination).
1. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2013 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
2. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2013 (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.)
  1. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
3. 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 Enrolled in Title XXI**

For this table, reporting is required for FFY 2013.

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

	Number	Percent			
3. Total number of children who are eligible to be redetermined		100%			
4. Total number of children screened for redetermination			100%		
5. Total number of children retained after the redetermination process					
6. Total number of children disenrolled from title XXI after the redetermination process				100%	
1. Total number of children disenrolled from title XXI for failure to comply with procedures					
2. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
1. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
2. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
3. 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"/> )					



4. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )					
3. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )					

7. 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.

Our legacy data system is not able to report redetermination data. Our new eligibility system will process redeterminations beginning in October 2015 and we expect to be able to report on redeterminations in detail in the FFY 2016 report.

**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) 2013, 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 number may 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. This total may also 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.
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 2013 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
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 2013.
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 2013. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
1. 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 2013 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
2. 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.

3. 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 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2012**

The purpose of this table is to measure title XXI enrollees’ duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is required in 2013, with states identifying newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2012). 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.**

**NOTE: A new cohort identifying newly enrolled children will be required for all states in the second quarter of FFY 2014 (January, February, and March of 2014) for the purpose of measuring duration of public coverage (title XIX and title XXI), similar to the measurement of the first 2012 cohort.**

**Instructions:** For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2012, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2012 must have birthdates after July 1995 (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 2012 must have birthdates after August 1995, and children enrolled in March 2012 must have birthdates after September 1995. 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 table below and the template will tabulate the percentages. **Only enter a “0” (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

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 2012, he/she would not be enrolled in either title XXI or title XIX in December 2011, 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 2012, he/she would not be enrolled in title XXI in December 2011, etc.)

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 2012	7808	100%	304	100%	2719	100%	3188	100%	1597	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	5686	72.82	225	74.01	1960	72.09	2325	72.93	1176	73.64

3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	98	1.26	3	0.99	32	1.18	40	1.25	23	1.44
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"/> )	11	0.14	2	0.66	4	0.15	3	0.09	2	0.13
4. Total number of children disenrolled from title XXI	2024	25.92	76	25	727	26.74	823	25.82	398	24.92
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"/> )	773	9.9	27	8.88	291	10.7	313	9.82	142	8.89
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI	3865	49.5	163	53.62	1326	48.77	1590	49.87	786	49.22
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	183	2.34	4	1.32	70	2.57	71	2.23	38	2.38
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"/> )	24	0.31	0		10	0.37	7	0.22	7	0.44
7. Total number of	3760	48.16	137	45.07	1323	48.66	1527	47.9	773	48.4

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"/> )	1412	18.08	49	16.12	543	19.97	563	17.66	257	16.09
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI	3331	42.66	142	46.71	1137	41.82	1365	42.82	687	43.02
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	359	4.6	11	3.62	121	4.45	151	4.74	76	4.76
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"/> )	65	0.83	2	0.66	25	0.92	26	0.82	12	0.75
10. Total number of children disenrolled from title XXI	4118	52.74	151	49.67	1461	53.73	1672	52.45	834	52.22
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"/> )	1715	21.96	54	17.76	658	24.2	675	21.17	328	20.54

**Definitions:**

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2012” 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 1995, who were newly enrolled in January 2012 and who were continuously enrolled through the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through the end of August 2012
  
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 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by the end of August 2012
  - 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 1995, who were newly enrolled in January 2012 and were disenrolled by the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by the end of August 2012
  - 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 1995, who were newly enrolled in January 2012 and were continuously enrolled through the end of December 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through the end of January 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of February 2013

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 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by the end of December 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XXI by the end of January 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI by the end of February 2013

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 1995, who were enrolled in January 2012 and were disenrolled by the end of December 2013
  - + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by the end of January 2013
  - + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by the end of February 2013

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 1995, who were newly enrolled in January 2012 and were continuously enrolled through the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of August 2013
  
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 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by the end of August 2013

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 1995, who were newly enrolled in January 2012 and disenrolled by the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by the end of August 2013

\* The definition of “6 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of six calendar months of coverage (rather than seven months of coverage). For those states that reported this measure in 2012, no change in reporting should be necessary if the data represented six months of coverage.

† The definition of “12 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of twelve calendar months of coverage (rather than thirteen months of coverage). The definition is based on an assumption that most states enroll children in a health plan on the first of the month. However, regardless of the date of enrollment, the principle remains to measure a full twelve-month period of coverage.

‡ The definition of “18 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of eighteen calendar months of coverage (rather than nineteen months of coverage).



## D. 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]**  
At application and redetermination, enrollees are sent a tracking form, instructions and a return envelope.
    - Health Plan(s)
    - State
    - Third Party Administrator
    - N/A (No cost sharing required)
    - Other, please explain. **[7500]**
  
2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]**  Yes  No
  
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**  
The systems that providers use to verify eligibility have the cost sharing for each individual. A message appears there telling the providers that no copays can be charged.
  
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]**  
None. Our copay caps are low enough that, combined with our modest premiums, the limits are well below 5%.
  
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, has the state undertaken any assessment of 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]**  
  
Copays were increased to the federal maximums.

## E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

- a. Does your state offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

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

### Children

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

### Adults

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
  - Additional Premium Assistance Option under CHIP state plan (2105(c)(3))
  - Section 1115 demonstration (Title XXI)
  - Premium Assistance option under the Medicaid state plan (1906)
  - Premium Assistance option under the Medicaid state plan (1906A)
- b. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
  - Childless Adults
  - Pregnant Women
- c. 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]**
- d. What benefit package does the ESI program use? **[7500]**
- e. Are there any minimum coverage requirements for the benefit package?
- Yes
  - No
- f. Does the program provide wrap-around coverage for benefits?
- Yes
  - No
- g. Are there any limits on cost sharing for children in your ESI program?
- Yes
  - No
- h. Are there any limits on cost sharing for adults in your ESI program?

- Yes
- No

i. 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]?

j. 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

k. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2013

Children \_\_\_\_\_  
 Parents \_\_\_\_\_

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

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

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

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

p. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

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

Children \_\_\_\_\_ Parent \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Employer:

Employer:

Employee:

Employee:

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

Children	Low	High
Parents	Low	High

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

t. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under CHIP or Medicaid)?

- Yes
- No

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

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

v. Is there a required period of uninsurance before enrolling in premium assistance? **[500]**

- Yes
- No

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

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

- Yes
- No

x. Can you cap enrollment for your program?

- Yes
- No

y. 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 below. **[7500]**

**F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

i. 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 State of Illinois, Department of Healthcare and Family Services (HFS) does not have separate procedures in place for preventing or investigating fraud and abuse for CHIP cases. When investigating possible fraud and abuse cases for providers and recipients, HFS reviews both CHIP and regular Medicaid services which were rendered or received.

The HFS Office of Inspector General (OIG) does utilize a variety of techniques to both prevent and detect possible fraud and abuse associated with all types of public assistance including Medicaid, CHIP, cash assistance and food stamps. These activities include provider post-payments compliance audits, provider quality assurance reviews, quality control measurements, client eligibility investigations, fraud prevention investigations, long term care-asset discovery investigations and recipient utilization reviews

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

Yes

No

Please Explain: **[500]**

The Illinois managed care organizations are required to have in place a Fraud and Abuse Compliance Plan.

ii. For the reporting period, please report the

\_\_\_\_\_ Number of fair hearing appeals of eligibility denials

\_\_\_\_\_ Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 \_\_\_\_\_ Number of cases investigated

0 \_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

b. Provider Billing

872 \_\_\_\_\_ Number of cases investigated

238 \_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

943 \_\_\_\_\_ Number of cases investigated

24 \_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

The OIG adjusts its audit plans to maximize the effectiveness of its program integrity activities; including the use of data mining, fraud science routines, and internal and external audits. When the OIG identifies improper billing patterns or fraud schemes, it adjusts its audit plan to allocate resources between internal and external auditors to maximize its impact on program vulnerabilities.

The OIG utilizes the services of a contractual, private detection agency to perform Fraud Prevention Investigations (FPI). These investigations are conducted to prevent ineligible persons from receiving benefits. FPI targets assistance applications that either contain suspicious information or meet error prone criteria. The OIG contracts with physician consultants of various specialties to perform provider's quality assurance reviews and physician and pharmacy consultants to perform Medicaid recipient utilizations reviews. Diagnosis Related Group (DRG) Inpatient Audits involve the conduct of a statewide audit program of inpatient hospital services reimbursed under the Diagnosis Related Grouping Prospective Payment System (DRG PPS). Medicaid Integrity Contractor (MIC) Audits utilize the OIG's partnership with the federal Centers for Medicaid and Medicare Services' Center for Public Integrity (CPI). CPI offers states the use of MIC auditors, in order to perform targeted audits at no cost to the state. Long Term Care Audits are financial audits of a long term care facility's non-medical records and balances. Federal law requires states to establish programs to contract with Recovery Audit Contractors (RAC) to audit payments to Medicaid providers. Payment to the RAC vendor is a statutorily mandated contingency fee based on the overpayments collected.

The OIG performs regular quality control checks of cases handled by contractors to ensure they have adequately performed their services. It should be noted the above referenced types of investigations or reviews are not identified as to the type of funding allocation (CHIP or Medicaid).

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

Yes

No

Please explain: **[500]**

**G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.**

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.

Explain: **[7500]**

**1. Information on Dental Care 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)

**1. 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).**

State: IL FFY: 2013	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days <sup>1</sup>	10615	40	490	1545	2398	3255	2887
Total Enrollees Receiving Any Dental Services <sup>2</sup> [7]	6265	2	157	1029	1699	2082	1296
Total Enrollees Receiving Preventive Dental Services <sup>3</sup>	5897	0	136	970	1651	1983	1157
Total Enrollees Receiving Dental Treatment Services <sup>4</sup>	2486	2	17	280	718	850	619

<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 Eligibles 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 and receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

**<sup>3</sup>Total Eligibles 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 and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

**<sup>4</sup>Total Eligibles 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 and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - D9999).

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]**

**<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 (CDT code D1351).

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]**

#### H. 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 use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Items for Children with Chronic Conditions (CCC) to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP. 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*:



<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

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

**If no, explain why data were not collected:**

- Population not covered
- Data not available.

*Explain: [300]*

- Small sample size (less than 30).

*Specify sample size: [300]*

- Other

*Explain: [300]*

**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: **[300]**

. HFS' EQRO is now conducting 2013 CAHPS 5.0H for Title XIX and XXI populations (Jan-Mar, 2014). IL will load a summary report into CARTS in April 2014 or thereafter. At that time, IL will respectfully request CARTS be re-opened for us to submit the summary.

**Which version of the CAHPS® survey was used?**

- CAHPS® 5.0
- CAHPS® 5.0H

Other.

*Explain:* **[300]**

	3	3	2	2	1	1
4	4					

## 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 =Federal Fiscal Year 2012. 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

	2013	2014	2015
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	19143456	22789809	112761500
Fee for Service	481069924	401842959	316546304
<b>Total Benefit Costs</b>	500213380	424632768	429307804
(Offsetting beneficiary cost sharing payments)	-19798794	-14750322	-17172312
<b>Net Benefit Costs</b>	\$ 480414586	\$ 409882446	\$ 412135492

### Administration Costs

Personnel	11481806	15663632	15275378
General Administration	12976202	18490660	18032334
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)	2660934	3369050	3285542
Health Services Initiatives	10127221	6288444	6132573
<b>Total Administration Costs</b>	37246163	43811786	42725827
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	53379398	45542494	45792832

<b>Federal Title XXI Share</b>	336479487	294901251	298070622
<b>State Share</b>	181181262	158792981	156790697

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	517660749	453694232	454861319
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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]**

n/a

4. In the table 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 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.

	2013		2014		2015	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	12700	\$ 151	12979	\$ 160	61901	\$ 147
Fee for Service	232871	\$ 152	227103	\$ 142	172459	\$ 152

Enter any Narrative text below. **[7500]**

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

- If you do not have a Demonstration Waiver financed with CHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

		CHIP Non-HIFA Demonstration Eligibility				HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

- Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your CHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration  
 (\*Only report for 1<sup>st</sup> Quarter of the FFY)

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (federal fiscal year 2013 starts 10/1/2012 and ends 9/30/2013).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2013	2014	2015	2016	2017
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3**

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4**

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #4</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)  
**Net Benefit Costs** (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)


**Administration Costs**

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>					
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)					

**Federal Title XXI Share**

**State Share**


**TOTAL COSTS OF DEMONSTRATION**

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When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. [7500]

Other notes relevant to the budget: **[7500]**

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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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]**

Support for health care for low income, uninsured children and families remained constant during federal fiscal year 2013.

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

There is a consensus among elected officials that changes must be made to improve the program integrity in CHIP and Medicaid. The state has contracted with a vendor to electronically verify multiple factors of eligibility at renewal, and for active cases that appear to be at risk of ineligibility. The program is also in the process of moving from a relatively unmanaged fee-for-service system to one of more integrated holistic care.

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

In December 2012, Illinois received its fourth CHIPRA performance bonus for making significant progress in enrolling children in health coverage through Medicaid and improving access to children's coverage through Medicaid and the state children's health insurance program. In June 2013, Illinois received federal approval of a State Plan Amendment allowing us to claim match for children in families with income from 200% to 300% FPL, immigrant children with income above 133% FPL who were otherwise subject to the 5 year bar, and under a health services initiative, match for postpartum care to undocumented women (the mothers of those covered as unborn) to the extent federal funds are available under the 10 percent cap on match for administrative costs.

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]**

Illinois is implementing a new eligibility system on October 1, 2013. We will also be transitioning to MAGI budgeting MAGI equivalent income standards for CHIP eligible children and implementing other changes required by the Affordable Care Act.

Enter any Narrative text below. **[7500]**