

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: 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: **2014** _____
Note: Federal Fiscal Year 2014 starts 10/1/2013 and ends 9/30/2014.

Contact Person/Title: **Lynne Thomas/Chief, Bureau of All Kids** _____

Address: **Illinois Dept. of Healthcare and Family Services** _____

201 South Grand Avenue East _____

City: **Springfield** State: **IL** Zip: **62763** _____

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 1st of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

Please note that the numbers in brackets, e.g., [500] are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program	Separate Child Health Program
	* Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/> No				<input type="checkbox"/> No			
	<input checked="" type="checkbox"/> Yes				<input checked="" type="checkbox"/> Yes			
	Enrollment fee amount		0		Enrollment fee amount		0	
	Premium amount		0		Premium amount		40	
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$15	\$ 40	% of FPL 158	% of FPL 209
	\$	\$	% of FPL	% of FPL	\$40	\$ 80	% of FPL 210	% of FPL 318
	\$	\$	% 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	\$15	\$40	% of FPL 158	% of FPL 209
	\$	\$	% of FPL	% of FPL	\$40	\$80	% of FPL 210	% of FPL 318
	\$	\$	% 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 [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			

		Families with income from 158 to 209% pay a premium of \$15/month for 1 child, \$25 for 2, \$30 for 3, \$35 for 4 and \$40 for 5 or more children. Families with income from 210 to 318% FPL pay a monthly premium of \$40 for 1 child or \$80 for 2 or more.
<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 [500] During FY14, all delivery systems were offered to children in the Medicaid expansion.	Please describe which groups receive which delivery system [500] During FY 14, all delivery systems were available for children in families with income up to 209% FPL. Children in families with income from 210 to 318% are only offered Fee for Service.

2) Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking the appropriate column.

For FFY 2014, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

For each topic you responded “yes” to below, please explain the change and why the change was made.

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Pregnant Women state plan expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) 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"/>
s) Other – please specify						
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) 	
<ul style="list-style-type: none"> Application 	<p>We launched a new online application in response to the new ACA requirement for a single streamlined application.</p> <p>We launched a new online application in response to the new ACA requirement for a single streamlined application.</p>
<ul style="list-style-type: none"> Benefits 	
<ul style="list-style-type: none"> Cost sharing (including amounts, populations, & collection process) 	
<ul style="list-style-type: none"> Crowd out policies 	<p>Illinois eliminated its state funded premium assistance program for CHIP level children.</p>
<ul style="list-style-type: none"> Delivery system 	<p>Illinois is in the process of moving from a Fee for Service/Primary Care Physician model to mandatory managed care.</p> <p>Illinois is in the process of moving from a Fee for Service/Primary Care Physician model to mandatory managed care.</p>

<ul style="list-style-type: none"> Eligibility determination process 	Illinois implemented a new eligibility system on 10/1/13.
	Illinois implemented a new eligibility system on 10/1/13.
<ul style="list-style-type: none"> Implementing an enrollment freeze and/or cap 	
<ul style="list-style-type: none"> Eligibility levels / target population 	
<ul style="list-style-type: none"> Eligibility redetermination process 	We adopted MAGI budgeting. We adopted MAGI budgeting.
<ul style="list-style-type: none"> Enrollment process for health plan selection 	
<ul style="list-style-type: none"> Outreach 	
<ul style="list-style-type: none"> Premium assistance 	
<ul style="list-style-type: none"> 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) 	
<ul style="list-style-type: none"> Expansion to "Lawfully Residing" children 	
<ul style="list-style-type: none"> Expansion to "Lawfully Residing" pregnant women 	
<ul style="list-style-type: none"> Pregnant Women State Plan Expansion 	
<ul style="list-style-type: none"> Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse 	
<ul style="list-style-type: none"> Other – please specify 	
<ul style="list-style-type: none"> a. 	
<ul style="list-style-type: none"> b. 	
<ul style="list-style-type: none"> c. 	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information 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 CARE QUALITY MEASURES (CHILD 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 a 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 Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations 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 Child Core Set measures.

The Technical Specifications and Resource Manual for the Child 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>

Table 1: Child Core Set Measures

Measure Abbreviation	Measure	Measure Steward	Description
PPC-CH	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.

Measure Abbreviation	Measure	Measure Steward	Description
FPC-CH	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: 1. < 21 percent of expected visits 2. 21 percent – 40 percent of expected visits 3. 41 percent – 60 percent of expected visits 4. 61 percent – 80 percent of expected visits 5. ≥ 81 percent of expected visits
LBW-CH	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
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	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 who 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 (BMI) percentile for age and gender
DEV-CH	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

Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who 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
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: a. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year b. 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
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	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
ADD-CH	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who 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
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 who 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
CPC-CH	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
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. Percentage of children who remained on asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19-20 years; and total

GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child 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 2012 and FFY 2013) 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 data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

Beginning in 2011, the CARTS application requires 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 CHIP Annual Report Template – FFY 2014

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 your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

2. Service not covered: Check this box if your program does not cover this service.
3. Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
4. Data not available: Check this box if data are not available for this measure in your state. If this box is selected, users will need to explain why data are not available for reporting. Reasons may include “Budget Constraints,” “Staff Constraints,” “Data Inconsistencies/Accuracy,” “Data Source Not Easily Accessible,” “Information Not Collected,” and “Other”.
5. Small sample size: Check this box if the denominator size for this 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, the state will need to indicate the exact denominator size in the space provided.
6. Other: Please specify if there is another reason why your state cannot report the measure.

Although the Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not 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:

1. 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.
2. Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.
3. 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, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or “Other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If “Other” measurement specification is selected, an explanation must be provided.

CMS encourages states to use the technical specifications outlined in the [Technical Specifications and Resource Manual](#) for the Child Core Set measures.

4. **HEDIS® Version:**
Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.
5. **“Other” Measurement Specification Explanation:**
The explanation field must be completed when “Other” measurement specification has been selected.

Data Source:

Data for the Child Core Set measures may come from several sources, including medical claims and medical records. For each measure, the state must indicate the source of data or methodology used to calculate the measure using the following options (some options are unavailable for some measures):

1. Administrative Data: Medical claims and encounter data or other administrative data source (e.g., immunization registry, vital records,). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source.
2. Hybrid: A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.
3. Survey Data: The state should specify the survey used.
4. Other: An explanation box is available for the state to specify the other source of data.

Definition of Population Included in the Measure:

Denominator: 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.

Date Range: 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 define 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.

Child Core Set Performance Measurement Data:

In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. 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. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

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.”

In the section on “Definition of Population Included in the Measure,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. 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>.

Deviation from Measure Specifications

If the data provided for a measure deviate from the measure technical specifications, please select the type(s) of measure specification deviation. The types of deviations parallel the measure specification categories for each measure. When one or more of the types of deviations are selected, states are required to provide an explanation.

The five types (and examples) of deviations are:

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

Other Performance Measure:

If the state selected “Other” in the “Measure Specification” section of the template, and is thus reporting using another methodology, the user should provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please upload the information to the attachment facility, along with a brief description of the measure (e.g. “data reported for individuals in the 18-64 age range”). “Additional Notes/Comments on Measure” may be entered but is not required.

Beginning in 2012, in an effort to reduce state burden of reporting on the Child 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 hospitals to the National Healthcare Safety Network database.

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

11. **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 Child 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>.
12. **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 CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

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 measure MMA-CH (Medication Management for People with Asthma) on the Word template.

MEASURE PPC-CH: Timeliness of Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <input 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 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</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><i>reported:</i></p> <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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, 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.</p>	<p>Definition of Population Included in the Measure: 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, 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.</p>	<p>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011	Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012	Date Range: From: (mm/yyyy) 11/2012 To: (mm/yyyy) 11/2013
Performance Measurement Data: 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	Performance Measurement Data: 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	Performance Measurement Data: 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: 45154 Denominator: 77439 Rate: 58.3	Numerator: 45008 Denominator: 81704 Rate: 55.1	Numerator: 42394 Denominator: 77927 Rate: 54.4
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. Our bundled claims do not have the date specificity required by the decision rules so they are not used for this measure. <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. Our bundled claims do not have the date specificity required by the decision rules so they are not used for this measure. <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 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 on measure: Using all four decision rules, not just Decision Rule 2, as in the past. Bug fix: The counts were of recipients for a calendar year and should have been counting deliveries. Rejected claims are included. Pending claims are excluded because they are adjudicated in 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.	Additional notes/comments on measure: A bug was fixed. The counts were counting recipients for a calendar year and should have been counting deliveries. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE FPC-CH: Frequency of Ongoing Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <input 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 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>Status of Data Reported: <input type="checkbox"/> Provisional <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Women with unduplicated count of <21%, 21-40%, 41-60%, 61-80%, or >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 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.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Women with unduplicated count of <21%, 21-40%, 41-60%, 61-80%, or >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 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.</p>	<p>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011	Date Range: From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012	Date Range: From: (mm/yyyy) 11/2012 To: (mm/yyyy) 11/2013
Performance Measurement Data: 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: < 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	Performance Measurement Data: 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: < 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	Performance Measurement Data: 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
< 21 percent of expected visits Numerator: 8246 Denominator: 77439 Rate: 10.7 21 percent – 40 percent of expected visits Numerator: 4966 Denominator: 77439 Rate: 6.4 41 percent – 60 percent of expected visits Numerator: 8118 Denominator: 77439 Rate: 10.5 61 percent – 80 percent of expected visits Numerator: 16342 Denominator: 77439 Rate: 21.1 ≥ 81 percent of expected visits Numerator: 39767 Denominator: 77439 Rate: 51.4	< 21 percent of expected visits Numerator: 4308 Denominator: 81704 Rate: 5.3 21 percent – 40 percent of expected visits Numerator: 3195 Denominator: 81704 Rate: 3.9 41 percent – 60 percent of expected visits Numerator: 3564 Denominator: 81704 Rate: 4.4 61 percent – 80 percent of expected visits Numerator: 4709 Denominator: 81704 Rate: 5.8 ≥ 81 percent of expected visits Numerator: 65928 Denominator: 81704 Rate: 80.7	< 21 percent of expected visits Numerator: 4358 Denominator: 77927 Rate: 5.6 21 percent – 40 percent of expected visits Numerator: 3302 Denominator: 77927 Rate: 4.2 41 percent – 60 percent of expected visits Numerator: 3651 Denominator: 77927 Rate: 4.7 61 percent – 80 percent of expected visits Numerator: 4776 Denominator: 77927 Rate: 6.1 ≥ 81 percent of expected visits Numerator: 61840 Denominator: 77927 Rate: 79.4

FFY 2012	FFY 2013	FFY 2014
<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. Our bundled claims do not have the date specificity required by the decision rules so they are not used for this measure.</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. Our bundled claims do not have the date specificity required by the decision rules so they are not used for this measure.</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: Using all four decision rules, not just Decision Rule 2, as in the past. Bug fix: The counts were of recipients for a calendar year and should have been counting deliveries. 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>Additional notes/comments on measure: A bug was fixed. The counts were counting recipients for a calendar year and should have been counting deliveries. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> FFY2012 & 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 & FFY2013 data use the OLD match process pending test of new match process. <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<i>reported:</i>	<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>	
Measurement Specification: <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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.	Data Source: <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.	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Vital Records Other. <i>Specify:</i> Claims data from MMIS. <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Number of resident live births <2,500 grams with Medicaid and/or CHIP payer source. 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 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.	Definition of Population Included in the Measure: Definition of numerator: Number of resident live births <2,500 grams with Medicaid and/or CHIP payer source. 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 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.	Definition of Population Included in the Measure: 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 resident live births <2,500 grams with Medicaid and/or CHIP payer source. Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range:	Date Range:	Date Range:

FFY 2012	FFY 2013	FFY 2014
From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
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: 6506 Denominator: 73861 Rate: 8.8 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: 6174 Denominator: 71388 Rate: 8.7 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>
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 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.	Additional notes/comments on measure: The Vital Record (VR) data are UNCERTIFIED. We are reporting uncertified VR data after a one-year "run-out" period has elapsed. Therefore, we are reporting CY2012 LBW data and not CY2013 data, as might be expected, due to concern about the stability of the uncertified data. Data reflect HFS births with match between baby's Vital Record (birth weight) and Mom's eligibility and claims data (title and payment). This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <input 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 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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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>Measurement Specification: <input checked="" type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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 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>Measurement Specification: <input checked="" type="checkbox"/> The Joint Commission <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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 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</p>	<p>Definition of Population Included in the Measure: 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 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</p>	<p>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor</p>

FFY 2012	FFY 2013	FFY 2014
their first birth.	their first birth.	<input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012
Performance Measurement Data: 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	Performance Measurement Data: Percentage of women who 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	Performance Measurement Data: Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
Numerator: 3528 Denominator: 15441 Rate: 22.85	Numerator: 5281 Denominator: 25058 Rate: 21.1	Numerator: 5170 Denominator: 23929 Rate: 21.6
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>	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> Using claims data not medical record review for numerator. <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> Using claims data not medical record review for denominator. <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> Using claims data not medical record review for numerator. <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> Using claims data not medical record review for denominator. One issue which cannot be fully resolved is identifying the true total births that can be attributed to a woman. We have the number of HFS births, but do not have the birth number that was previously available from Vital Records. <input type="checkbox"/> Other, <i>Explain.</i>
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 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.	Additional notes/comments on measure: We are reporting uncertified VR data after a one-year "run-out" period has elapsed. Therefore, we are reporting CY2012 data not CY2013 data, as may be expected, due to concern about the stability of uncertified Vital Records. Enhancements to the Moms/Babies Data Mart matching process mean there are more mom/baby pairs identified. Therefore, our numbers in the denominator/numerator increased for FFY2014 reporting (CY2012 data). This measure was audited by HSAG during fall 2014.

FFY 2012	FFY 2013	FFY 2014
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

MEASURE CIS-CH: Childhood Immunization Status

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <input 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 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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Immunization Registry <input checked="" type="checkbox"/> Other. <i>Specify:</i> In addition to claims and public health I-CARE registry data, using immunization data from Department of Human Services (DHS) Cornerstone client information system. <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p>Performance Measurement Data: Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>	<p>Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>

FFY 2012		FFY 2013		FFY 2014	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 60889 Denominator: 92296 Rate: 66.0	DTap Numerator: 63916 Denominator: 88344 Rate: 72.4	Combo 2 Numerator: 60222 Denominator: 88344 Rate: 68.2	DTap Numerator: 59370 Denominator: 82853 Rate: 71.7	Combo 2 Numerator: 55546 Denominator: 82853 Rate: 67.0
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 56184 Denominator: 92296 Rate: 60.9	IPV Numerator: 77071 Denominator: 88344 Rate: 87.2	Combo 3 Numerator: 56210 Denominator: 88344 Rate: 63.6	IPV Numerator: 72136 Denominator: 82853 Rate: 87.1	Combo 3 Numerator: 52093 Denominator: 82853 Rate: 62.9
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 76156 Denominator: 88344 Rate: 86.2	Combo 4 Numerator: 48022 Denominator: 88344 Rate: 54.4	MMR Numerator: 70475 Denominator: 82853 Rate: 85.1	Combo 4 Numerator: 45914 Denominator: 82853 Rate: 55.4
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: 78814 Denominator: 88344 Rate: 89.2	Combo 5 Numerator: 44089 Denominator: 88344 Rate: 49.9	HiB Numerator: 73546 Denominator: 82853 Rate: 88.8	Combo 5 Numerator: 42912 Denominator: 82853 Rate: 51.8
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: 81497 Denominator: 88344 Rate: 92.3	Combo 6 Numerator: 27206 Denominator: 88344 Rate: 30.8	Hep B Numerator: 76095 Denominator: 82853 Rate: 91.8	Combo 6 Numerator: 26756 Denominator: 82853 Rate: 32.3
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: 75496 Denominator: 88344 Rate: 85.5	Combo 7 Numerator: 39045 Denominator: 88344 Rate: 44.2	VZV Numerator: 69950 Denominator: 82853 Rate: 84.4	Combo 7 Numerator: 38820 Denominator: 82853 Rate: 46.9
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: 65359 Denominator: 88344 Rate: 74.0	Combo 8 Numerator: 24913 Denominator: 88344 Rate: 28.2	PCV Numerator: 60990 Denominator: 82853 Rate: 73.6	Combo 8 Numerator: 25068 Denominator: 82853 Rate: 30.3
Hep A Numerator: Denominator: Rate:		Hep A Numerator: 62548 Denominator: 88344 Rate: 70.8		Hep A Numerator: 60471 Denominator: 82853 Rate: 73.0	

FFY 2012		FFY 2013		FFY 2014	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: 57315 Denominator: 88344 Rate: 64.9	Combo 9 Numerator: 22938 Denominator: 88344 Rate: 26.0	RV Numerator: 56402 Denominator: 82853 Rate: 68.1	Combo 9 Numerator: 23256 Denominator: 82853 Rate: 28.1
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: 33016 Denominator: 88344 Rate: 37.4	Combo 10 Numerator: 21291 Denominator: 88344 Rate: 24.1	Flu Numerator: 32477 Denominator: 82853 Rate: 39.2	Combo 10 Numerator: 21981 Denominator: 82853 Rate: 26.5
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. Added immunizations based on codes sent by Cornerstone registry system that were previously not included. <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. <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: 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.		Additional notes/comments on measure: Using Cornerstone Immunization codes in addition to CPT, ICD codes. Added immunizations based on codes sent by Cornerstone registry system that were previously not included. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <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-CH: Immunization Status for Adolescents

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® used: 2012 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input checked="" type="checkbox"/> Other. Specify: Administrative (claims data) and registry data.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2012 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input checked="" type="checkbox"/> Other. Specify: Administrative (claims data) and registry data.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Immunization Registry <input checked="" type="checkbox"/> Other. Specify: In addition to claims and public health I-CARE registry data, using immunization data from Department of Human Services (DHS) Cornerstone client information system. <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:</p>
<p>Definition of Population Included in the Measure: 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number</p>	<p>Definition of Population Included in the Measure: 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). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number</p>	<p>Definition of Population Included in the Measure: 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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the</p>

FFY 2012	FFY 2013	FFY 2014
of children excluded: Adolescents who turn 13 years of age during the measurement year.	of children excluded: Adolescents who turn 13 years of age during the measurement year.	measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	Performance Measurement Data: Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	Performance Measurement Data: Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
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	Meningococcal Numerator: 41406 Denominator: 74979 Rate: 55.2 Tdap/Td Numerator: 51040 Denominator: 74979 Rate: 68.1 Combination (Meningococcal, Tdap/Td) Numerator: 38111 Denominator: 74979 Rate: 50.8
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 2012	FFY 2013	FFY 2014
<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 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>Additional notes/comments on measure: Exclusions accept only DX999.42 after 10/1/2011. Meningococcal #s lower b/c old process accepted Cornerstone services for ages 10-13 not 11-13, also affects 'All IMM' #s. 'All IMM' #s decreased b/c old process accepted Cornerstone codes for Diphtheria, there are now no Cornerstone codes for Diphtheria. 'Tdap/Td' #s increased b/c old process didn't count recipient with separate Tetanus and Diphtheria. More IMMs counted b/c codes in Cornerstone not previously included. Msr HSAG audited fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

Screening

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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.</p>	<p>Status of Data Reported: <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.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>	
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: 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.	Definition of Population Included in the Measure: 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 outpatient visit with a PCP or OB/GYN.	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the

FFY 2012		FFY 2013		FFY 2014	
				measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No	
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011		Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012		Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		Performance Measurement Data: 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		Performance Measurement Data: Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender	
<u>3-11 years</u> Numerator: 6090 Denominator: 776103 Rate: .90 <u>12-17 years</u> Numerator: 3106 Denominator: 395974 Rate: .85	<u>Total</u> Numerator: 9196 Denominator: 1172077 Rate: .87	<u>3-11 years</u> Numerator: 9842 Denominator: 788512 Rate: 1.33 <u>12-17 years</u> Numerator: 5228 Denominator: 416576 Rate: 1.34	<u>Total</u> Numerator: 15070 Denominator: 1205088 Rate: 1.33	<u>3-11 years</u> Numerator: 14801 Denominator: 743782 Rate: 2.1 <u>12-17 years</u> Numerator: 8761 Denominator: 403409 Rate: 2.3	<u>Total</u> Numerator: 23562 Denominator: 1147191 Rate: 2.2
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 2012	FFY 2013	FFY 2014
<p>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.</p> <p>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.</p>	<p>Additional notes 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.</p>	<p>Additional notes/comments on measure: BMI assessment rate is likely much higher, but using only claims data reduces rates. A provider notice (Oct. 2013) advised providers to report BMI in claims. Education sessions are available through ICAAP. 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. This measure was audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> CAHMI <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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>Measurement Specification: <input checked="" type="checkbox"/> OHSU <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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> 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>Measurement Specification: <input checked="" type="checkbox"/> OHSU <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children with one developmental screening at ages: a) <=12 months, b) between >12 and <=24 months, and c) between >24 and <=36 months 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 who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year.</p>	<p>Definition of Population Included in the Measure: 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. <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.</p>	<p>Definition of Population Included in the Measure: 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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	Performance Measurement Data: 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.	Performance Measurement Data: 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: 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	Children screened by 12 months of age Numerator: 55236 Denominator: 85744 Rate: 64.4 Children screened by 24 months of age Numerator: 46752 Denominator: 85822 Rate: 54.5 Children screened by 36 months of age Numerator: 35213 Denominator: 87809 Rate: 40.1
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 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. <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 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. <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' policy permits the use of domain-specific tools under CPT96110. So, we cannot determine whether providers billing CPT96110 used global or domain-specific screening tools. <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<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:</p>	<p>Additional notes/comments on measure: The July 2014 core measure specs say 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 global or domain-specific screening tools. Measure audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

MEASURE CHL-CH: Chlamydia Screening in Women

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS® used below:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: 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 and 16 - 20 years of age as of December 31 of the measurement year.	Definition of Population Included in the Measure: 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 and 16 - 20 years of age as of December 31 of the measurement year.	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: 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	Performance Measurement Data: 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	Performance Measurement Data: Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: 23863 Denominator: 52466 Rate: 45.5	Numerator: 21678 Denominator: 49933 Rate: 43.41	Numerator: 28259 Denominator: 65394 Rate: 43.2

FFY 2012	FFY 2013	FFY 2014
<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 codes.</p> <p><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.</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.</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:</p>	<p>Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.</p>	<p>Additional notes/comments on measure: HFS does not use LOINC. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>

Well-child Care Visits (WCV)

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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>	<i>reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: 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 than 45 day break in enrollment).	Definition of Population Included in the Measure: 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 measurement year with no more than 45 day break in enrollment.	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit

FFY 2012		FFY 2013		FFY 2014	
				<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No	
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011		Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012		Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: 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		Performance Measurement Data: 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		Performance Measurement Data: Percentage of children who 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: 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	<u>0 visits</u> Numerator: 3749 Denominator: 82553 Rate: 4.5 <u>1 visits</u> Numerator: 2906 Denominator: 82553 Rate: 3.5 <u>2 visits</u> Numerator: 3270 Denominator: 82553 Rate: 4.0 <u>3 visits</u> Numerator: 4004 Denominator: 82553 Rate: 4.9	<u>4 visits</u> Numerator: 5034 Denominator: 82553 Rate: 6.1 <u>5 visits</u> Numerator: 6922 Denominator: 82553 Rate: 8.4 <u>6+ visits</u> Numerator: 56668 Denominator: 82553 Rate: 68.6

FFY 2012	FFY 2013	FFY 2014
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: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	Additional notes/comments on measure: Previously, we did not define PCP so the measure was accepting all types. This was changed and we now assess by ProviderTypeCd and SpecialtyType to assure selection of only primary care providers. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE W34-CH: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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. 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>Definition of Population Included in the Measure: 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. 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>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted</p>

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: 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.	Performance Measurement Data: Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.	Performance Measurement Data: Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.
<u>1+ visits</u> Numerator: 265963 Denominator: 373913 Rate: 71.1	<u>1+ visits</u> Numerator: 257459 Denominator: 373757 Rate: 68.9	<u>1+ visits</u> Numerator: 237382 Denominator: 344453 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: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	Additional notes/comments on measure: Previously, we did not define PCP so the measure was accepting all types. This was changed and we now assess by ProviderTypeCd and SpecialtyType to assure selection of only primary care providers. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

MEASURE AWC-CH: Adolescent Well-Care Visit

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: 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.	Performance Measurement Data: 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.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 207937 Denominator: 507238 Rate: 41.0	Numerator: 219392 Denominator: 527668 Rate: 41.58	Numerator: 241518 Denominator: 509092 Rate: 47.4
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: 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.	Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	Additional notes/comments on measure: Previously, we too narrowly defined 'PCP' using a restrictive set of codes (i.e., ProviderAffiliationV.TypeCds 'P', 'G' and 'Y') thereby reducing our rates. Programming was changed to appropriately define PCPs, which includes OB/GYNs. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Dental

MEASURE PDENT-CH : Percentage of Eligibles That Received Preventive Dental Services

In an effort to reduce state burden of reporting on the Child Core Set measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form 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 2012	FFY 2013	FFY 2014
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Access

MEASURE CAP-CH: Child and Adolescent Access to Primary Care Practitioners

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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>	<i>reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: 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"> Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. 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. 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) from 12 months to 19 years of age.	Definition of Population Included in the Measure: 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"> Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. 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. 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) from 12 months to 19 years of age.	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013

FFY 2012		FFY 2013		FFY 2014	
Performance Measurement Data: 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: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 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		Performance Measurement Data: 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: 3. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 4. 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		Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 5. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 6. 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	
<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>12-24 months</u> Numerator: 144580 Denominator: 160516 Rate: 90.1	<u>7-11 years</u> Numerator: 321672 Denominator: 378410 Rate: 85.0
<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	<u>25 months-6 years</u> Numerator: 285581 Denominator: 344460 Rate: 82.9	<u>12-19 years</u> Numerator: 385976 Denominator: 450552 Rate: 85.7
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>	
Additional notes on measure: Numerator change: Added HCPCS G0438, G0439.		Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.		Additional notes/comments on measure: Previously, we too narrowly defined 'PCP' using a restrictive set of codes (i.e., ProviderAffiliationV.TypeCds 'P', 'G' and 'Y') thereby reducing our rates. Programming was changed to appropriately define PCPs (excludes OB/GYNs). Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:	

FFY 2012	FFY 2013	FFY 2014
Denominator: Rate:	Denominator: Rate:	Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE TDENT-CH: 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 annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form 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 2012	FFY 2013	FFY 2014
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19</p>	<p>Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19</p>	<p>Performance Measurement Data: Rate of ED visits per 1,000 enrollee months among children up to age 19</p>

FFY 2012		FFY 2013		FFY 2014	
<1 year Numerator: 50703 Denominator: 532353 Rate:	10 to 19 years Numerator: 226873 Denominator: 6813326 Rate: 33	<1 year Numerator: 50147 Denominator: 525825 Rate: 95	10 to 19 years Numerator: 225716 Denominator: 7202276 Rate: 31	<1 year Numerator: 45550 Denominator: 524161 Rate: 86.9	10 to 19 years Numerator: 295001 Denominator: 8723537 Rate: 33.8
1 to 9 years Numerator: 462109 Denominator: 8877971 Rate: 52	Total Numerator: 739685 Denominator: 0000000 Rate: 46	1 to 9 years Numerator: 446022 Denominator: 8970253 Rate: 50	Total Numerator: 721885 Denominator: 16698354 Rate: 43	1 to 9 years Numerator: 492038 Denominator: 9958474 Rate: 49.4	Total Numerator: 832589 Denominator: 19206172 Rate: 43.4
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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Rejected claims are included. Voided medical claims are excluded. Rejected or voided pharmacy claims are excluded. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure: Denom.=16223650; field truncated #. 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. 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.		Additional notes on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.		Additional notes/comments on measure: We identified the exclusions were not applied properly. When the exclusion criteria was met, all visits and member months for that recipient were excluded. This was corrected to now only exclude the specific visit, but still include applicable events in the numerator and member months in the denominator. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Inpatient

MEASURE CLABSI-CH: 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 2012	FFY 2013	FFY 2014
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>

FFY 2012	FFY 2013	FFY 2014
<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>	<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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: 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:	Definition of Population Included in the Measure: 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:	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported: <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.</p>	<p>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2012	FFY 2013	FFY 2014
<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>		
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: 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 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.	Definition of Population Included in the Measure: 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 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.	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
Date Range: From: (mm/yyyy) 03/2010 To: (mm/yyyy) 02/2011	Date Range: From: (mm/yyyy) 03/2011 To: (mm/yyyy) 02/2012	Date Range: From: (mm/yyyy) 03/2012 To: (mm/yyyy) 02/2013

FFY 2012	FFY 2013	FFY 2014
<p>Performance Measurement Data: 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>Performance Measurement Data: 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>Performance Measurement Data: Percentage of children newly prescribed ADHD medication who 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: 4074 Denominator: 12818 Rate: 31.8</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 1406 Denominator: 3604 Rate: 39.0</p>	<p>Initiation Phase Numerator: 4833 Denominator: 14447 Rate: 33.45</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 1571 Denominator: 4121 Rate: 38.12</p>	<p>Initiation Phase Numerator: 4550 Denominator: 14279 Rate: 31.9</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 1320 Denominator: 3443 Rate: 38.3</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>
<p>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.</p>	<p>Additional notes 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.</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. This measure was audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Mental Health

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <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</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>complete. Any subsequent changes to the measure that result from quality testing will be included in FFY2013 reporting.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p><i>reported:</i></p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012</p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2013</p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2014</p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative Data Only</p> <p>From where is the Administrative Data coming?</p> <p><i>Must select one or more if Administrative Data is selected:</i></p> <p><input checked="" type="checkbox"/> Medicaid Management Information System (MMIS)</p> <p><input type="checkbox"/> Other. <i>Specify:</i></p> <p><input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>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.</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: 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.)</p>	<p>Definition of Population Included in the Measure:</p> <p>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.</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: 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.)</p>	<p>Definition of Population Included in the Measure:</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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</p> <p><input type="checkbox"/> Yes</p> <p>If yes, indicate whether the state-level rate is weighted:</p> <p><input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p> <p><input type="checkbox"/> The rates are weighted based on another weighting factor</p> <p><input type="checkbox"/> The rates are not weighted</p> <p><input checked="" type="checkbox"/> No</p>
<p>Date Range:</p> <p>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range:</p> <p>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range:</p> <p>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>

FFY 2012	FFY 2013	FFY 2014
<p>Performance Measurement Data: Percentage of discharges for children aged 6 years and older that 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</p>	<p>Performance Measurement Data: 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</p>	<p>Performance Measurement Data: Percentage of discharges for children ages 6 to 20 who 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</p>
<p>7 Day Follow-Up Numerator: 930 Denominator: 3635 Rate: 25.6</p> <p>30 Day Follow-Up Numerator: 1587 Denominator: 3635 Rate: 43.7</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 647 Denominator: 2013 Rate: 32.1</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 1111 Denominator: 2013 Rate: 55.2</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 713 Denominator: 2049 Rate: 34.8</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 1158 Denominator: 2049 Rate: 56.5</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:</p>	<p>Additional notes 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>Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <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>If no, explain why data were not collected: <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>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <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>If no, explain why data were not collected: <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>Did you Collect this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, How Did you Report this Measure (select all that apply): <input type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database) <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) <input type="checkbox"/> Other: Explain:</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input checked="" type="checkbox"/> Data not available Explain why data not available <input checked="" type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Other: FFY2013 CAHPS timing delayed survey deployment with data collected during Jan./Feb. 2014. Determined that redeploying again during CY2014 was financially burdensome. Healthcare delivery system changes</p>

FFY 2012	FFY 2013	FFY 2014
		<p>during FFY14 summer and fall mean many children moved into managed care entities from fee-for-service arrangements. With large numbers of children switching models, conducting a survey in 2014 was not deemed a good use of financial resources as children may have only recently enrolled in the plan.</p> <p><input type="checkbox"/> Small sample size (less than 30) Enter specific sample size:</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>Definition of Population Included in the Measure: Definition of denominator:</p> <p><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>Definition of Population Included in the Measure: Definition of population included in the survey sample:</p> <p><input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</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: 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>Definition of Population Included in the Measure: Definition of population included in the survey sample:</p> <p><input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</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>Which Version of the CAHPS® Survey was Used?</p> <p><input type="checkbox"/> CAHPS 4.0. <input type="checkbox"/> CAHPS 4.0H. <input type="checkbox"/> Other. Explain:</p>	<p>Which Version of the CAHPS® Survey was Used?</p> <p><input type="checkbox"/> CAHPS 5.0. <input checked="" type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:</p>	<p>Which Version of the CAHPS® Survey was Used?</p> <p><input type="checkbox"/> CAHPS 5.0. <input type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:</p>
<p>Which supplemental item sets were included in the survey?</p> <p><input type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:</p>	<p>Which supplemental item sets were included in the survey?</p> <p><input type="checkbox"/> No supplemental item sets were included <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <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? 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>Which Supplemental Item Sets were Included in the Survey?</p> <p><input type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:</p>

FFY 2012	FFY 2013	FFY 2014
	AH2 – In the last six months, how often was it easy to get the after hours care you though you needed for your child? R1 – In the last six months, how often was it easy to get a referral to a specialist that your child needed to see? MH1 – In general, how would you rate your child’s overall mental or emotional health?	
	Which Administrative Protocol was Used to Administer the Survey? <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:	Which Administrative Protocol was Used to Administer the Survey? <input type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:

MEASURE HPV-CH: Human Papillomavirus (HPV) for Female Adolescents

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you report on this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</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>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input 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 checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <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>

	FFY 2013	FFY 2014
	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® below: 2013 <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:</p>
	<p>Data Source: <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> <p>Explanation:</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. Specify: In addition to claims and public health I-CARE registry data, using immunization data from Department of Human Services (DHS) Cornerstone client information system. <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:</p>

	FFY 2013	FFY 2014
	<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure:</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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>
	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
	<p>Performance Measurement Data: 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>Performance Measurement Data: Percentage of females who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
	<p>Numerator: 4301 Denominator: 36096 Rate: 11.9</p>	<p>Numerator: 5143 Denominator: 36883 Rate: 13.9</p>
	<p>Deviations from Measure Specifications: <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>Deviations from Measure Specifications: <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>

	FFY 2013	FFY 2014
	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement.	Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.
	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</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>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input checked="" type="checkbox"/> Data not available Explain why data not available</p> <p><input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input checked="" type="checkbox"/> Data source not easily accessible <i>Select all that apply</i></p> <p><input type="checkbox"/> Requires medical record review <input checked="" type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Information not collected. <i>Select all that apply</i></p> <p><input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <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>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify: Explanation:	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify:
	Definition of Population Included in the Measure: 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:	Definition of Population Included in the Measure: 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: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment (continued)

	FFY 2013	FFY 2014
	<p>Performance Measurement Data: 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>	<p>Performance Measurement Data: Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening</p>
	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
	<p>Deviations from Measure Specifications: <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>Deviations from Measure Specifications: <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:</p>	<p>Additional notes/comments on measure:</p>
	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:</p>

MEASURE MMA-CH: Medication Management for People with Asthma

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input checked="" type="checkbox"/> Yes</p> <p>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</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>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available</p> <p><input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i></p> <p><input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i></p> <p><input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
	<p>Status of Data Reported:</p> <p><input 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 checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <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>

	FFY 2013	FFY 2014
	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used below: 2013 <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used below: 2014 <input type="checkbox"/> Other. Explain:</p>
	<p>Data Source: <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>	<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other: Specify:</p>
	<p>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure:</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:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No</p>
	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>

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

	FFY 2013	FFY 2014
	<p>Performance Measurement Data: 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> <ol style="list-style-type: none"> 1. Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period. <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>	<p>Performance Measurement Data: Percentage of children ages 5 to 20 who 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> <ol style="list-style-type: none"> 3. Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period 4. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. <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: 7727 Denominator: 17193 Rate: 44.9 <u>12-18 Years</u> Numerator: 4198 Denominator: 9969 Rate: 42.1 <u>19-20 Years</u> Numerator: 155 Denominator: 356 Rate: 43.5 <u>Total</u> Numerator: 12080 Denominator: 27518 Rate: 43.9	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: 43.9 Denominator: 17193 Rate: 21.1 <u>12-18 Years</u> Numerator: 1911 Denominator: 9969 Rate: 19.2 <u>19-20 Years</u> Numerator: 86 Denominator: 356 Rate: 24.2 <u>Total</u> Numerator: 5617 Denominator: 27518 Rate: 20.4	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: 6722 Denominator: 14643 Rate: 45.9 <u>12-18 Years</u> Numerator: 3751 Denominator: 9267 Rate: 40.5 <u>19-20 Years</u> Numerator: 118 Denominator: 305 Rate: 38.7 <u>Total</u> Numerator: 10591 Denominator: 24215 Rate: 43.7	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: 2898 Denominator: 14643 Rate: 19.8 <u>12-18 Years</u> Numerator: 1594 Denominator: 9267 Rate: 17.2 <u>19-20 Years</u> Numerator: 56 Denominator: 305 Rate: 18.4 <u>Total</u> Numerator: 4548 Denominator: 24215 Rate: 18.8
	Deviations from Measure Specifications: <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	Deviations from Measure Specifications: <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:	Additional notes/comments on measure: Updating measure to HEDIS 2014 specifications included one 'logic' change – for Inhaler dispensing events. Medications dispensed on the same day, but with different drug ids count as individual events. Numbers changed due to this and because there are some additional codes for Inpatient/ED and Outpatient in the HEDIS 2014 NCQA tables. Resulting change in numbers is small. This measure was audited by HSAG during fall 2014.		

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

In addition to reporting the Child 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 4th 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 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	162134	176340	8.76
Separate Child Health Program	174963	205271	17.32

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

It is likely that the outreach surrounding the ACA and open-enrollment encouraged more families to apply.

- 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 2011-2013. 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
2013	79	7.0	2.5	.2
Percent change 1996-1998 vs. 2011-2013	-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]**

Increased income limits, outreach and growing awareness of the health care coverage available to children contributed to the decrease in uninsured children.

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

- 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 the rest of the question)

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]**

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:

1. Reducing the number of uninsured children
2. CHIP enrollment
3. Medicaid enrollment
4. Increasing access to care
5. 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 2012 and FFY 2013) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2014).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the Child Core Set 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 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

6. New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

7. **Continuing:** Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
8. **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:

9. **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 2014.

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.

10. **Final:** Check this box if the data you are reporting are considered final for FFY 2014.
11. **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.

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

- ii. Year of Data (e.g., partial year),
- iii. Data Source (e.g., use of different data sources among health plans or delivery systems),
- iv. Numerator (e.g., coding issues),
- v. Denominator (e.g., exclusion of MCOs, different age groups, definition of enrollment),
- vi. 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 2014 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 CHIP Annual Report Template – FFY 2014

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 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), 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 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Reduce the uninsured rate of children in Illinois.</p>	<p>Goal #1 (Describe) Reduce the uninsured rate of children in Illinois.</p>	<p>Goal #1 (Describe) Reduce the uninsured rate of children in Illinois.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Data Source: <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>Data Source: <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>Data Source: <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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: Definition of denominator: Children under age 19 in the survey Definition of numerator: Children under age 19 in the survey with no health insurance.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children under age 19 in the survey. Definition of numerator: Children under age 19 in the survey with no health insurance.</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates Numerator: 113311 Denominator: 3091887 Rate: 3.7</p>	<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates Numerator: 101466 Denominator: 3059055 Rate: 3.3</p>	<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates Numerator: 125351 Denominator: 3017960 Rate: 4.2</p>
<p>Additional notes on measure: The goal was 4.9. We achieved 3.7.</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</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>Explanation of Progress:</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? Continued program funding is essential.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Our goal was 3.2%, but we only achieved 4.2%</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?</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: 3.0 Annual Performance Objective for FFY 2015: 2.8 Annual Performance Objective for FFY 2016: 2.6</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</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 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 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>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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</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 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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>	<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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Increase enrollment of children with income above 133% and at or below 200% by .5%</p>	<p>Goal #1 (Describe) Increase enrollment of children with income above 133% and at or below 200% by .5%</p>	<p>Goal #1 (Describe) Increase enrollment of children with income above 133% and at or below 200% by .5%</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Data Source: <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>Data Source: <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>Data Source: <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 7/31/13 compared to the number of children enrolled as of 7/31/14 in families with income above 133% and at or below 200%.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children enrolled as of 7/31/11</p> <p>Definition of numerator: Number of children enrolled as of 7/31/12</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children enrolled as of 7/31/12</p> <p>Definition of numerator: Number of children enrolled as of 7/31/13</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children enrolled as of 7/31/13</p> <p>Definition of numerator: Number of children enrolled as of 7/31/14</p>
<p>Date Range: From: (mm/yyyy) 07/2011 To: (mm/yyyy) 07/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 07/2013</p>	<p>Date Range: From: (mm/yyyy) 07/2013 To: (mm/yyyy) 07/2014</p>
<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/11 compared to 7/31/12.</p> <p>Numerator: 74253 Denominator: 71103 Rate: 104.4</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/12 compared to 7/31/13.</p> <p>Numerator: 67880 Denominator: 72267 Rate: 93.9</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/13 compared to 7/31/14.</p> <p>Numerator: 72267 Denominator: 73957 Rate: 97.7</p>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure: Enrollment decreased by 4.4%	Additional notes on measure: Enrollment increased by 6.1%	Additional notes/comments on measure: increased by 2.3%
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? We hoped to increase enrollment by .5%, but it decreased by 4.4%.</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>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? Increased more than expected.</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Increased more than expected</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: .5% Annual Performance Objective for FFY 2014: 1.0% Annual Performance Objective for FFY 2015: .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 2014: 1% Annual Performance Objective for FFY 2015: 1% Annual Performance Objective for FFY 2016: 1%</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 2015: 1% Annual Performance Objective for FFY 2016: 1% Annual Performance Objective for FFY 2017: 1%</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</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>Explanation of Progress:</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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>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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 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>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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Increase enrollment of children in families with income at or below 133% by 2%.</p>	<p>Goal #1 (Describe) Increase enrollment of children in families with income at or below 133% by 2%.</p>	<p>Goal #1 (Describe) Increase enrollment of children in families with income at or below 133% by 2%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment as of July 2011 Definition of numerator: Enrollment as of July 2012</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment as of July 2012 Definition of numerator: Enrollment as of July 2013</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment as of July 2013 Definition of numerator: Enrollment as of July 2014</p>
<p>Date Range: From: (mm/yyyy) 07/2011 To: (mm/yyyy) 07/2012</p>	<p>Date Range: From: (mm/yyyy) 07/2012 To: (mm/yyyy) 07/2013</p>	<p>Date Range: From: (mm/yyyy) 07/2013 To: (mm/yyyy) 07/2014</p>
<p>Performance Measurement Data: 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>Performance Measurement Data: 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: 1272706 Denominator: 1283390 Rate: 99.2</p>	<p>Performance Measurement Data: 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: 1283390 Denominator: 1137936 Rate: 112.8</p>
<p>Additional notes on measure: Enrollment increased by .8%.</p>	<p>Additional notes on measure: Increased by .8%</p>	<p>Additional notes/comments on measure: Decreased by 12.8%</p>

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? We had hoped to increase enrollment by 2%, but the increase was only .8%.</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? 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>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? Increased by less than expected</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Decreased significantly.</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: 2% Annual Performance Objective for FFY 2014: 2% Annual Performance Objective for FFY 2015: 1%</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: 2% Annual Performance Objective for FFY 2015: 1% Annual Performance Objective for FFY 2016: 1%</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 2015: 2% Annual Performance Objective for FFY 2016: 1% Annual Performance Objective for FFY 2017: 1%</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</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>Explanation of Progress:</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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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>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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 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>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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Reduce the state's infant mortality rate.</p>	<p>Goal #1 (Describe) Reduce the state's infant mortality rate.</p>	<p>Goal #1 (Describe) Reduce the state's infant mortality rate.</p>
<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Measurement Specification: <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>Measurement Specification: <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>Measurement Specification: <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>Data Source: <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>Data Source: <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>Data Source: <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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Definition of Population Included in the Measure: 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>Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</p>	<p>Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:</p>

FFY 2012	FFY 2013	FFY 2014
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:
Other Performance Measurement Data: <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	Other Performance Measurement Data: <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.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1116 Denominator: 164998 Rate: 6.8 Additional notes on measure: The measure is a rate per 1,000 live births.
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? 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	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? 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).	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? There was a slight decrease in the overall rate from 6.9/1,000 live births to 6.8/1,000 live births. However, this does not achieve the Performance Objective of 6.56/1,000 live births projected in the FFY2013 Annual Report.

FFY 2012	FFY 2013	FFY 2014
<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? 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>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: 6.56 per 1,000 live births statewide (2010 data) Annual Performance Objective for FFY 2014: 6.23 per 1,000 live births statewide (2011 data) Annual Performance Objective for FFY 2015: 6.10 per 1,000 live births statewide (2012 data)</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? 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: http://www.hfs.illinois.gov/mch/report.html. 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>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: 6.56 per 1,000 live births statewide (2010 data) - same as reported in FFY2012 Annual Performance Objective for FFY 2015: 6.23 per 1,000 live births statewide (2011 data) - same as reported in FFY2012</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? Within state government, HFS shares responsibility for maternal and child health programs with the Department of Public Health (DPH) and the Department of Human Services (DHS). Per legislative mandate (2004), these agencies are tasked with improving birth outcomes. Biennially, HFS reports to the legislature on on-going and completed activities. Reports are on HFS' web site: http://www.hfs.illinois.gov/mch/report.html. Please refer to the Perinatal Report 2014 available on the aforementioned web site for details on initiatives to improve birth outcomes (i.e., infant mortality, LBW, VLBW).</p> <p>A specific activity uses predictive analytics to identify women with previous high cost births who are identified as currently pregnant. Once identified a flag is set in a data file transferred weekly to DHS. The list is used for case finding to outreach to women and engage them in early and intensive prenatal care through the Family Case Management and Better Birth outcomes programs.</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 2015: 6.66 per 1,000 live births statewide (2011 data) Annual Performance Objective for FFY 2016: 6.53 per 1,000 live births statewide (2012 data)</p>

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

FFY 2012	FFY 2013	FFY 2014
<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Measurement Specification: <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>Measurement Specification: <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>Measurement Specification: <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 2012	FFY 2013	FFY 2014
<p>Data Source:</p> <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>	<p>Data Source:</p> <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>	<p>Data Source:</p> <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>
<p>Definition of Population Included in the Measure:</p> <p>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>Definition of Population Included in the Measure:</p> <p>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>Definition of Population Included in the Measure:</p> <p>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>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></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>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
<p>Other Performance Measurement Data: <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>Other Performance Measurement Data: <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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1468 Denominator: 211607 Rate:</p> <p>Additional notes on measure: 0.7,The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 12/5/2014. IDPH staff notes that in May 2012, the CDC changed the "level of concern" of 10 mcg/dL to a "reference value" to be revised on a four-year cycle based on the National Health and Nutrition Examination Survey (NHANES). Currently, the reference value is 5 mcg/dL. For comparison, the data reported here are for 10 mcg/dL.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? From FFY2011 (2010 data) to FFY2012 (2011 data), there was a percent change decrease of -25.0 in the rate of Medicaid children with an blood lead level exceeding 10 mcg/dL.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? From FFY2012 (2011 data) to FFY2013 (2012 data), there was a percent change decrease of -8.3 in the rate of Medicaid children with an blood lead level exceeding 10 mcg/dL; from 1.2 to 1.1, respectively.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? From FFY2013 (2012 data) to FFY2014 (2013 data), there was a percent change decrease of -36.36 in the rate of children with a blood lead level of 10 mcg/dL or higher. The 2013 rate (0.7%) surpasses the Performance Objective of 0.9 percent projected in the FFY2013 Annual Report.</p>

FFY 2012	FFY 2013	FFY 2014
<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? 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>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: 1.0% (2012 data) Annual Performance Objective for FFY 2014: 0.8% (2013 data)</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?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>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: 0.90% (2013 data) Annual Performance Objective for FFY 2015: 0.70% (2014 data)</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?HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee.</p> <p>IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to the child's primary care provider via two routes. If in PCCM, the patient profile identifies children due for a lead screening. With the move to a predominantly managed care healthcare delivery system, a Care Coordination Claims Database (CCCD) is made available by HFS to the managed care organizations. The CCCD includes seven years of lead screening information. The files are updated monthly. CCCD info available at: http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/ClaimsData.aspx</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.</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 2015: 0.50% (2014 data) Annual Performance Objective for FFY 2016: 0.30% (2015 data)</p>

FFY 2012	FFY 2013	FFY 2014																																																																																																																		
<p>Annual Performance Objective for FFY 2015: 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</th> <th>Year</th> <th>Reduction</th> </tr> <tr> <th>Baseline</th> <th>Annual</th> <th>%</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> </tr> <tr> <td>1.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>1.00</td> <td>0.2</td> </tr> <tr> <td>0.80</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>0.80</td> <td>0.2</td> </tr> <tr> <td>0.60</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.60</td> <td>0.2</td> </tr> <tr> <td>0.40</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2016</td> <td>2015</td> <td>0.40</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	Reduction	Baseline	Annual	%	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>Annual Performance Objective for FFY 2016: 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</th> <th>Year</th> <th>Reduction</th> </tr> <tr> <th>Baseline</th> <th>Annual</th> <th>%</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> </tr> <tr> <td>0.90</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>0.90</td> <td>0.2</td> </tr> <tr> <td>0.70</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.70</td> <td>0.2</td> </tr> <tr> <td>0.50</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2016</td> <td>2015</td> <td>0.50</td> <td>0.2</td> </tr> <tr> <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	Reduction	Baseline	Annual	%	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				<p>Annual Performance Objective for FFY 2017: 0.10% (2016 data)</p> <p><i>Explain how these objectives were set:</i> FFY for CARTS DATA</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Baseline</th> <th>Annual % Reduction</th> <th>DATA</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>2013</td> <td>0.7</td> <td>0.2</td> <td>0.50</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>0.50</td> <td>0.2</td> <td>0.30</td> </tr> <tr> <td>2016</td> <td>2015</td> <td>0.30</td> <td>0.2</td> <td>0.10</td> </tr> <tr> <td>2017</td> <td>2016</td> <td>0.10</td> <td>0.1</td> <td>0.00</td> </tr> <tr> <td>2018</td> <td>2017</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	Year	Baseline	Annual % Reduction	DATA	Projection for Following Year	2014	2013	0.7	0.2	0.50	2015	2014	0.50	0.2	0.30	2016	2015	0.30	0.2	0.10	2017	2016	0.10	0.1	0.00	2018	2017	0.00		
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Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2012	FFY 2013	FFY 2014
<p>Goal #3 (Describe) 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>Goal #3 (Describe) 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>Goal #3 (Describe) 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>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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>Data Source: <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>Data Source: <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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative claims data, including CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. Also accept Illinois Department of Public Health blood lead program testing data.</p>
<p>Definition of Population Included in the Measure: 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</p>	<p>Definition of Population Included in the Measure: 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).</p>	<p>Definition of Population Included in the Measure: 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 children (Title XIX, Title XXI) who are 24 months of age.</p>

FFY 2012	FFY 2013	FFY 2014
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From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 70189 Denominator: 92928 Rate: 75.5	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 68792 Denominator: 88902 Rate: 77.4	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 65317 Denominator: 82961 Rate: 78.7
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 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>	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> Counts include CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Illinois Department 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: This measure was audited by HSAG during fall 2014.
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? 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>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? 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>Please indicate how CMS might be of assistance in improving the completeness or</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? From FFY2012 (2011 data) to FFY2013 (2012 data), there was a percent change increase of +2.5 in the percent of 24 month olds who received at least one blood lead screening.</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? 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' Medical 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>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? From FFY2013 (2012 data) to FFY2014 (2013 data), there was a percent change increase of +1.5 in the percent of 24 month olds who received at least one blood lead screening. However, the rate (78.7%) does not achieve the Performance Objective of 79.66 percent projected in the FFY2013 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? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee.</p> <p>IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to the child's primary care provider via two routes. If in PCCM, the patient profile identifies children due for a lead screening. With the move to a predominantly managed care healthcare delivery system, a Care Coordination Claims Database (CCCD) is made available by HFS to the managed care organizations. The CCCD includes seven years of lead screening information. The files are updated monthly. CCCD info available at: http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/ClaimsData.aspx</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.</p>

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<p>accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: 78.0% (2012 data) Annual Performance Objective for FFY 2014: 80.2% (2013 data) Annual Performance Objective for FFY 2015: 82.1% (2014 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</th> <th>DATA</th> <th>Year</th> </tr> <tr> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> </tr> <tr> <th>% Improvement</th> <th>Annual</th> <th>Improvement</th> </tr> <tr> <th colspan="3">Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>2011</td> <td>75.5</td> </tr> <tr> <td>24.50</td> <td>10%</td> <td>2.45</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>77.95</td> </tr> <tr> <td>22.05</td> <td>10%</td> <td>2.21</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>80.16</td> </tr> <tr> <td>19.85</td> <td>10%</td> <td>1.98</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>82.14</td> </tr> <tr> <td>17.86</td> <td>10%</td> <td>1.79</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>83.93</td> </tr> </tbody> </table>	FFY for CARTS	DATA	Year	Baseline	100th Percentile	Difference	% Improvement	Annual	Improvement	Projection for Following Year			2012	2011	75.5	24.50	10%	2.45	2013	2012	77.95	22.05	10%	2.21	2013	2012	80.16	19.85	10%	1.98	2014	2013	82.14	17.86	10%	1.79	2015	2014	83.93	<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: 79.66% (2013 data) Annual Performance Objective for FFY 2015: 81.69% (2014 data) Annual Performance Objective for FFY 2016: 83.52% (2015 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</th> <th>DATA</th> <th>Year</th> </tr> <tr> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> </tr> <tr> <th>% Improvement</th> <th>Annual</th> <th>Improvement</th> </tr> <tr> <th colspan="3">Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2103</td> <td>2012</td> <td>77.4</td> </tr> <tr> <td>22.60</td> <td>10%</td> <td>2.26</td> </tr> <tr> <td>2104</td> <td>2013</td> <td>79.66</td> </tr> <tr> <td>20.34</td> <td>10%</td> <td>2.03</td> </tr> <tr> <td>2105</td> <td>2014</td> <td>81.69</td> </tr> <tr> <td>18.31</td> <td>10%</td> <td>1.83</td> </tr> <tr> <td>2106</td> <td>2015</td> <td>83.52</td> </tr> <tr> <td>16.48</td> <td>10%</td> <td>1.65</td> </tr> <tr> <td>2107</td> <td>2016</td> <td>85.17</td> </tr> </tbody> </table>	FFY for CARTS	DATA	Year	Baseline	100th Percentile	Difference	% Improvement	Annual	Improvement	Projection for Following Year			2103	2012	77.4	22.60	10%	2.26	2104	2013	79.66	20.34	10%	2.03	2105	2014	81.69	18.31	10%	1.83	2106	2015	83.52	16.48	10%	1.65	2107	2016	85.17	<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 2015: 80.86% (2014 data) Annual Performance Objective for FFY 2016: 82.77% (2015 data)</p> <p>Annual Performance Objective for FFY 2017: 84.49% (2016 data)</p> <p><i>Explain how these objectives were set:</i> FFY for CARTS DATA</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>%</th> <th>Improvement</th> </tr> <tr> <th colspan="6">Annual Improvement Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>2013</td> <td>78.73</td> <td>100</td> <td>21.27</td> <td>10%</td> </tr> <tr> <td>80.86</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>80.86</td> <td>100</td> <td>19.14</td> <td>10%</td> </tr> <tr> <td>82.77</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2016</td> <td>2015</td> <td>82.77</td> <td>100</td> <td>17.23</td> <td>10%</td> </tr> <tr> <td>84.49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2017</td> <td>2016</td> <td>84.49</td> <td>100</td> <td>15.51</td> <td>10%</td> </tr> <tr> <td>86.04</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2018</td> <td>2017</td> <td>86.04</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Baseline	100th Percentile	Difference	%	Improvement	Annual Improvement Projection for Following Year						2014	2013	78.73	100	21.27	10%	80.86						2015	2014	80.86	100	19.14	10%	82.77						2016	2015	82.77	100	17.23	10%	84.49						2017	2016	84.49	100	15.51	10%	86.04						2018	2017	86.04			
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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <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>	Status of Data Reported: <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>	Status of Data Reported: <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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <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>	Data Source: <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>	Data Source: <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>
Definition of Population Included in the Measure: 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:	Definition of Population Included in the Measure: 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:	Definition of Population Included in the Measure: 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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <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>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>	Explanation of Progress: <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>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>	Explanation of Progress: <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
<p>Goal #2 (Describe) 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>Goal #2 (Describe) 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>Goal #2 (Describe) 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 2012	FFY 2013	FFY 2014
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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></p>	<p>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <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.</p>	<p>Data Source: <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.</p>	<p>Data Source: <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> Administrative (claims data) and registry data.</p>
<p>Definition of Population Included in the Measure: 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.</p>	<p>Definition of Population Included in the Measure: 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.</p>	<p>Definition of Population Included in the Measure: 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.</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 00 Denominator: 00 Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 00 Denominator: 00 Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 00 Denominator: 00 Rate:</p>

FFY 2012	FFY 2013	FFY 2014
<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 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>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> 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: 65,982 / 95,082 = 69.4% Combo 3: 61,424 / 95,082 = 64.6%</p>	<p>Additional notes 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>Additional notes/comments on measure: Vaccine combo data are provided as Numerator / Denominator = Rate. Combo 2: 60,002/81,270 = 73.8% Combo 3: 55,983/81,270 = 68.9% Combo 4: 50,643/81,270 = 62.3% Combo 5: 43,065/81,270 = 53.0% Combo 6: 32,551/81,270 = 40.1% Combo 7: 40,090/81,270 = 49.3% Combo 8: 30,886/81,270 = 38.0% Combo 9: 26,755/81,270 = 32.9% Combo 10: 25,688/81,270 = 31.6%</p> <p>Individual vaccine rates also available, but not reported here.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? 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>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? 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>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Between FFY2013 (2012 data) and FFY2014 (2013 data) the Combo 2 immunization rate increased by a percent change of +0.42. The Combo 3 rate decreased by -0.35%. The FFY2014 Combo 2 rate (73.8%) only slightly surpasses the Performance Objective of 73.5 percent projected in the FFY2013 Annual Report. The Combo 3 rate (68.9%) does not surpass the Performance Objective of 69.1</p>

FFY 2012	FFY 2013	FFY 2014												
<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>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? 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>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: Combo 2: 71.0% Combo 3: 66.4% (2012 data)</p> <p>Annual Performance Objective for FFY 2014: Combo 2: 72.4% Combo 3: 68.1% (2013 data)</p> <p>Annual Performance Objective for FFY 2015: 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> <table border="0"> <tr> <td>FFY for CARTS</td> <td>DATA Year</td> <td>Baseline</td> </tr> <tr> <td>100th Percentile</td> <td>Difference</td> <td>% Improve-</td> </tr> <tr> <td>mentAnnual Improve-</td> <td>ment</td> <td>Projection</td> </tr> <tr> <td></td> <td></td> <td>for</td> </tr> </table>	FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-	mentAnnual Improve-	ment	Projection			for	<p>months of age permits a "catch-up" period during which young children are able to receive the appropriate immunizations.</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? 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>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: Combo 2: 73.52% Combo 3: 69.13% (2013 data)</p> <p>Annual Performance Objective for FFY 2015: Combo 2: 74.85% Combo 3: 70.68% (2014 data)</p>	<p>percent set in the FFY2013 Annual Report. 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 core measure). 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>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? Immunization by age 2 is a bonus payment strategy. Care Coordination Claims Data (CCCD) are available to HFS care coordination partners for their enrolled recipients and contains the most recent two years of claims data, and seven years of immunization and lead data - updated monthly. The data set aggregates information from various sources. The PCCM program continues quality improvement activities by distributing provider panel roster information containing claims, immunization and blood lead data similar to that contained in the CCCD. Making child-specific immunization data available in these formats (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 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>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 2015: Combo 2: 75.1% Combo 3: 70.5% (CY2014 data)</p> <p>Annual Performance Objective for FFY 2016: Combo 2: 76.4% Combo 3: 71.9% (CY2015 data)</p>
FFY for CARTS	DATA Year	Baseline												
100th Percentile	Difference	% Improve-												
mentAnnual Improve-	ment	Projection												
		for												

FFY 2012					FFY 2013					FFY 2014				
Following Year					Annual Performance Objective for FFY 2016:					Annual Performance Objective for FFY 2017:				
2012	2011	69.4	100	30.60	Combo 2: 76.10%					Combo 2: 77.6%				
5% 1.53	70.93				Combo 3: 72.14%					Combo 3: 73.3%				
2013	2012	70.93	100	29.07	(2015 data)					(CY2016 data)				
5% 1.45	72.38													
2014	2013	72.38	100	27.62										
5% 1.38	73.76													
2015	2014	73.76	100	26.24	<i>Explain how these objectives were set:</i> Combo 2:					<i>Explain how these objectives were set:</i> Combo 2:				
5% 1.31	75.08				Enrolled children (36 Month Olds) will be appropriately immunized					Enrolled children (36 Month Olds) will be appropriately immunized				
2016	2015	75.08			HFS Continuously Enrolled					HFS Continuously Enrolled				
					FFY for CARTS DATA Year Baseline					FFY for CARTS DATA Year Baseline				
					100th Percentile Difference % Improve-					100th Percentile Difference %				
					ment Annual Improve-ment Projection for Following Year					Improve-ment Annual Improve-ment Projection				
					2013 2012 72.13 100 27.87					for Following Year				
					5% 1.39 73.52					2014 2013 73.83 100 26.17				
					2014 2013 73.52 100 26.48					5% 1.31 75.14				
					5% 1.32 74.85					2015 2014 75.14 100 24.86				
					2015 2014 74.85 100 25.15					5% 1.24 76.38				
					5% 1.26 76.10					2016 2015 76.38 100 23.62				
					2016 2015 76.10 100 23.90					5% 1.18 77.56				
					5% 1.19 77.30					2017 2016 77.56 100 22.44				
					2017 2016 77.30					5% 1.12 78.68				
										2018 2017 78.68				
										(Combo 2 used as example of calculations used)				
Other Comments on Measure:					Other Comments on Measure:					Other Comments on Measure:				

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

FFY 2012	FFY 2013	FFY 2014
<p>Goal #3 (Describe) 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>Goal #3 (Describe) 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>Goal #3 (Describe) 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>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Measurement Specification: <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</p>	<p>Measurement Specification: <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</p>	<p>Measurement Specification: <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</p>

FFY 2012	FFY 2013	FFY 2014
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.	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.	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.
Data Source: <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>	Data Source: <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>	Data Source: <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>
Definition of Population Included in the Measure: 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.	Definition of Population Included in the Measure: 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.	Definition of Population Included in the Measure: 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.
Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011	Date Range: From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012	Date Range: From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i>	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>	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>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: Includes Title XIX only
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 827197 Denominator: 1092290 Rate: 76</p> <p>Additional notes on measure: Includes Title XIX only</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 810613 Denominator: 1098631 Rate: 74.0</p> <p>Additional notes on measure: Includes Title XIX only</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 781141 Denominator: 1070331 Rate: 73.0</p> <p>Additional notes on measure: We are currently investigating the CMS-416 report to comply with revised guidance from CMS (November 2014) for FFY2014 reporting (due April 1, 2015). Future reports will reflect programming changes as the report is reviewed and updated.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? 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>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? 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</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? 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>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? 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</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? From FFY2013 (FFY2012 data) to FFY2014 (FFY2013 data), there was a percent change decrease of -1.35 in the rate of children who received at least one initial or periodic screening. The CMS-416 FFY2013 rate (73.0%) does not achieve the Performance Objective of 76.60 percent projected in the FFY2013 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? The Medicaid reform law [PA 96-1501] requires that 50% of clients be enrolled in care coordination programs by 2015. In Illinois, care coordination will be provided to most Medicaid clients by a variety of “managed care entities,” a general term that includes Coordinated Care Entities (CCEs), Managed Care Community Networks (MCCNs), Managed Care Organizations (MCOs) and Accountable Care Entities (ACEs). HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance strategy.</p>

FFY 2012	FFY 2013	FFY 2014																																																																																																																																																																																																																																						
<p>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>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: 78.40% (2012 data)</p> <p>Annual Performance Objective for FFY 2014: 80.56% (2013 data)</p> <p>Annual Performance Objective for FFY 2015: 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</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Year (FFY)</th> <th>Baseline</th> <th>% Improve-ment</th> <th>Projection</th> <th>for</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>2011</td> <td>76</td> 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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]**

Access to and improved content of care is to be achieved by reframing the healthcare delivery system as a result of legislation [PA 96-1501] (known as "Medicaid Reform"). The Medicaid reform law requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid are enrolled in a care coordination program that organizes care around the individuals' medical needs. In January 2014, Illinois Medicaid expanded the care coordination program to children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act. Care coordination for these populations is provided by managed care organizations (MCO), Care Coordination Entities (CCE) and Managed Care Community Networks (MCCN). In addition, Illinois has created its own version of Accountable Care Organization, referred to locally as an Accountable Care Entity (ACE). ACEs are organized around NFP Integrated Delivery Systems which are 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 also are likely to offer private health insurance on the Illinois Health Insurance Exchange, thereby providing continuity of care, as clients go on or off Medicaid.

HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance (P4P) strategy. These contracts include performance measures that are becoming increasingly aligned with the Child and Adult Core Set measures. HFS is moving toward using HEDIS benchmarks, where available, for P4Ps to drive performance improvement.

With the move to a predominantly managed care healthcare delivery system, a Care Coordination Claims Database (CCCD) is made available by HFS to the care coordination partners for their enrolled recipients. The CCCD contains the most recent two years of claims data, and seven years of immunization and blood lead level data. The database is updated monthly. The data set aggregates information from various sources (e.g., lead data, immunization registries). CCCD info is available at: <http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/ClaimsData.aspx>.

The Primary Care Case Management (PCCM) program uses several strategies to encourage comprehensive services: patient panel rosters 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. Additionally, there are several strategies targeted at the individual child and his family. There also are P4P incentives.

HFS contracts with eQ Health Solutions, a federally recognized Quality Improvement Organization, for external utilization review and quality assurance, primarily monitoring inpatient care, and to perform special projects/quality reviews in the fee for service arena. 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 (EQRO). HFS's contracts with managed care organizations require meeting performance standards and improving outcomes. In areas of the state where there is no care coordination entity, HFS continues PCCM in order to assure access to care through providing a medical home, and performing quality improvement strategies and monitoring performance measures at the individual as opposed to plan level.

HFS publishes the Child Core Set Data Book annually. The report includes each Child Core Set measure reported in CARTS, but provides information for our entire covered population (i.e., Title XIX, Title XXI, state-only funded). The report is available on HFS' web site at: <http://www2.illinois.gov/hfs/agency/Pages/Reports.aspx>. HFS compares progress with national HEDIS® benchmarks and includes these comparisons in the report.

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://www2.illinois.gov/HFS/MEDICALPROVIDER/MATERNALANDCHILDHEALTHPROMOTION/Pages/report.aspx>. The 2014 Perinatal Report was submitted to the legislature January 1, 2014. The report is posted on the above web site.

The SMART Act (Public Act 097-0689) also includes a focus on improving birth outcomes. Changes resulting from this 2012 legislation include paying Cesarean deliveries at the normal vaginal rate when there is no indication of medical necessity. Related to care coordination, the legislation mandated the development of a statewide multi-agency initiative to improve birth outcomes and reduce costs associated with poor birth outcomes (e.g., low birth weight, very low birth weight or infant demise).

Ongoing monitoring of key indicators and provider feedback are among HFS' strategies to improve outcomes. 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.

HFS conducts 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.

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 Child Core Set measures related to access, quality and outcomes. These measures will continue to be maintained and reported via CARTS in the future even though the CHIPRA Quality Demonstration grant ends in CY2015. HFS implemented the grant in a manner that will sustain many activities, including a variety of initiatives undertaken to improve measurement and reporting, over time. These include: amending contracts to better align MCO reporting requirements with the Child 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). Measure programming resources will continue to be available through HFS' EDW staff and through the services of a contract employee who worked on the CHIPRA grant. Efforts of these programmers made the maintenance and updating of measures more streamlined and structured. This helps with resource allocation as more measures come on-line each year.

With the move to a predominantly managed care healthcare delivery system, a Care Coordination Claims Database (CCCD) is made available by HFS to the care coordination partners for their enrolled recipients. The CCCD contains the most recent two years of claims data, and seven years of immunization and lead data. The database is updated monthly. The data set aggregates information from various sources (e.g., CHIP Annual Report Template – FFY 2014

lead data, immunization registries). CCCD info is available at:
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HFS recently contracted with a vendor to secure the use of software as a service (SaaS) based healthcare Data Analytics and Reporting Platform. As described in the request for proposal, “A Data Analytics and Reporting Platform will streamline the process by which complex data structures are converted into actionable information. It will centralize all data elements in a single location and provide easily understood definitions of all data elements. Moreover, it will empower end users with a state of the art report writing tool as well comprehensive pre-developed dashboard and standard reports proven to promote a state Medicaid agency’s mission to improve quality of care and lower costs.” The use of this platform will provide much more end-user functionality to query and report on the data available through HFS’ Enterprise Data Warehouse.

Focusing on improving birth outcomes, the Illinois Department of Human 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, staff of DHS’ Family Case Management/Better Birth Outcomes program conducts 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 additional data sources to integrate into the EDW. This provides opportunities to match recipient-level data across sources to improve quality measurement, enhance care coordination and conduct risk stratification. 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 managed care 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.

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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 requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid are enrolled in a care coordination program that organizes care around the individuals' medical needs. In January 2014, Illinois Medicaid expanded the care coordination program to children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act. Care coordination for these populations is provided by MCOs, CCEs and MCCNs. In addition, Illinois has created its own CHIP Annual Report Template – FFY 2014

version of Accountable Care Organization, referred to locally as an Accountable Care Entity (ACE). ACEs are organized around NFP Integrated Delivery Systems which are 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

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]

Illinois has continued its highly successful All Kids Application Agent (AKAA) program. Most outreach activities for CHIP have been rolled into the state's ACA marketing strategies. A new website was developed, www.getcoveredillinois.gov, for individuals, families and small businesses to learn about Medicaid, CHIP and FFM options. That has become the starting place for anyone in Illinois who needs healthcare coverage. Earned and paid media make the website and phone number for Get Covered Illinois available to all. All types of assisters, including navigators, AKAAAs, and community partners can be found through the website and call center.

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 and other assisters are our most effective way to help families apply and enroll into the program.

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

All Kids Application Agents

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. AKAAAs are also community-based/integrated and many are very active in reaching out to the populations in their respective communities.

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. Table 1.

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	Specify number of months	3

period)?	To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
	The period of uninsurance only applies to children in families with income above 200% FPL.	
	List all exemptions to imposing the period of uninsurance [1000]	
	<p>Newborn under age 1 who does not have private or employer-sponsored insurance coverage;</p> <p>Child lost benefits under All Kids Assist, Share or Premium Level 1 in the 12 months prior to the month of application;</p> <p>Premium paid for coverage of the child under a health plan exceeded 5% of household income;</p> <p>Child's parent is determined eligible for a premium tax credit for enrollment in a health plan through the FFM because the employer sponsored insurance in which the family was enrolled is determined unaffordable;</p> <p>The cost of family coverage exceeds 9.5% of the household income;</p> <p>Lost coverage because the employer that had sponsored the coverage stopped offering coverage of dependents;</p> <p>Change in parent's employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance;</p> <p>Child has special health care needs; or</p> <p>Child lost insurance due to the parent's death or the noncustodial parent canceled the insurance as part of a divorce.</p>	
	<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 type="checkbox"/>	Yes
	If yes, what database? [1000]	
	<input type="checkbox"/>	N/A

- At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? Provide a combined percent if you cannot calculate separate percentages. **[5]**
- What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]**

1. 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]**

3. 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: Eligibility Renewal and Retention

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

If yes

1. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**

2. 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]** 44

2. Select the measures from those below that 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 **TEST**

1. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

2. 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]**

3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Follow-up with clients through caseworkers.

Section IIIC: Subpart B: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2014

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	0	100
2. 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		
2. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)		

3. 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 2014. 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 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
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 2014. 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 2014 (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 2014 (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 2014.

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

	Number	Percent

1. Total number of children who are eligible to be redetermined	97083	100%			
2. Total number of children screened for redetermination			100%		
3. Total number of children retained after the redetermination process					
4. 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"/>)					
5. 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"/>)					

6. 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:

- 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) 2014, 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 2014 (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 2014.
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 2014. 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 2014 (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 2014

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 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). 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: The first cohort of newly enrolled children was identified in the second quarter of 2012 (January, February, and March of 2012), was followed for 18 months (through FFY2013), and stopped. This new cohort is required for all states in the second quarter of FFY2014 (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 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (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 18th month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. 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 2014, he/she would not be enrolled in either title XXI or title XIX in December 2013, 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 2014, he/she would not be enrolled in title XXI in December 2013, 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 2014	8663	100%	230	100%	2633	100%	3860	100%	1940	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	6385	73.7	180	78.26	2000	75.96	2813	72.88	1392	71.75
3. Total number of	50	0.58	0		20	0.76	20	0.52	10	0.52

children with a break in title XXI coverage but re-enrolled in title XXI										
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	18	0.21	0		8	0.3	7	0.18	3	0.15
4. Total number of children disenrolled from title XXI	2228	25.72	50	21.74	613	23.28	1027	26.61	538	27.73
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"/>)	600	6.93	11	4.78	193	7.33	263	6.81	133	6.86
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in										

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

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2014” 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 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

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 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
 - 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 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
 - 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 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015
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 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015
 - 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 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
 - + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015
 - + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015
 - 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 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

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 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015
 - 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 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015
 - 10.a. From the population in #10, provide the total number of children who are enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

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 approval and renewal, families are sent a letter and a form to complete, along with an envelope to use when submitting receipts for copayments. The copay cap is set at a level low enough so that the copays, along with the 12 months of premiums for a year, will never exceed 5%.
 - 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]**
They systems providers use to verify eligibility is updated with a message that copays can no longer 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

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 maximum. No assessment of the impact has been undertaken.

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

1. 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))
 Section 1115 demonstration (Title XXI)
 Premium Assistance option under the Medicaid state plan (1906)
 Premium Assistance option under the Medicaid state plan (1906A)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
- Yes
 No
6. Does the program provide wrap-around coverage for benefits?
- Yes
 No
7. Are there any limits on cost sharing for children in your ESI program?
- Yes
 No
8. Are there any limits on cost sharing for adults in your ESI program?

- Yes
- No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

- Yes No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

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

_____ Number of childless adults ever-enrolled during the reporting period
 _____ Number of adults ever-enrolled during the reporting period
 _____ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2014

Children _____
 Parents _____

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

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

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

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

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

Children _____ Parent _____

State: _____ State: _____

Employer:

Employer:

Employee:

Employee:

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

Children	Low	High
Parents	Low	High

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

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

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

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

- Yes
 No

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

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

- Yes
 No

22. Can you cap enrollment for your program?

- Yes
 No

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

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

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

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

(1) prevention: Yes No

(2) investigation: Yes No

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

Please explain: **[7500]**

The 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.

2. For the reporting period, please report the

_____ Number of fair hearing appeals of eligibility denials
_____ Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

466 Number of cases investigated

120 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

765 Number of cases investigated

10 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: 2014	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days ¹	9685	37	454	1328	2266	2922	2678
Total Enrollees Receiving Any Dental Services ² [7]	5849	0	157	926	1642	1882	1242
Total Enrollees Receiving Preventive Dental Services ³	5518	0	134	879	1582	1779	1144
Total Enrollees Receiving Dental Treatment Services ⁴	2336	0	11	263	666	796	600

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

² **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).

³ **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).

⁴Total 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 1st, 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 tooth⁵? [7]

⁵Receiving 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 1st, 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>.

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

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

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

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

If No, Explain Why:

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

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not coveredExplain the partial population not covered:

- Data not available

Explain why data not available

- Budget constraints
- Staff constraints
- Data inconsistencies/accuracy

Please explain:

- Data source not easily accessible

Select all that apply:

- Requires medical record review
- Requires data linkage which does not currently exist
- Other:

- Information not collected.

Select all that apply:

- Not collected by provider (hospital/health plan)
- Other:

Other: FFY2013 CAHPS timing delayed survey deployment with data collected during Jan./Feb. 2014. Determined that redeploying again during CY2014 was financially burdensome. Healthcare delivery system changes during FFY14 summer and fall mean many children moved into managed care entities from fee-for-service arrangements. With large numbers of children switching models, conducting a survey in 2014 was not deemed a good use of financial resources as children may have only recently enrolled in the plan.

- Small sample size (less than 30).

Enter specific sample size:

- Other. *Explain:*

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

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

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

Which Version of the CAHPS® Survey was Used?

- CAHPS® 5.0
- CAHPS® 5.0H
- Other.

Explain:

Which Supplemental Item Sets were Included in the Survey?

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

Which Administrative Protocol was Used to Administer the Survey?

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

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 2014. 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

	2014	2015	2016
Benefit Costs			
Insurance payments			
Managed Care	22789809	112761500	214934870
Fee for Service	401842959	316546304	214934870
Total Benefit Costs	424632768	429307804	429869740
(Offsetting beneficiary cost sharing payments)	-14750322	-17172312	-17194790
Net Benefit Costs	\$ 409882446	\$ 412135492	\$ 412674950

Administration Costs

Personnel	15663632	15275378	15350453
General Administration	18490660	18032334	18120958
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)	3369050	3285542	3301689
Health Services Initiatives	6288444	6132573	6162713
Total Administration Costs	43811786	42725827	42935813
10% Administrative Cap (net benefit costs ÷ 9)	45542494	45792832	45852772

Federal Title XXI Share	294901251	298070622	298561733
State Share	158792981	156790697	157049030

TOTAL COSTS OF APPROVED CHIP PLAN	453694232	454861319	455610763
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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 (PMPM) cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2014		2015		2016	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	12979	\$ 160	61901	\$ 147	115500	\$ 147
Fee for Service	227103	\$ 142	172459	\$ 152	115500	\$ 152

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

SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

Support for health care for low income, uninsured children and families remained fairly constant in federal fiscal year 2014.

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

Illinois launched a new eligibility system on 10/1/13, and began taking applications for the ACA Adult population. Struggling with the new eligibility system, adjusting to MAGI budgeting methodology and working through the increased volume of applicaitons have been our biggest challenges.

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

In December 2013, Illinois received a fifth CHIPRA performance bonus for making significant progress in enrolling children in health coverage. Illinois successfully launched a new online application in response to the Affordable Care Act requirements for using a single streamlined application for health coverage while maintaining the state's commitment to integrating eligibility processing and rules for health coverage, the Supplemental Nutrition Assistance Program and cash assistance as much as possible under federal regulations. Although a substantial backlog of processing developed through March 2014, the state was able to work down average processing times to allowable levels by the end of September.

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]**

No changes are planned.

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