CHIPRA Core Set of Children's Health Care Quality Measures for Medicaid and CHIP: Illinois' Performance

Calendar Years 2009 through 2013

ILLINOIS DEPARTMENT OF Healthcare and Family Services

ILLINOIS CHIPRA Quality Demonstration Project
Improving Child Health and Medical Homes for Illinois AllKids

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Executive Summary

Public Law 111-3, the Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed by President Barack Obama on February 4, 2009. CHIPRA reauthorizes Title XXI of the Social Security Act, the Children's Health Insurance Program (CHIP), previously known as the State Children's Health Insurance Program (SCHIP). CHIP provides affordable health care coverage to children with family incomes that exceed Medicaid standards. In Illinois, the CHIP population includes children up to 185% of the federal poverty level (FPL). Effective January 1, 2014, under the Affordable Care Act (ACA) Illinois extended coverage to adults who previously did not qualify for medical benefits. This includes adults 19 through 64 with income ≤138% FPL. The measures in this report are among children and do not include adults (21 years and older).

CHIPRA Quality Demonstration Grant:
The CHIPRA legislation included direction to the Centers for Medicare and Medicaid Services (CMS) to establish a demonstration grant program for states, with a focus on improving the quality of children's health care. Illinois, as the partner state, in collaboration with the State of Florida, as the lead state, was awarded one of ten grants in 2010. The grant requires Illinois to test and report to CMS on a core set of pediatric quality measures over the six-year grant period, inclusive of a one year extension. The measures are reported annually to CMS. This report describes Illinois' experience in testing the core set of measures and presents results for the measures that Illinois calculated. Most measures include a five year trend period and reflect HEDIS® 2014 percentiles, where applicable.

Key findings:

- In federal fiscal year (FFY) 2010, Illinois reported 13 core measures to CMS, with 17 reported in FFY2011, 20 reported in FFY2012, 25 reported in FFY2013, and 21 reported in FFY2014.
- HEDIS® 2014 percentiles were applied to 14 measures. In CY2013, three measures - Frequency of Ongoing Prenatal Care, Well Child Visits in the First 15 Months of Life, and Ambulatory Care – Emergency Department Visits achieved the 50th percentile or higher.
- During CY2013, Frequency of Ongoing Prenatal Care achieved the HEDIS® 2014 50th percentile for <21% and 21%-40% of expected visits, and the 25th percentile (where lower percentiles indicate better performance) for the 41%-60% and 61%-80% of expected visits conducted; and the 90th percentile was achieved for >81% of expected visits conducted. This shows that the majority of women receive adequate prenatal care.
- During CY2013, Well Child Visits in the First 15 Months of Life achieved the 25th percentile for the rate of 15 month olds receiving four visits during the year and the 10th percentile for the five visit rate (where lower percentiles indicate better performance). The 50th percentile was achieved for the six or more visit rate.
- The Ambulatory Care – Emergency Department visit rate per 1,000 member months achieved the 50th percentile for those <1 year of age, 1-9 years and 10-19 years. Lower rates of emergency department utilization indicate better performance.
- When HEDIS® percentiles are available performance on the remaining measures is below the 50th percentile. This shows substantial need for improvement to assure access to care and the quality of the content of care provided.
- Through efforts of the CHIPRA grant, the Illinois Department of Healthcare and Family Services (HFS) has benefited from an improvement in the quality of data used in performance measurement. Moreover, measure programming efficiencies were achieved to ease the burden of ongoing measure update and maintenance.
- Differences from some core measure specifications continue to exist, but are minimized to the extent possible. Differences, as reported to CMS, are identified throughout this report.

Background

Background

CHIPRA Legislation:
CHIPRA, Public Law 111-3, was signed into law on February 4, 2009. CHIPRA includes provisions to expand coverage to uninsured children and improve the quality of children's health care, including:

- Simplification of the enrollment and renewal process
- Performance bonuses for enrollment simplification and increased enrollment
- Mandated dental coverage
- **Development of a core set of health care quality measures for children covered by Medicaid and CHIP**

The Core Measure Set:
The Agency for Healthcare Research and Quality (AHRQ) and CMS both have responsibility for the core measure set mandated by CHIPRA, with AHRQ responsible for the development of the core measure set and CMS responsible for implementation. AHRQ and CMS convened the National Advisory Committee Subcommittee on Children's Healthcare Quality Measures for Medicaid and CHIP Programs (SNAC) to:

- create the initial core measurement set,
- review measures currently in use for their possible inclusion,
- nominate additional measures to consider, and
- select measures to improve and enhance the core set.

The SNAC process for the initial core set involved combining measures and eliminating overlapping measures, resulting in 65 measures which were categorized and scored. After voting on the measures, 24 measures were recommended for the initial core set. AHRQ contracts with seven academic centers of excellence to improve and enhance the Child Core Set measures. Since inception of the CHIPRA Child Core Set measures (referred to throughout this document as the Child Core Set), CMS has retired and added measures. For FFY2014 reporting, the Child Core Set includes 23 measures.

The technical specifications for the core measure set require that specific methods be used for the collection and reporting of each measure, including an administrative method using various administrative data sources, a hybrid method using data abstracted from medical records to supplement administrative data, and a survey method. In Illinois, the administrative method is used for all core measures, with the exception of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. The CAHPS® survey follows specifications established by the National Committee on Quality Assurance (NCQA).

Illinois reports on the Child Core Set measures annually to CMS using the CHIP Annual Reporting Template System (CARTS). The rates reported in CARTS include the combined Title XIX (Medicaid) and Title XXI (CHIP) populations. The rates reported in CARTS differ from the rates reported in this document, since this document also includes the population of children who are state-funded (neither Title XIX nor Title XXI).

Each year, the U.S. Department of Health and Human Services publishes the Annual Report on the Quality of Care for Children in Medicaid and CHIP, which is compiled from the information reported by states in CARTS. The annual report is available at: http://www.Medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care.html

Data Sources:
HFS operates and maintains an Enterprise Data Warehouse (EDW) that contains data from many sources. This document includes a detailed description of the data housed in the EDW.

July 2014 Core Set of Health Care Quality Measures for Children in Medicaid and CHIP

NQF #	Measure Steward	Measure Name
1959	NCQA	Human Papillomavirus Vaccine for Female Adolescents
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessment for Children/Adolescents
NA	NCQA	Children and Adolescent Access to Primary Care Practitioners
0038	NCQA	Childhood Immunization Status
1407	NCQA	Immunization Status for Adolescents
1391	NCQA	Frequency of Ongoing Prenatal Care
1517	NCQA	Timeliness of Prenatal Care
1382	CDC	Live Births Weighing less than 2,500 Grams
0471	CMQCC	Cesarean Rate for Nulliparous Singleton Vertex
NA	AMA-PCPI	Behavioral Health Risk Assessment (for Pregnant Women)
1448	OHSU	Developmental Screening in the First Three Years of Life
1392	NCQA	Well-Child Visits in the First 15 Months of Life
1516	NCQA	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
NA	NCQA	Adolescent Well-Care Visit
0033	NCQA	Chlamydia Screening in Women
NA	CMS	Percentage of Eligibles that Received Preventative Dental Services
NA	CMS	Percentage of Eligibles that Received Dental Treatment Services
1799	NCQA	Medication Management for People with Asthma
0576	NCQA	Follow-up After Hospitalization for Mental Illness
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication
0139	CDC	Pediatric Central-line Associated Blood Stream Infections—Neonatal Intensive Care Unit and Pediatric Intensive Care Unit
NA	NCQA	Ambulatory Care – Emergency Department (ED) Visits
NA	NCQA	Consumer Assessment of Healthcare Providers and Systems® (CHAPS) 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)
Retired from Child Core Set July 2014		
0139	CDC	Annual Pediatric Hemoglobin (HbA1c) Testing
0060	NCQA	Appropriate Testing for Children with Pharyngitis
1381	Alabama Medicaid	Annual Percentage of Asthma Patients with One or More Asthma-related Emergency Room Visits

Child Core Measure as of July 2014. AMA-PCPI: American Medical Association-Physician Consortium for Performance Improvement; CMQCC: California Maternal Quality Care Collaborative; CDC: Centers for Disease Control and Prevention; CMS: Centers for Medicare & Medicaid Services; NA: Measure is not NQF endorsed; NCQA: National Committee for Quality Assurance; NQF: National Quality Forum; OHSU: Oregon Health and Science University.

Performance Measurement

HFS utilizes health care performance measurement for the following purposes:

Program Evaluation and Monitoring: Measuring performance over time allows HFS to monitor the status of particular health care indicators. This process can identify problems or barriers, areas for improvement, and demonstrate the success of programs and initiatives, and allows HFS to target efforts and resources to improve health care delivery.

Quality Improvement: Quality improvement initiatives (QII) are selected based on 1) information obtained from ongoing program evaluation and monitoring that identifies problems, barriers or areas for improvement, 2) HFS goals for improving health care outcomes, 3) compliance with care guidelines or federal requirements, and 4) research/literature. Quality improvement can take many forms, including policy changes, reimbursement/incentives, and provider education on evidence-based health care. More structured QIIs also can be used to address priority issues and involve provider education and technical assistance, provider feedback, identification of lessons learned and best practices, and monitoring over time to assess performance improvement.

Pay for Performance: HFS rewards primary care providers enrolled in the Primary Care Case Management Program (PCCM) for performance through bonus payments. Bonus payments are made to providers who meet or exceed performance thresholds on particular performance measures. HFS has seen improvement in performance for those measures on which bonus payments are made. Bonus payments also are included in managed/coordinated care organization contracts to drive improvement.

Public Reporting: HFS regularly reports on performance measures through a variety of public reports such as the CHIP Annual Report, federally-required reports, the Perinatal Report, and the Title V MCH Block Grant; access HFS' reports on the HFS Reports web page.

Federal Participation/Compliance Reporting: HFS reports annually to CMS on EPSDT services using the CMS-416 reporting format. The annual report provides information on the number of children who received medical, dental or blood lead level screens and the number referred for diagnostic or treatment services. This report determines the number of screens provided in accordance with the EPSDT periodicity schedule, and assesses whether children with health problems identified through the screens were treated for medical or dental issues.

CHIPRA Child Health Quality Demonstration Grant Reporting: HFS, in partnership with the State of Florida, is one of ten grantees, involving eighteen states, testing a core set of children's health care quality measures that are used by CMS to evaluate the quality of care nationally. HFS reports the Child Core Set measures annually to CMS. The CHIPRA Demonstration Grant will end February 2016. Through the end of the grant period, the focus is on sustaining initiatives undertaken during the pilot. This includes maintaining a robust data collection and analysis process to assure ongoing reporting of quality measures, including the Child Core Set.

Policy and Program Changes: Information obtained from performance measurement is used by HFS to inform policy decisions and make program changes, allowing HFS to focus resources on efforts that result in improved health outcomes and cost effectiveness.

Future use of performance measurement includes:

Meaningful Use: Pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act, a provision of the American Recovery and Reinvestment Act of 2009 (ARRA), HFS is partnering with Federal CMS to demonstrate that electronic health records (EHRs) are being adopted and used in meaningful ways. The federal government has identified specific criteria to be measured to demonstrate meaningful use of EHRs by HFS' enrolled providers. Several of the core measures also are aligned with meaningful use measures.

Data Housed in the Enterprise Data Warehouse

Data Source	Time Period	Data Shared	Data Description
Current Data			
HFS	1996-2015	Claims	Information about health care services, including patient information, service location, provider of service, procedure, diagnosis, CPT codes
HFS	1996-2015	Recipient File	Patient-level information including eligibility, demographics, recipient ID
HFS	1996-2015	Provider File	Provider information including provider ID, provider type, address, billing address
IDPH	1990-2015	Adverse Pregnancy Outcomes Reporting System (APORS)	Information on infants born with birth defects or other abnormal conditions as contained in the infant discharge record.
IDPH	1960-2015	Childhood Immunizations	Immunizations administered in Local Health Departments and through the Cook County Department of Public Health, immunization information from the Global and Illinois Comprehensive Automated Immunization Registry Exchange (ICARE) registries, and immunization information from IDHS Cornerstone. Information includes clinic, medical information (BMI, lead screening, TB test, basic insurance information, basic school district information, patient immunization information – date, vaccine)
IDPH	1960-2015	Childhood Lead Screening	Information on lead screenings conducted by Local Health Departments and screening results for HFS children under age 7. Note: Currently only receive screenings, but will have results in the future.
IDPH	1970-2009	Vital Records	These are the legacy Vital Records prior to IDPH IVRS implementation. All data elements contained in the "certifiable" portion and all "Information for Medical and Health Use Only" portion of the Birth (1970-2009), Death (1970-2007).
IDPH	2008-2015	Expanded Illinois Vital Records System (IVRS)	Expanded tables that contain data from the IDPH IVRS. Birth: 2010-ongoing; Certified data through 2011 Death: 2008-ongoing; Certified data through 2012 Fetal Death: 1999-2012; Certified through 2012
IDPH	1970-2014	Out-of-State Vital Records	Out-of-state birth, death, and fetal death information for HFS enrollees
IDPH	1997-2015	Pre-Admission Screening	These data contain basic demographic data plus the determination of need (DON) score for patients admitted to a hospital.
IDPH	2009-2013	Hospital Discharges	Detailed data including up to 25 procedure diagnosis codes, limited to Illinois hospitals
IDHS Cornerstone	1992-2015	Family Case Management (FCM)	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in FCM.
IDHS Cornerstone	1992-2015	Family Planning (FP)	Aggregate data on women served in FP program
IDHS Cornerstone	1992-2015	Healthy Start	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in Healthy Start.
IDHS Cornerstone	1992-2015	Immunization	Immunization information for HFS participants from public health sector from Cornerstone.
IDHS Cornerstone	1992-2015	Better Birth Outcomes (BBO) (replaces Targeted Intensive Prenatal Case Management [TIPS])	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in BBO.
IDHS Cornerstone	1992-2015	Supplemental Nutrition Program for Women, Infants and Children (WIC)	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in WIC.
IDHS Cornerstone	1992-2015	Early Intervention (EI)	Enrollment information for HFS participants 0-3. **In Process** - Information from the EI Referral Form and the EI Referral Follow-up Form, including program eligibility and services, and specified information from the Individualized Family Services Plan.
DCFS	1996-2015	OBRA Medicaid Claims, skeletal data for client confirmation by HFS	Through the OBRA Waiver, Department of Children and Family Services (DCFS) sends claims for services to their Medicaid eligible wards. A skeletal file is also sent to HFS to confirm statuses and payment activity.
DSCC	2000-2013	Claim information, procedure and diagnosis information, basic demographic information	General claim information regarding children who have had a need for specialized care for which the University of Illinois Division of Specialized Care for Children (UIC-DSCC) provided services.
Under Construction			
IDPH		Early Hearing Detection and Intervention	Screening and diagnostic results for HFS participants
IDPH	1986-2013	Metabolic Genetic and Newborn Screening	Screening and diagnostic results for HFS participants; Sudden Infant Death Syndrome (SIDS) (basic information on child/mother for outreach/counseling purposes)
IDPH		Pregnancy Risk Assessment Monitoring System (PRAMS)	Aggregate data regarding population trends in activities and behaviors of pregnant women in Illinois.

Child Core Set

Technical Notes

Data Limitations
The measures reported herein are computed on the administrative methodology using administrative claims, Vital Records, and registry data. The hybrid methodology, employing medical record reviews, was not used to calculate rates.

Rates reported may be higher or lower than actual performance due to incomplete or untimely encounter data, coding, and claims adjudication issues. The most current year of data in this report reflects HFS Enterprise Data Warehouse (EDW) data as of December 2014 and includes Title XIX (Medicaid), Title XXI (CHIP), and state-funded populations. Some measures in this report may be identified as provisional. This indicates the measure was in testing at the time of the report, or the measure was newly developed or revised and ad hoc reports were used.

Data Quality
HFS has implemented a number of initiatives to improve data quality, including contractual requirements for data reporting, reduced billing timeframe requirements, and quality improvement initiatives.

Differences from Child Core Set Measure Specifications

Any differences between the core specifications and the specifications used for this report are identified. The Child Core Set specifications are periodically updated and time and resource limitations may restrict the state's ability to update measures. The version of the specifications used is identified for each measure reported.

Specifications detail the claim types to use in measure reporting. Affecting some measures, HFS uses rejected claims, but does not use pending claims since adjudication occurs in sufficient time to not impact measurement. Measure descriptions used in this report are from the Child Core Set.

The Child Core Set specifications are available at www.Medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html.

HEDIS® Percentiles
A percentile is a measure showing the percentage performing at or below a certain level. At the 50th percentile, 50 percent of those measured are performing better and 50 percent performing worse than the performance level attained.

Throughout this report, the dashboard and charts show the HEDIS® 2014 percentiles, when available, applied to CY2013 data and showing the percentile achieved. The dashboard applies the appropriate annual HEDIS® percentiles achieved for each calendar year of data. That is, HEDIS® 2012 percentiles are applied to CY2011 data, and so on.

Measurement Years
A trend is reported, when possible. The measurement years for most measures are from calendar year (CY) 2009 to CY2013. The measurement years for measure PDENT, Total Eligibles who Received Preventive Dental Services, and TDENT, Total Eligibles who Received Dental Treatment Services, are by federal fiscal year (FFY*) as required by the federal CMS-416 report. Consistent with the specifications, Frequency of Ongoing Prenatal Care and Timeliness of Prenatal Care are reported from November 6 to November 5 of the measurement year.

*FFY = October 1–September 30

Previous Child Core Set Data Books are available at:
http://www2.illinois.gov/hfs/agency/Pages/Reports.aspx

Illinois' Child Core Set Measures Performance - CY2009-CY2013 Dashboard

Child Core Set Measure	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
HPV Vaccine for Female Adolescents	N/A	N/A	N/A	12.3	14.3
BMI Assessment for Children/Adolescents					
3 to 11 Years	0.4	0.6	0.8	1.3	2.0
12 to 17 Years	0.4	0.6	0.8	1.3	2.2
3 to 17 Years	0.4	0.6	0.8	1.3	2.1
Children and Adolescents' Access to Primary Care Practitioners					
12 to 24 Months	87.8	87.8	88.1	86.1	90.1
25 Months to 6 Years	79.5	78.6	78.6	76.7	82.8
7 to 11 Years	80.3	81.1	80.1	80.1	84.9
12 to 19 Years	78.2	80.0	79.5	79.3	85.5
All Age Groups	80.5	81.0	80.5	79.7	85.2
Childhood Immunization Status					
Combo 2	65.0	64.2	66.4	67.6	67.0
Combo 3	59.1	59.2	61.2	63.1	62.8
Combo 4	N/A	N/A	N/A	28.4	55.4
Combo 5	N/A	N/A	N/A	49.5	51.7
Combo 6	N/A	N/A	N/A	30.6	32.3
Combo 7	N/A	N/A	N/A	23.7	46.8
Combo 8	N/A	N/A	N/A	16.1	30.2
Combo 9	N/A	N/A	N/A	25.8	28.0
Combo 10	N/A	N/A	N/A	14.0	26.5
Immunization Status for Adolescents					
Meningococcal	23.9	34.0	43.1	49.8	55.3
Tdap	30.6	39.5	47.6	54.9	68.0
Combo (Meningococcal/Tdap)	18.1	27.0	35.9	43.3	50.9
Frequency of Ongoing Prenatal Care					
<21% of expected visits*	11.4	11.1	10.9	4.8	5.6
21 – 40% of expected visits*	6.7	6.5	6.5	4.0	4.2
41 – 60% of expected visits*	11.2	10.7	10.6	4.5	4.7
61 – 80% of expected visits*	21.9	21.3	21.1	6.0	6.1
>81% of expected visits	48.9	50.3	51.0	80.7	79.4
Timeliness of Prenatal Care	54.1	55.6	58.1	50.2	54.4
Percentage of Live Births Weighing Less Than 2,500 Grams	8.9	8.6	8.7	8.5	9.0
Cesarean Rate for Nulliparous Singleton Vertex	N/A	22.7	23.4	23.5	21.0
Developmental Screening in the First 3 Years of Life					
1 Year	43.7	52.6	60.8	63.5	64.4
2 Years	32.2	41.0	49.7	53.5	54.4
3 Years	19.5	27.0	34.7	38.5	40.0
Total	31.9	40.0	48.1	51.5	52.8

HEDIS® Percentiles:
2012 for CY2011 Data
2013 for CY2012 Data
2014 for CY2013 Data
* Inverted - lower percentile denotes better performance

90th Percentile or greater

75th Percentile

50th Percentile

25th Percentile

10th Percentile

Rate is less than 10th percentile

N/A – Not Available

Child Core Set Measure	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Well Child Visits in the First 15 Months of Life					
0 Visits*	3.2	2.6	2.6	2.9	4.5
1 Visit*	2.7	2.4	2.2	2.5	3.5
2 Visits*	3.7	3.2	3.1	3.5	4.0
3 Visits*	5.0	4.6	4.5	4.5	4.9
4 Visits*	7.1	6.7	6.4	6.3	6.1
5 Visits*	10.3	9.8	9.2	8.7	8.4
6 or More Visits	68.1	70.8	72.0	71.7	68.6
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life					
3 Years	74.1	74.2	74.3	72.1	71.8
4 Years	74.7	74.7	74.6	72.0	71.6
5 Years	79.0	77.9	77.4	74.8	75.3
6 Years	58.2	58.1	57.7	56.1	57.2
Total	71.7	71.4	71.2	68.8	68.9
Adolescent Well Care Visits	40.7	41.5	41.8	42.0	47.7
Chlamydia Screening in Women					
16-20 Years	44.7	46.9	45.6	43.8	43.1
21-24 Years	52.5	55.2	55.7	52.8	53.5
Total	48.3	50.7	50.2	47.8	48.0
Percent of Eligibles Who Received Preventive Dental Services (FFYs 2010-2014)	46.3	48.8	50.5	52.1	51.5
Percent of Eligibles Who Received Dental Treatment Services (FFYs 2010-2014)	18.3	19.2	20.3	21.2	20.6
Medication Management for People with Asthma: ≥50% Days Covered					
5 – 11 Years	N/A	N/A	N/A	41.6	46.0
12 – 18 Years	N/A	N/A	N/A	36.8	40.5
19 – 20 Years	N/A	N/A	N/A	33.0	39.0
5 – 20 Years	N/A	N/A	N/A	39.7	43.8
Medication Management for People with Asthma: ≥75% Days Covered					
5 – 11 Years	N/A	N/A	N/A	19.4	19.8
12 – 18 Years	N/A	N/A	N/A	16.7	17.1
19 – 20 Years	N/A	N/A	N/A	18.7	18.7
5 – 20 Years	N/A	N/A	N/A	18.4	18.8
Follow-up After Hospitalization for Mental Illness					
7 Days	27.6	32.0	31.5	32.5	35.2
30 Days	46.3	51.8	51.2	55.2	56.6
Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication					
Initiation Phase	24.6	31.7	32.1	33.6	31.9
Continuation & Maintenance Phase	26.1	36.1	39.3	38.3	38.3

Illinois' Child Core Set Measures Performance - CY2009-CY2013 Dashboard

Child Core Set Measure	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Ambulatory Care – Emergency Department Visits (Per 1,000 Member Months)					
<1 Year*	102	94	95	95	87
1 – 9 Years*	57	50	51	49	49
10 – 19 Years*	36	32	32	31	34
Total*	50	44	44	42	43

HEDIS® Percentiles:
2012 for CY2011 Data
2013 for CY2012 Data
2014 for CY2013 Data
* Inverted - lower percentile denotes better performance

90th Percentile or greater

75th Percentile

50th Percentile

25th Percentile

10th Percentile

Rate is less than 10th percentile

N/A – Not Available

Child Core Set Measure	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Appropriate Testing for Children with Pharyngitis	41.7	43.3	46.8	49.7	Retired
Annual Percentage of Asthma Patients with One or More Asthma-related Emergency Room Visits	17.5	17.8	18.4	12.3	Retired
Annual Pediatric Hemoglobin (HbA1c) Testing	N/A	N/A	N/A	72.6	Retired

Measure HPV: Human Papillomavirus (HPV) Vaccine for Female Adolescents

Measure Description: Percentage of female adolescents turning 13 years of age during the measurement year who had three doses of the Human Papillomavirus (HPV) vaccine by their 13th birthday. Continuous enrollment during the 12 months prior to the beneficiary's 13th birthday is required for inclusion in this measure.

Notes on Measure Programming or Differences from Measure Specifications:

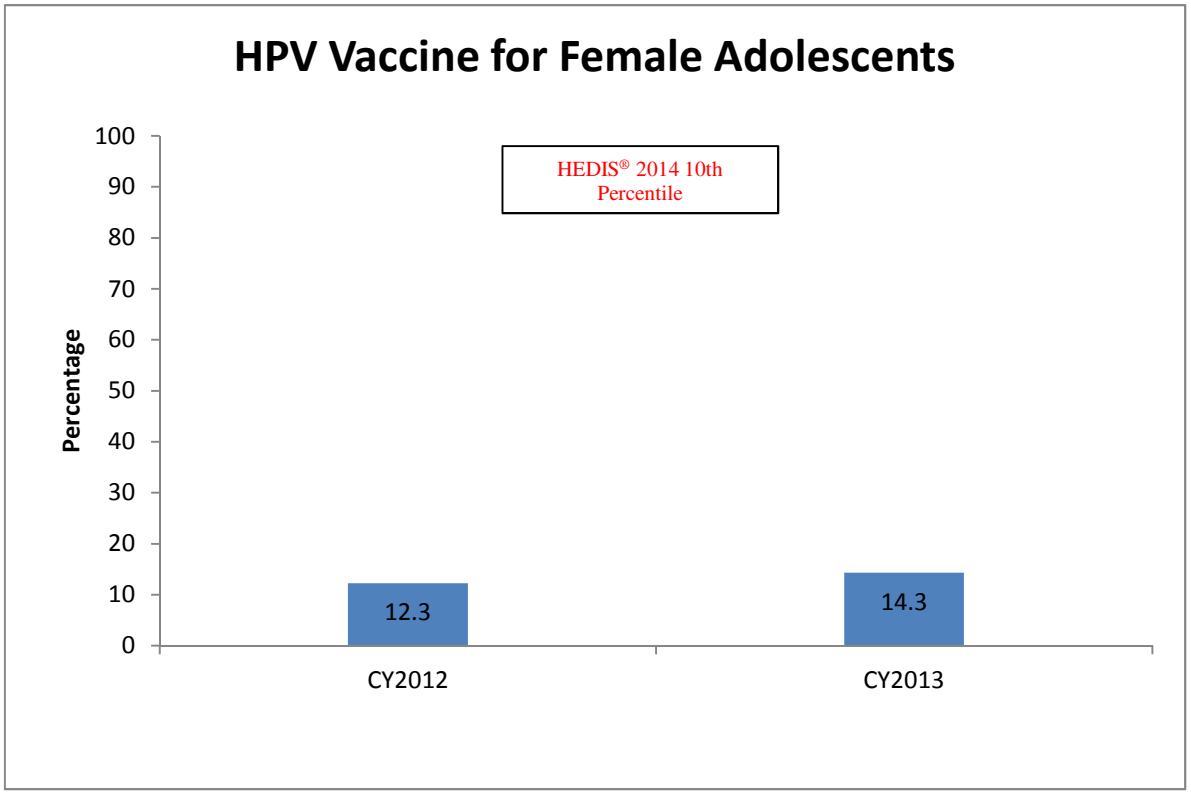
- This measure was added to the Child Core Set for reporting in FFY2013
- CY2012 rates based on HEDIS® 2013 specifications, and CY2013 rates on HEDIS® 2014 specifications.

Eligible Population:

Calendar Year	Numerator	Denominator
2012	4,719	38,447
2013	5,499	38,601

Key Findings:

- The increase from CY2012 to CY2013 is statistically significant ($p<.05$).
- Performance on this measure, however, is at the HEDIS® 2014 10th percentile showing there is a need for improvement.



Measure WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Assessment for Children/Adolescents

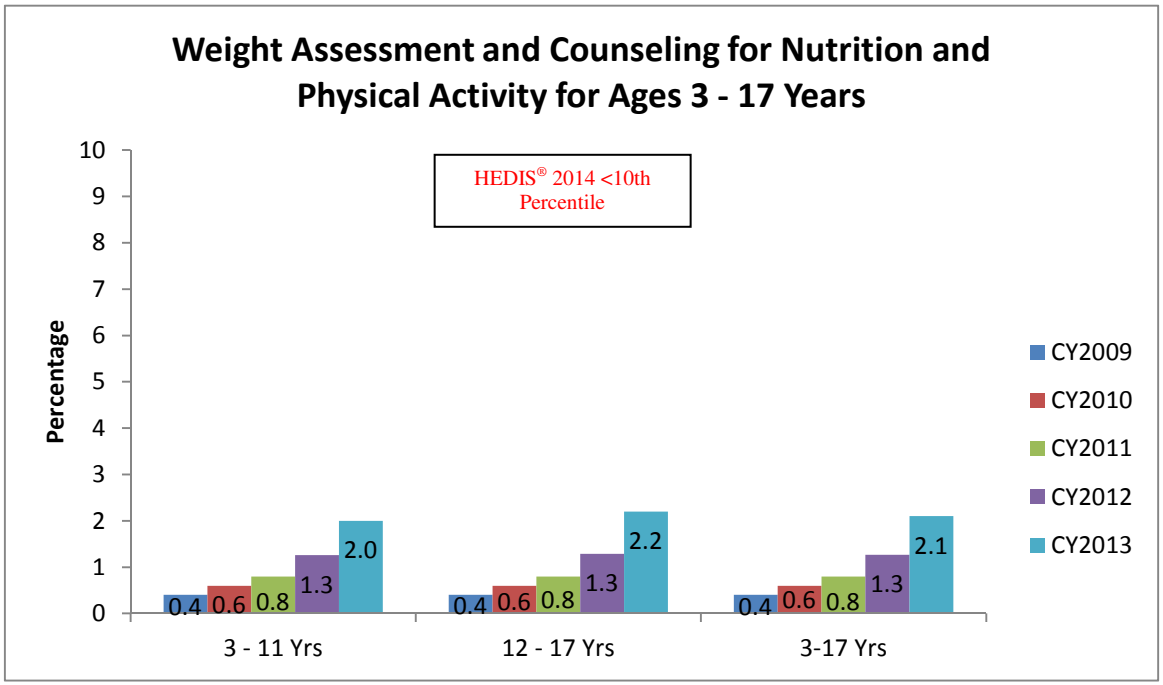
Measure Description: The percentage of children ages 3-17 who had an outpatient visit with a PCP or obstetric/gynecologic (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender. Because BMI norms for youth vary with age and gender, the measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Continuous enrollment during the measurement year is required for inclusion in this measure.

Notes on Measure Programming or Differences from Measure Specifications:

- CY2009 was generated with HEDIS® 2009 specifications, CY2010-CY2012 use 2012 specifications, and CY2013 uses 2014 specifications.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
3-11 Yrs	3,180	723,144	4,739	773,513	6,404	807,538	10,081	802,875	15,078	755,378
12-17 Yrs	1,679	393,771	2,491	419,734	3,574	440,009	5,718	444,237	9,383	427,092
3-17 Yrs	4,859	1,116,915	7,230	1,193,247	9,978	1,247,547	15,799	1,247,112	24,461	1,182,470



Key Findings:

- HFS recently conducted a quality improvement initiative on BMI which is expected to result in future improvement in this measure.
- HFS believes the actual rate of BMI assessment is much higher, but reporting of BMI is low since there is no separate reimbursement for BMI assessment and claims are not submitted when assessment is performed. To address this, HFS published a provider notice (Oct. 2013) advising providers to report BMI assessment in claims and clarifying when weight management follow-up visits can be billed. Education sessions are planned. These activities are expected to increase the BMI rates in the future.

Measure CAP: Child and Adolescent Access to Primary Care Practitioners (PCP)

Measure Description: The percentage of children ages 12 months through 19 years who had a visit with a PCP, including four separate age groupings or categories:

- Children ages 12 through 24 months and 25 months through 6 years who had a visit with a PCP during the measurement year.
- Children ages 7 through 11 years and adolescents 12 through 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

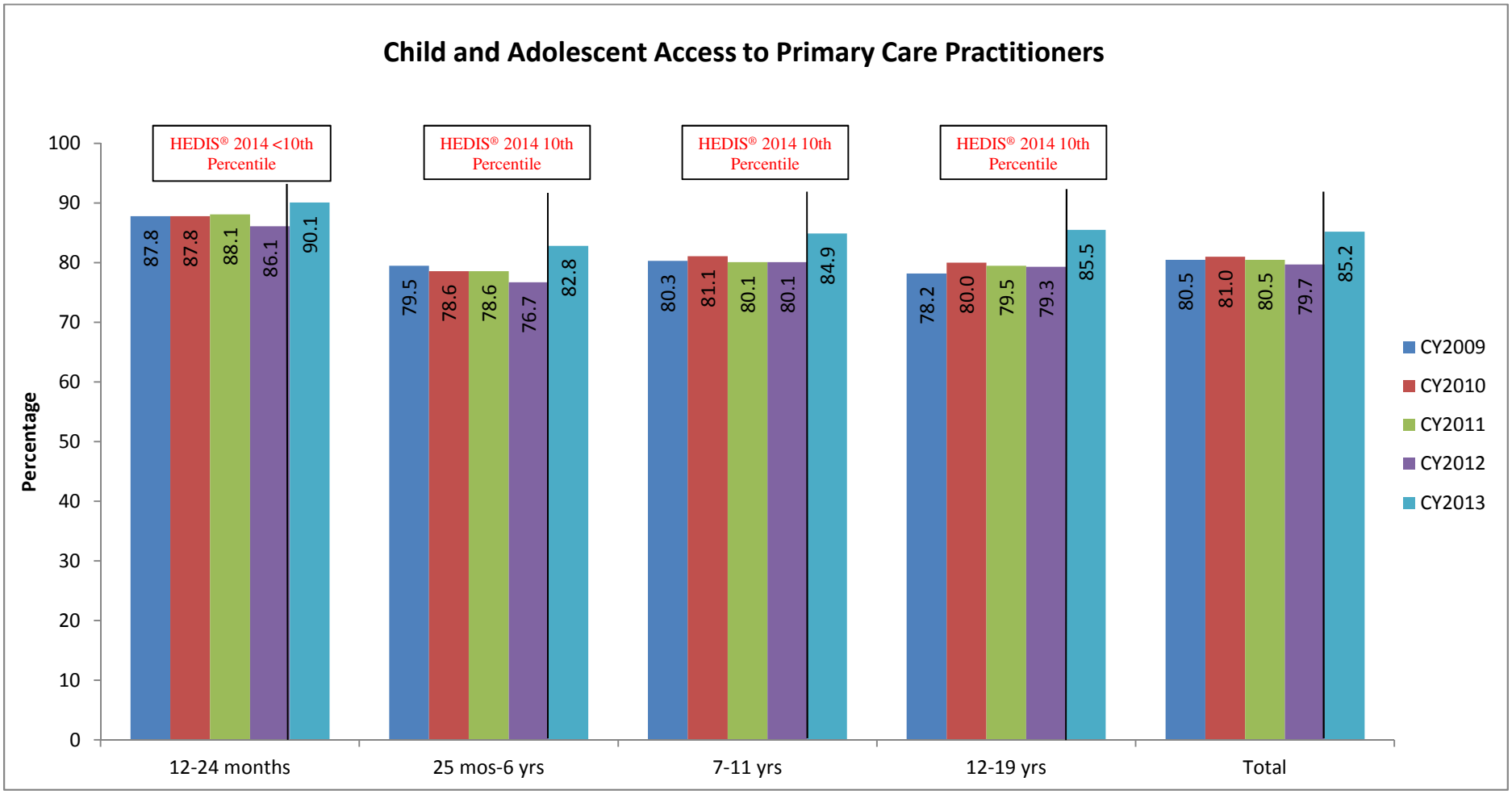
Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2010 are based on HEDIS® 2012 specifications, CY2012 data uses HEDIS® 2013 specifications and CY2013 uses 2014 specifications.
- The solid vertical line in the chart indicates that rates for CY2013 are not comparable to previous years due to measure re-programming. Prior to 2014, the definition of primary care provider (PCP) used a restrictive set of codes that too narrowly defined PCP and reduced our rates. Revised programming appropriately defines PCPs and is reflected in CY2013 rates.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
12–24 mo	165,665	188,716	165,749	188,749	161,039	182,796	149,614	173,719	145,044	161,051
25 mo–6 yrs	275,155	346,005	290,255	369,356	301,241	383,155	289,168	377,080	287,639	347,247
7-11 yrs	273,376	340,509	299,398	369,388	317,382	396,017	321,700	401,695	327,951	386,303
12-19 yrs	326,265	417,309	363,375	454,143	387,357	487,162	393,033	495,746	408,607	477,984
Total	1,040,461	1,292,539	1,118,777	1,381,636	1,167,019	1,449,130	1,153,515	1,448,240	1,169,241	1,327,585

Measure CAP: Child and Adolescent Access to Primary Care Practitioners (PCP)



Key Findings:

- The CY2013 performance increase in each age category is likely due primarily to measure re-programming to comply with the definition of PCP. It is likely that previous years' performance would be higher if the PCP definition had been less restrictive than it was at the time the historical data were run.
- The CY2013 rates for each age category are at or below the HEDIS® 2014 10th percentile showing room for improvement.

Measure CIS: Childhood Immunization Status

Measure Description: The percentage of children who turned age 2 during the measurement year and had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. To be counted, children must have reached their second birthday by the end of the measurement year and be continuously enrolled for 12 months prior to the child's second birthday.

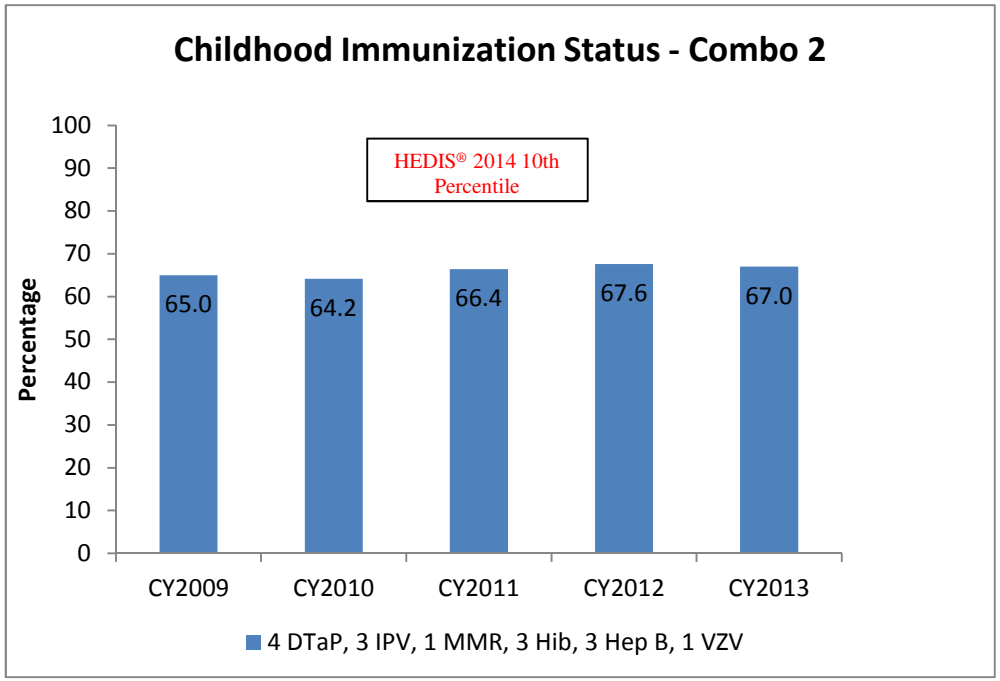
Notes on Measure Programming or Differences from Measure Specifications:

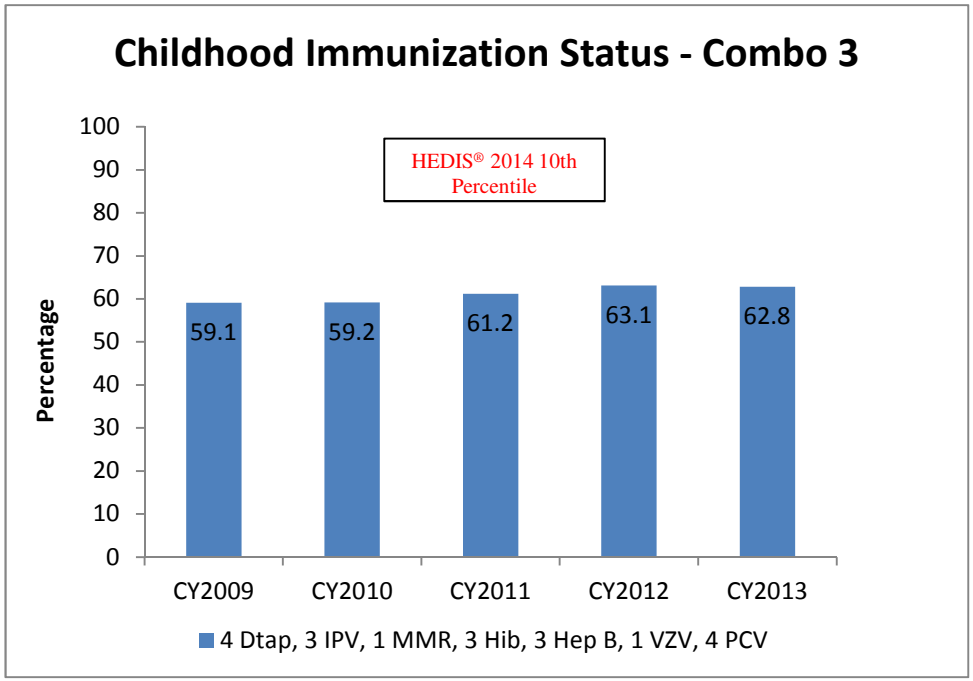
- CY2009-CY2011 were generated with HEDIS® 2011 specifications, CY2012 with HEDIS® 2013 specifications, and CY2013 with HEDIS® 2014 specifications.
- Combination vaccines 4 through 10 were first reported in CY2012.
- Individual vaccine rates are not included in this report.
- The measure includes vaccinations identified using claims, the state immunization registry and the DHS Cornerstone client information system.
- Denominator exclusions were first applied for reporting CY2012 rates in FFY2013. These exclusions were not applied to the denominator in previous years.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
Combo 2	61,240	94,265	61,257	95,383	62,093	93,582	60,069	88,810	55,696	83,147
Combo 3	55,688	94,265	56,508	95,383	57,285	93,582	56,024	88,810	52,232	83,147
Combo 4							25,203	88,810	46,033	83,147
Combo 5							43,924	88,810	43,021	83,147
Combo 6							27,140	88,810	26,817	83,147
Combo 7							21,087	88,810	38,916	83,147
Combo 8							14,274	88,810	25,126	83,147
Combo 9							22,872	88,810	23,299	83,147
Combo 10							12,410	88,810	22,023	83,147

Measure CIS: Childhood Immunization Status





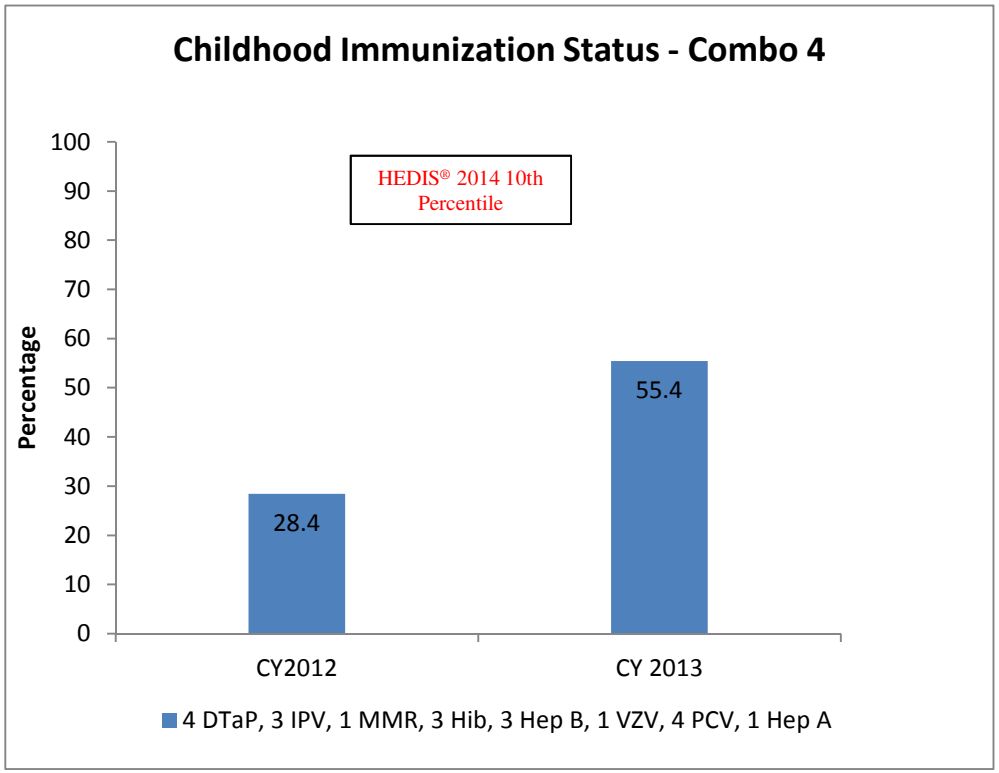
Key Findings: Combo 2

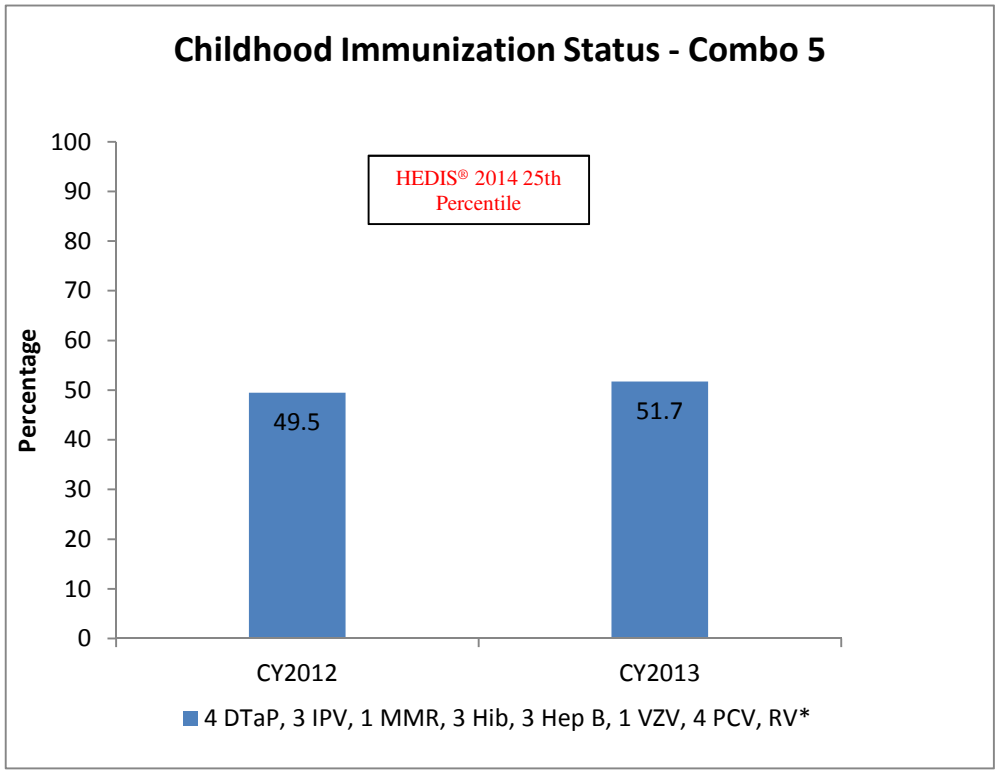
- From CY2009 to CY2013, there was an increase of 2.0 percentage points, an increase of 3.1 percent, in Combo 2.
- While the increase from CY2009 to CY2013 is statistically significant ($p<.05$), there is a significant decline ($p<.05$) from CY2012 to CY2013, the first decline in the five-year period.
- The HEDIS® 2014 10th percentile was achieved for CY2013 showing room for improvement.

Key Findings: Combo 3

- There was an increase of 3.7 percentage points, an increase of 6.3 percent, in Combo 3 from CY2009 to CY2013.
- While the increase from CY2009 to CY2013 is statistically significant ($p<.05$), there is a non-significant decline from CY2012 to CY2013, the first decline in the five-year period.
- The HEDIS® 2014 10th percentile was achieved for CY2013 showing room for improvement.

Measure CIS: Childhood Immunization Status





Key Findings: Combo 4

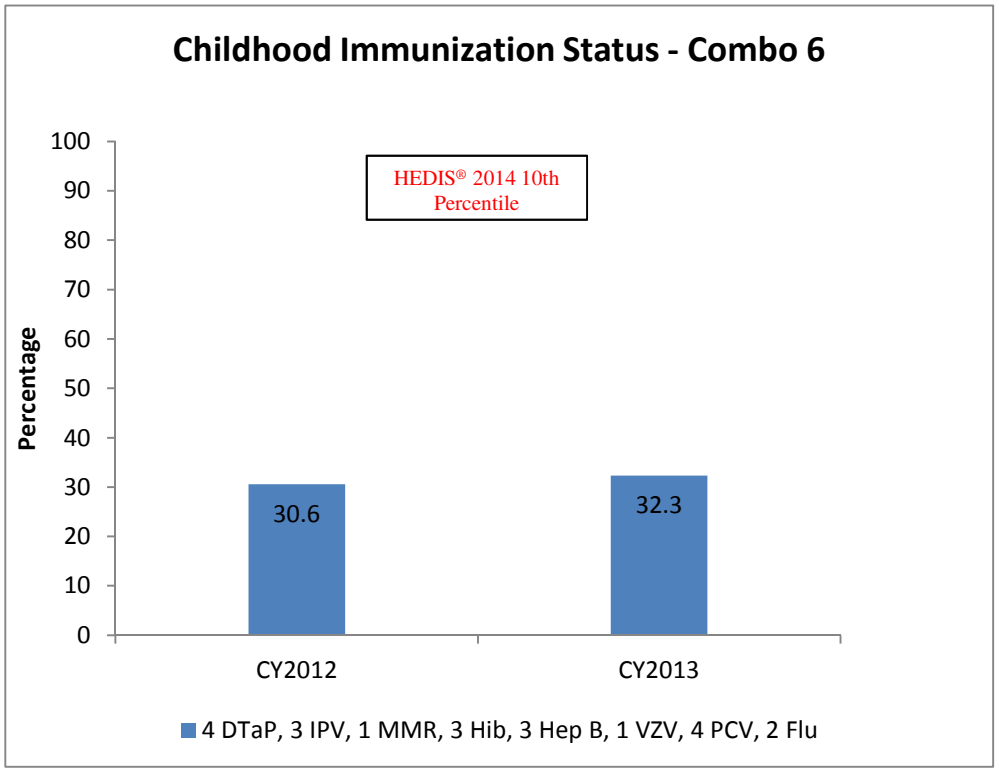
- The HEDIS® 2014 10th was achieved for CY2013 showing room for improvement.
- Individual vaccine rates show that Hep A increases are likely the cause for the statistically significant (p<.05) increase from CY2012 to CY2013.

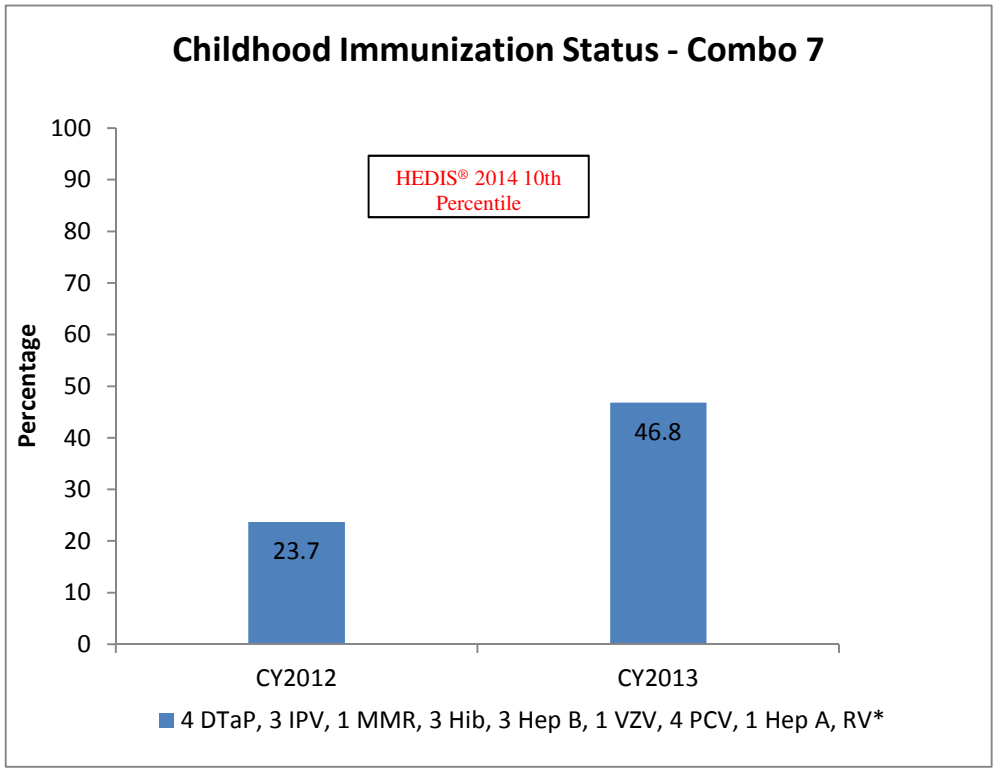
Note: *RV= 2 doses of the 2-dose vaccine, or 1-dose of the 2-dose vaccine and 2 doses of the 3-dose vaccine, or 3-doses of the 3-dose vaccine

Key Findings: Combo 5

- The HEDIS® 2014 25th percentile was achieved for CY2013 showing room for improvement.
- The 2.2 percentage point increase from CY2012 to CY2013 is statistically significant (p<.05).

Measure CIS: Childhood Immunization Status





Key Findings: Combo 6

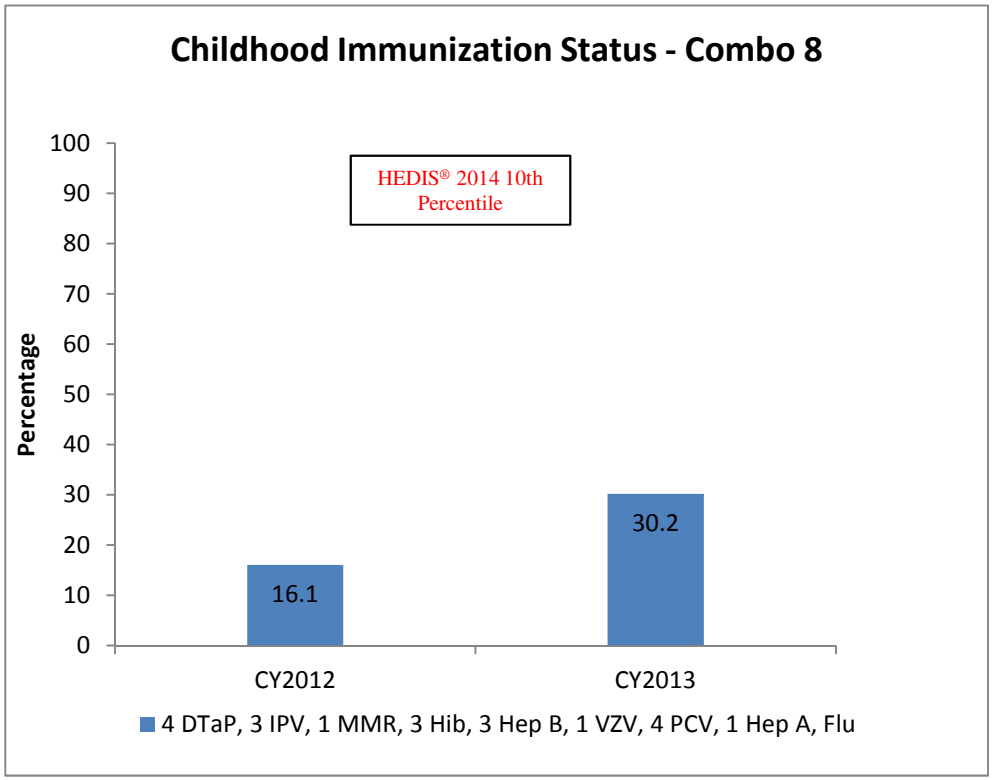
- The HEDIS® 2014 10th percentile was achieved for CY2013 showing need for improvement.
- The 1.7 percentage point increase from CY2012 to CY2013 is statistically significant ($p<.05$).
- Rates of Influenza vaccine administration (37.2% and 39.2%, respectively) relative to other vaccines may contribute to this low Combo immunization rate.

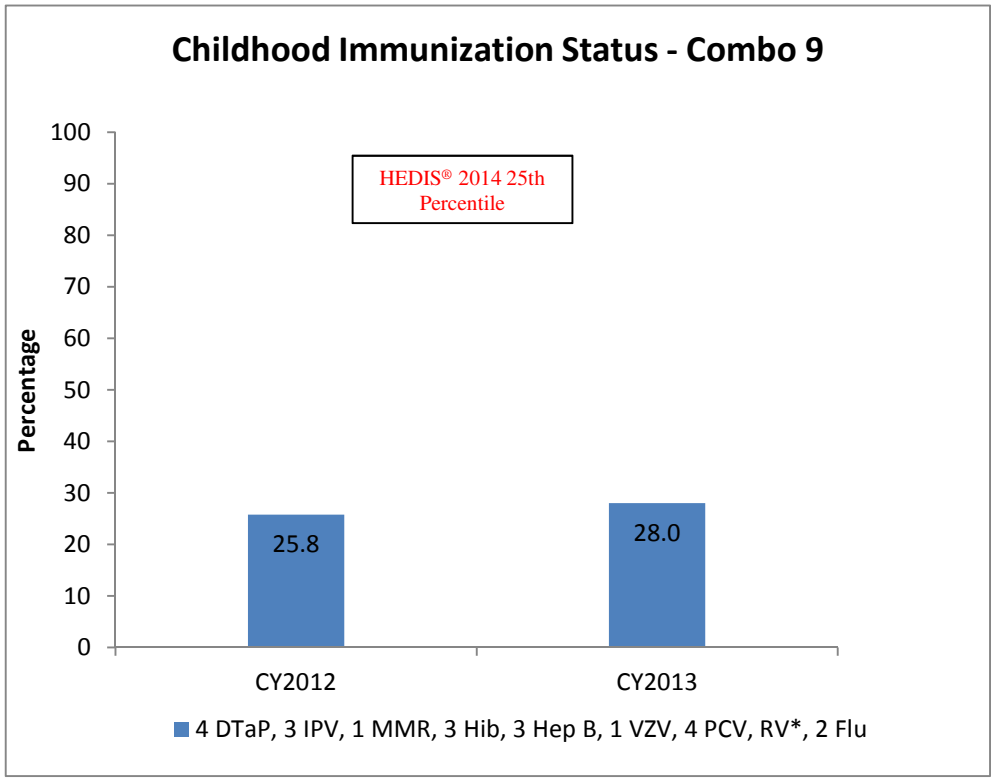
Note: *RV= 2 doses of the 2-dose vaccine, or 1-dose of the 2-dose vaccine and 2 doses of the 3-dose vaccine, or 3-doses of the 3-dose vaccine

Key Findings: Combo 7

- The HEDIS® 2014 10th percentile was achieved for CY2013 showing need for improvement.
- Individual vaccine rates show that Hep A increases are likely the cause for the statistically significant ($p<.05$) increase from CY2012 to CY2013.

Measure CIS: Childhood Immunization Status





Key Findings: Combo 8

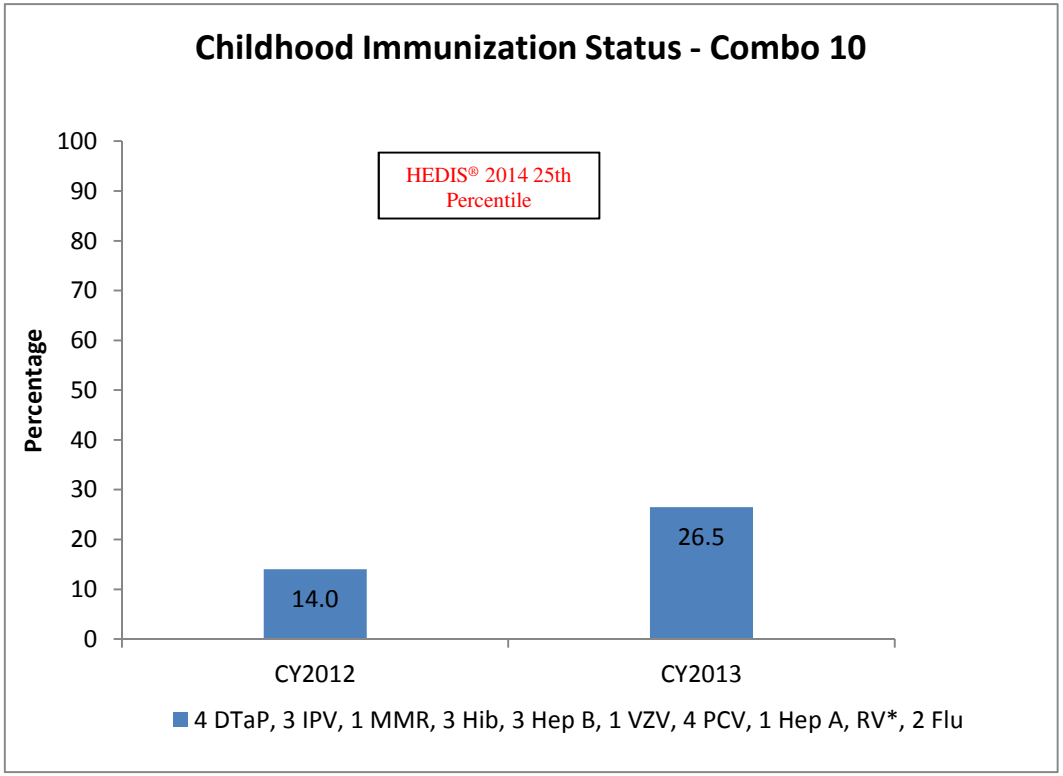
- The HEDIS® 2014 10th was achieved for CY2013 showing need for improvement.
- Individual vaccine rates show that Hep A increases are likely the cause for the statistically significant ($p<.05$) increase from CY2012 to CY2013.

Note: *RV= 2 doses of the 2-dose vaccine, or 1-dose of the 2-dose vaccine and 2 doses of the 3-dose vaccine, or 3-doses of the 3-dose vaccine

Key Findings: Combo 9

- The HEDIS® 2014 25th was achieved for CY2013 showing need for improvement.
- The increase from CY2012 to CY2013 is statistically significant ($p<.05$).
- Rates of Influenza vaccine administration (37.2% and 39.2%, respectively) relative to other vaccines may contribute to this low Combo immunization rate.

Measure CIS: Childhood Immunization Status



Note: *RV= 2 doses of the 2-dose vaccine, or 1-dose of the 2-dose vaccine and 2 doses of the 3-dose vaccine, or 3-doses of the 3-dose vaccine

Key Findings: Combo 10

- The HEDIS® 2014 25th was achieved for CY2013 showing need for improvement.
- Individual vaccine rates show that Hep A increases are likely the cause for the statistically significant ($p<.05$) increase from CY2012 to CY2013.

Measure IMA: Immunization Status for Adolescents

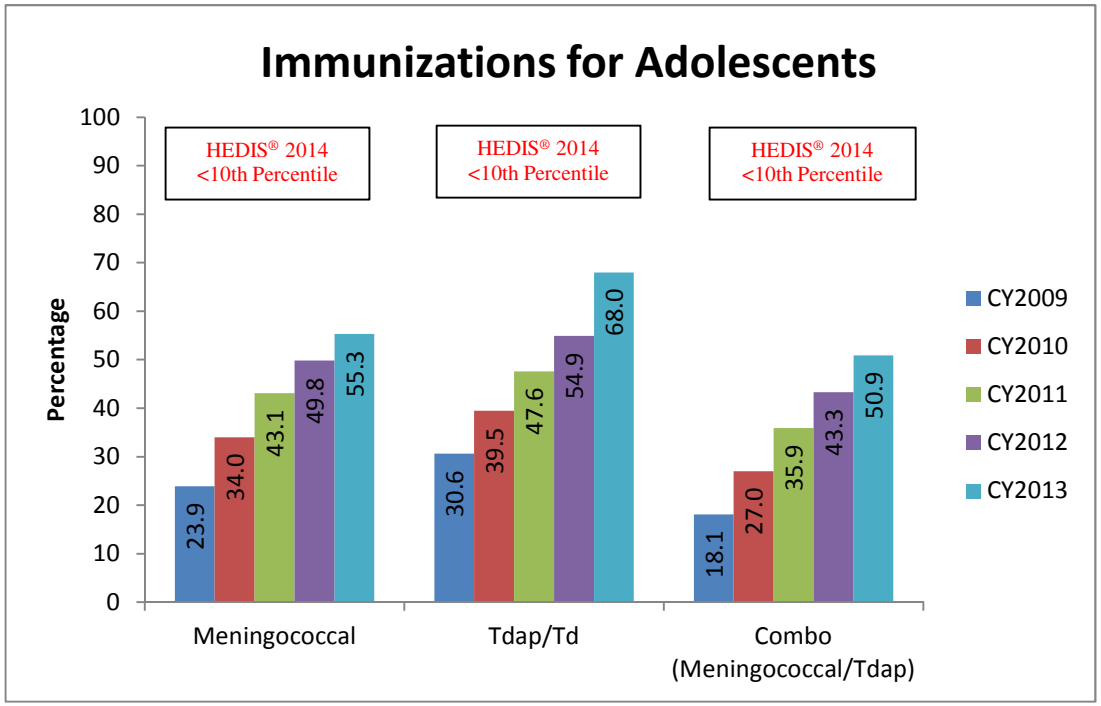
Measure Description: The percentage of adolescents who turned 13 years old during the measurement year and had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate. Continuous enrollment is 12 months prior to the child's 13th birthday.

Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2012 were generated with HEDIS® 2012 specifications and CY2013 with HEDIS® 2014 specifications.
- The measure includes vaccinations identified using claims, the state immunization registry and the DHS Cornerstone client information system.
- Denominator exclusions were first applied for reporting CY2012 rates in FFY2013. These exclusions were not applied to the denominator in previous years.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
Meningococcal	15,623	65,273	23,823	70,102	32,725	75,952	38,931	78,250	43,466	78,540
Tdap/Td	19,976	65,273	27,701	70,102	36,157	75,952	42,921	78,250	53,419	78,540
Combo	11,781	65,273	18,955	70,102	27,255	75,952	33,864	78,250	39,959	78,540



Key Findings

- From CY2009 to CY2013, the Combo (Meningococcal and Tdap/Td) immunization rate for adolescents increased by 32.8 percentage points, an increase of 181.2 percent.
- There was an increase of 31.4 percentage points, or 131.4 percent, in the Meningococcal rate from CY2009 to CY2013.
- From CY2009 to CY2013 there was an increase of 37.4 percentage points, or 122.2 percent, in the Tdap/Td rate.
- For both vaccines and the Combo, the increases from CY2009 to CY2013 are statistically significant at the $p<.05$ level.
- Regardless of these increases, rates for each vaccine and combo are below the HEDIS® 2014 10th percentile presenting opportunity for improvement.

Measure FPC: Frequency of Ongoing Prenatal Care

Measure Description: The percentage of women with deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received <21 percent, 21-40 percent, 41-60 percent, 61-80 percent, or ≥81 percent of expected prenatal visits. To be counted, enrolled women must be continuously enrolled 43 days prior to delivery through 56 days after delivery. A lower percentage of visits in categories <81% and a higher percentage of visits ≥81% for this measure indicates better performance.

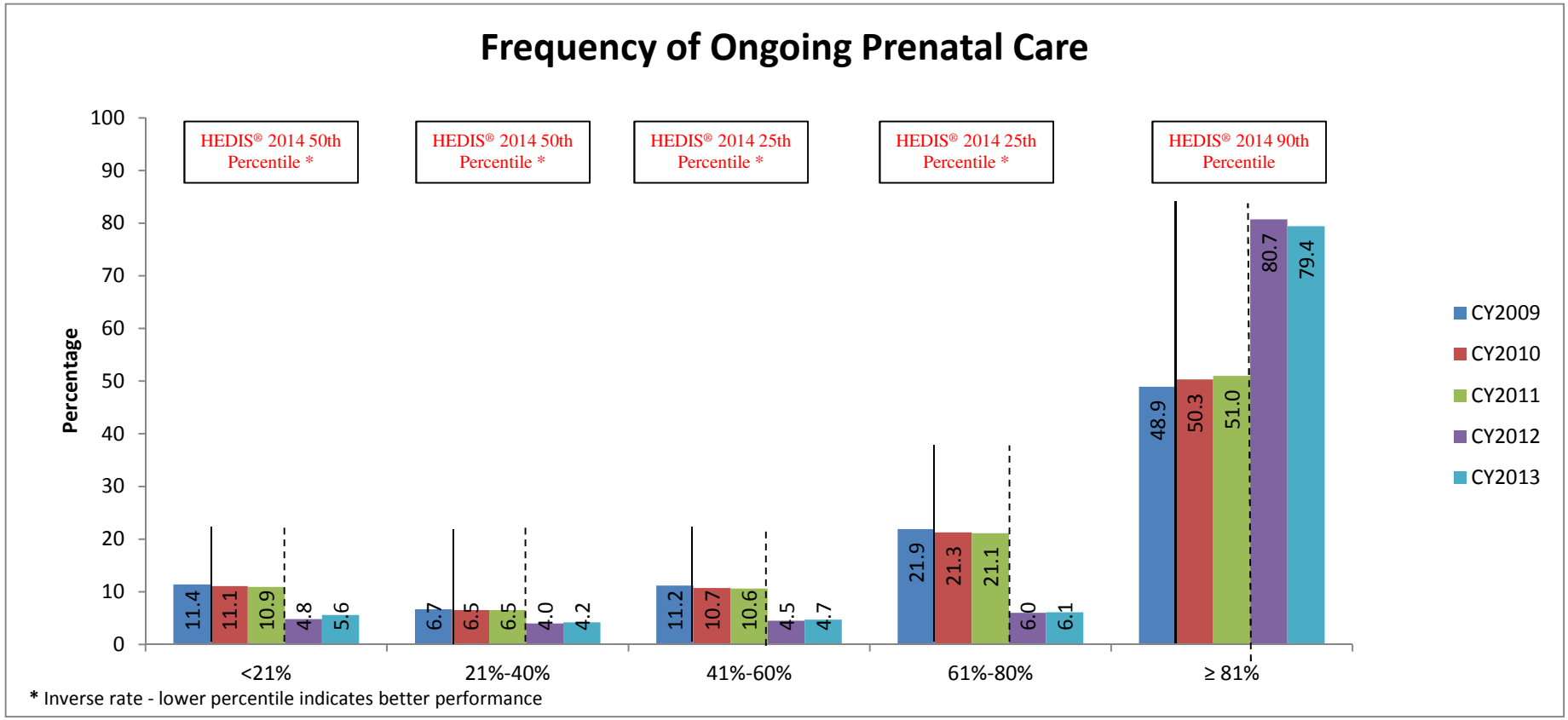
Notes on Measure Programming or Differences from Measure Specifications:

- From CY2012 to CY2013 a programming change resulted in a slightly lower denominator count in CY2013.
- The solid vertical line indicates that CY2010-CY2013 rates use uncertified Vital Records data and are, therefore, not comparable to CY2009 rates that use certified Vital Records.
- The dashed line in the chart indicates rates for CY2012 and after are not comparable to previous years because of the following measure programming updates:
  - CY2009-CY2011 generated with HEDIS® 2007 specifications, CY2012 with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.
  - HFS used only Decision Rule 2 for CY2009-CY2011. Beginning with CY2012, all four decision rules are used.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
<21%	9,692	85,429	9,134	82,636	8,677	79,996	3,863	79,948	4,372	78,275
21-40%	5,690	85,429	5,408	82,636	5,226	79,996	3,183	79,948	3,314	78,275
41-60%	9,596	85,429	8,879	82,636	8,437	79,996	3,620	79,948	3,663	78,275
61-80%	18,676	85,429	17,614	82,636	16,851	79,996	4,772	79,948	4,801	78,275
≥81%	41,775	85,429	41,601	82,636	40,805	79,996	64,510	79,948	62,125	78,275

Measure FPC: Frequency of Ongoing Prenatal Care



Key Findings:

- It is preferable to achieve the highest rate at the upper most visit frequency of ≥81% and the lowest rates at the lower visit frequencies. CY2013 rates for frequency of prenatal care show that the majority of pregnant women are receiving 81% or more of the expected number of prenatal visits, which is considered adequate prenatal care.
- Comparing CY2012 and CY2013, there was a statistically significant decline in women receiving ≥81% of recommended visits. This decrease will be monitored in future years.
- Compared to HEDIS® 2014 percentiles, among the lowest two visit frequency categories performance is at the 50th percentile. This shows the need for improvement since within these categories lower percentiles indicate better performance.

Measure PPC: Timeliness of Prenatal Care

Measure Description: The percentage of women with deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year who received a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid/CHIP.

Notes on Measure Programming or Differences from Measure Specifications:

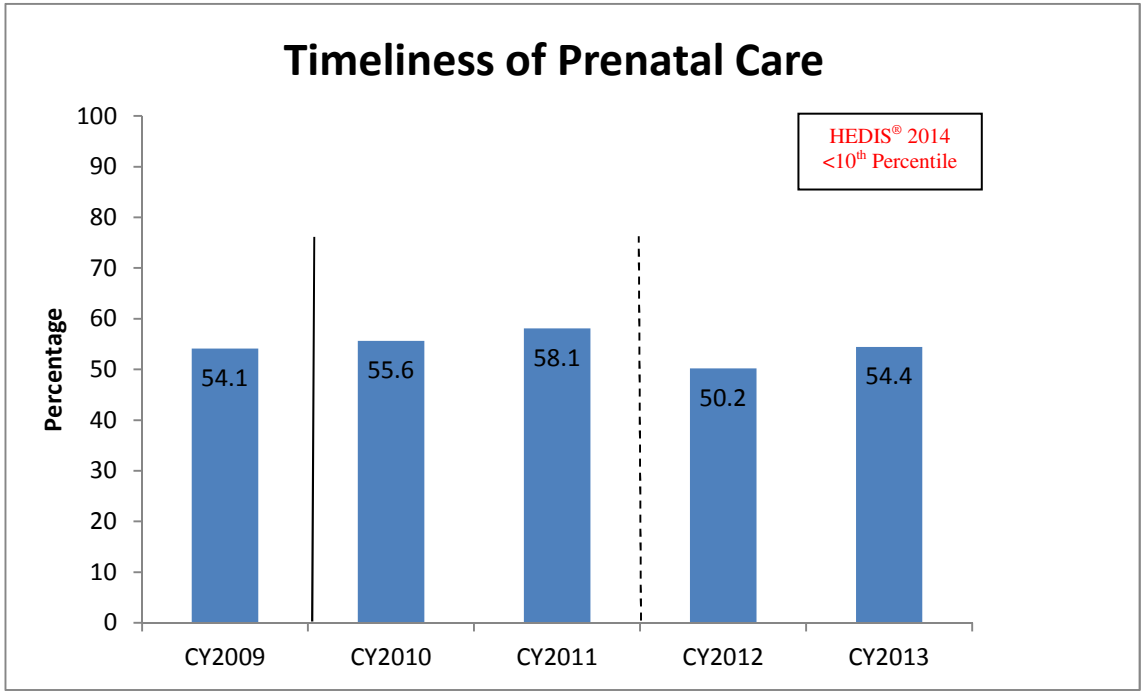
- From CY2012 to CY2013 a programming change resulted in a slightly lower denominator count in CY2013.
- The solid vertical line indicates that CY2010-CY2013 rates use uncertified Vital Records data and are, therefore, not comparable to CY2009 rates that use certified Vital Records.
- The dashed line indicates that rates for CY2012 and after are not comparable to previous years because of the following measure programming updates:
  - CY2009-CY2011 generated with HEDIS® 2007 specifications and CY2012 generated with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.
  - HFS used only Decision Rule 2 for CY2009-CY2011. Beginning with CY2012, all four decision rules are used.

Eligible Population:

Calendar Year	Numerator	Denominator
2009	46,242	85,429
2010	45,979	82,636
2011	46,487	79,996
2012	39,728	79,141
2013	42,603	78,275

Key Findings:

- This measure shows that approximately one-half of pregnant women receive timely prenatal care.
- The increase from CY2012 to CY2013 is statistically significant ($p<.05$).
- This measure is below the HEDIS® 2014 10th percentile showing need for improvement.



Measure LBW: Live Births Weighing Less Than 2,500 Grams

Measure Description: The measure assesses the number of resident live births less than 2,500 grams as a percentage of the number of resident live births in the State. The denominator includes the number of Medicaid and CHIP resident live births in the State during the measurement period regardless of the length of enrollment for women with these births. A lower percentage on this measure indicates better performance.

Notes on Measure Programming or Differences from Measure Specifications:

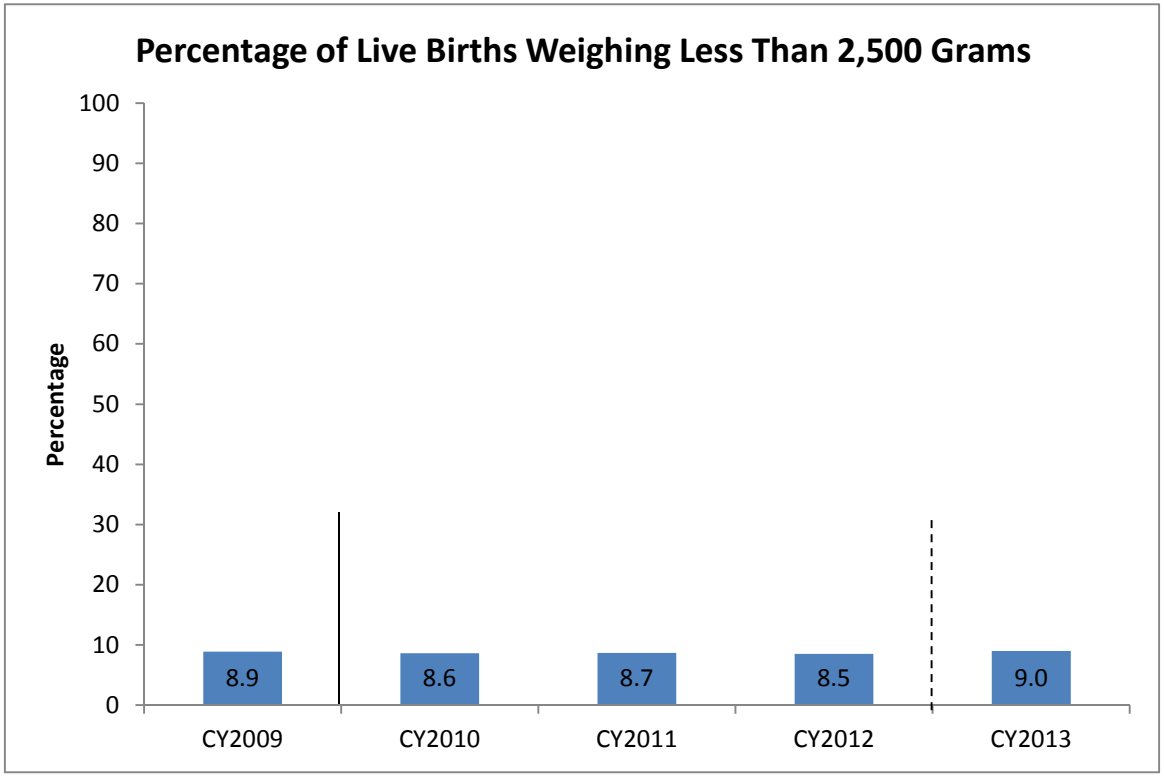
- The solid vertical line indicates that CY2010-CY2013 rates use uncertified Vital Records data and are therefore not comparable to CY2009 rates that use certified Vital Records.
- The dashed line indicates CY2013 rates are not comparable to previous years due to enhancements to the Moms/Babies Data Mart matching process. These enhancements identify more Mom/baby pairs and first births resulting in denominator and numerator increases compared to previous years.
- Rates are based on deliveries with >$0 re-priced net liability amount.
- The July 2014 Child Core Set specifications were used to program this measure for CY2013.

Eligible Population:

Calendar Year	Numerator	Denominator
2009	5,591	62,834
2010	5,722	66,446
2011	5,558	63,560
2012	5,020	59,387
2013	6,101	67,808

Key Findings:

- Changes to the Mom to baby matching process preclude comparison of CY2013 to previous years.



Measure CSEC: Cesarean Rate for Nulliparous Singleton Vertex

Measure Description: The percentage of women that had a Cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later. This measure identifies the portion of Cesarean births that has the most variation among practitioners, hospitals, regions, and states and focuses attention on the proportion of Cesarean births affected by elective medical practices such as induction and early labor admission. Furthermore, management of the first labor directly impacts the remainder of the woman's reproductive life especially given the current high rate of repeat cesarean births.

Notes on Measure Programming or Differences from Measure Specifications:

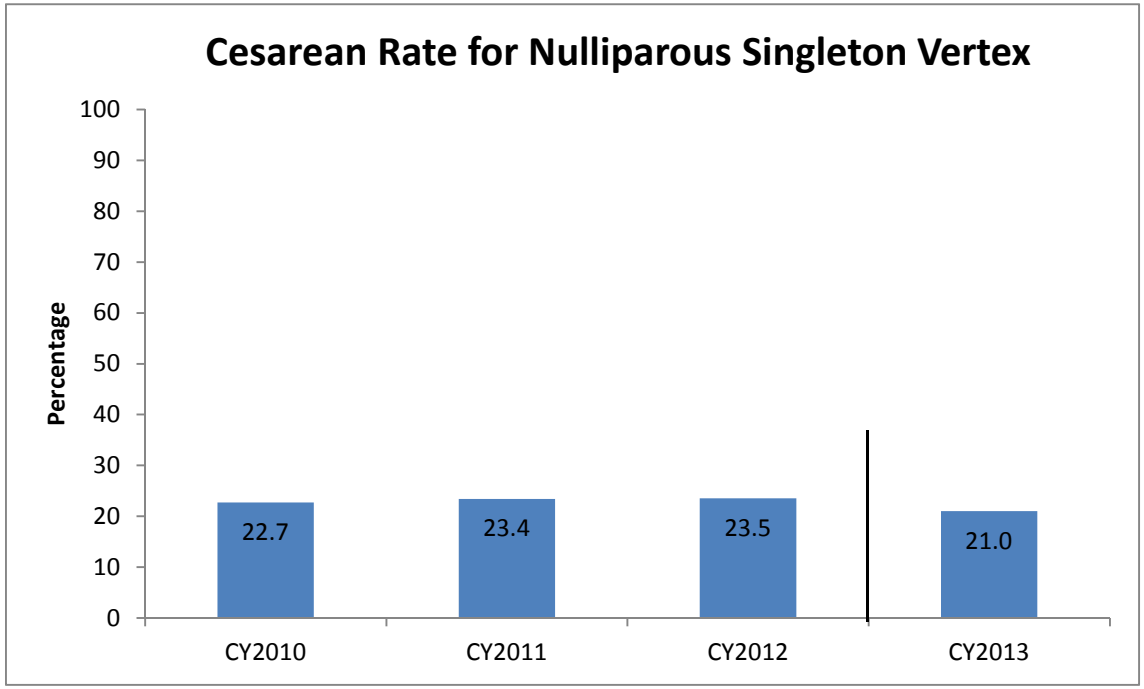
- The solid vertical line indicates that CY2013 rates are not comparable to CY2010-CY2012 due to enhancements to the Moms/Babies Data Mart matching process. These enhancements identify more Mom/baby pairs and first births resulting in denominator and numerator increases compared to previous years.
- The CY2010-CY2013 rates use uncertified Vital Records data.
- The July 2014 Child Core Set specifications were used to program this measure for CY2013.

Eligible Population:

Calendar Year	Numerator	Denominator
2010	3,553	15,638
2011	3,357	14,335
2012	3,207	13,637
2013	4,528	21,612

Key Findings:

- The high rate of non-medically indicated early elective delivery (EED) is a state and national problem. A number of quality improvement initiatives are directed at reducing EED. This focus is expected to result in a reduced EED rate, including Cesarean sections.



Measure DEV: Developmental Screening in the First Three Years of Life

Measure Description: The percentage of children who are 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. To be counted, children must have reached their first, second or third birthday by the end of the measurement year (calendar year) and be continuously enrolled during the measurement year.

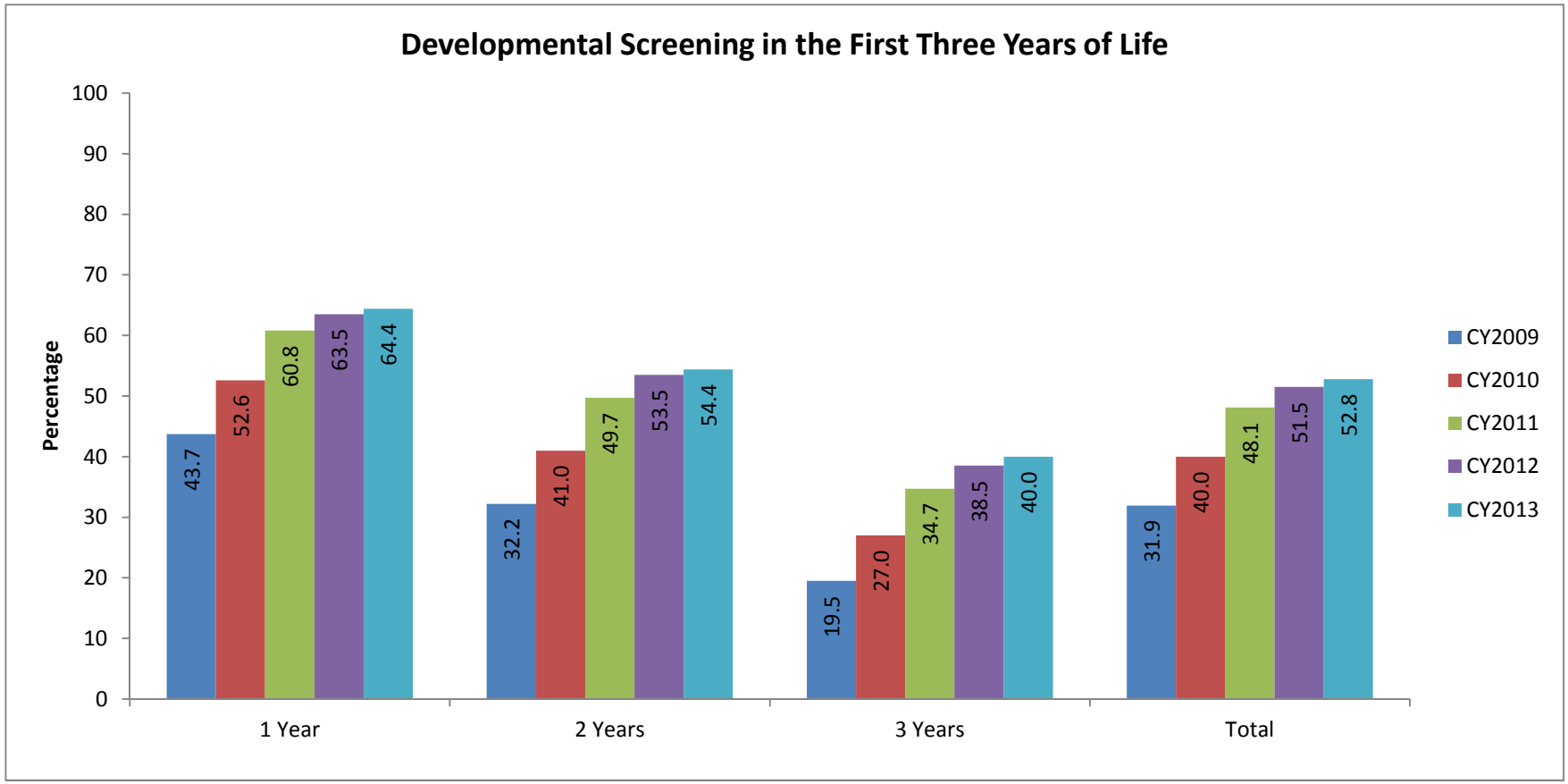
Notes on Measure Programming or Differences from Measure Specifications:

- The specifications define specific global screening tools that are to be counted for this measure. Screening tools allowed by HFS policy include global and domain-specific tools that differ from those included in the specifications. This measure counts allowable screening tools as specified in HFS policy.
- The July 2014 Child Core Set specifications were used to program this measure for CY2013.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
1 Yr	40,973	93,822	49,345	93,808	55,294	90,878	55,913	88,073	55,324	85,893
2 Yrs	30,714	95,460	39,387	95,978	47,115	94,728	48,555	90,757	46,899	86,170
3 Yrs	18,079	92,489	26,492	97,965	33,819	97,511	36,423	94,666	35,391	88,374
Total	89,766	281,771	115,224	287,751	136,228	283,117	140,891	273,496	137,614	260,437

Measure DEV: Developmental Screening in the First Three Years of Life



Key Findings:

- Each age category shows statistically significant increases ($p<.05$) in screening rates from CY2009 to CY2013.
- From CY2009 to CY2013 among those screened by 1 year of age, the rate increased by 20.7 percentage points, an increase of 47.4 percent; among 2 year olds, the rate increased by 22.2 percentage points, or 68.9 percent; and among those 3 years of age, the rate increased by 20.5 percentage points, an increase of 105.1 percent.
- Among the total population of 1 to 3 year olds, the screening rate from CY2009 to CY2013 increased by 20.9 percentage points, an increase of 65.5 percent.
- The screening rate is highest for children during the first year of age and lower for 2 and 3 year olds.
- While still experiencing statistically significant increases from year–to-year for each age and for the total, the magnitude of increase is slowing with each successive year.
- HFS conducted quality improvement initiatives to promote objective developmental screening. The focused initiatives concluded in 2013. Sustaining these rates must be maintained through efforts of the medical home, care coordination and practicing evidence-based care.

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

Measure Description: The percentage of children who turned 15 months old during the measurement year and had 0, 1, 2, 3, 4, 5, or 6 or more well-child visits with a primary care provider during their first 15 months of life. To be counted, children must have turned 15 months old during the measurement year (calendar year) and must have been continuously enrolled from 31 days to 15 months of age.

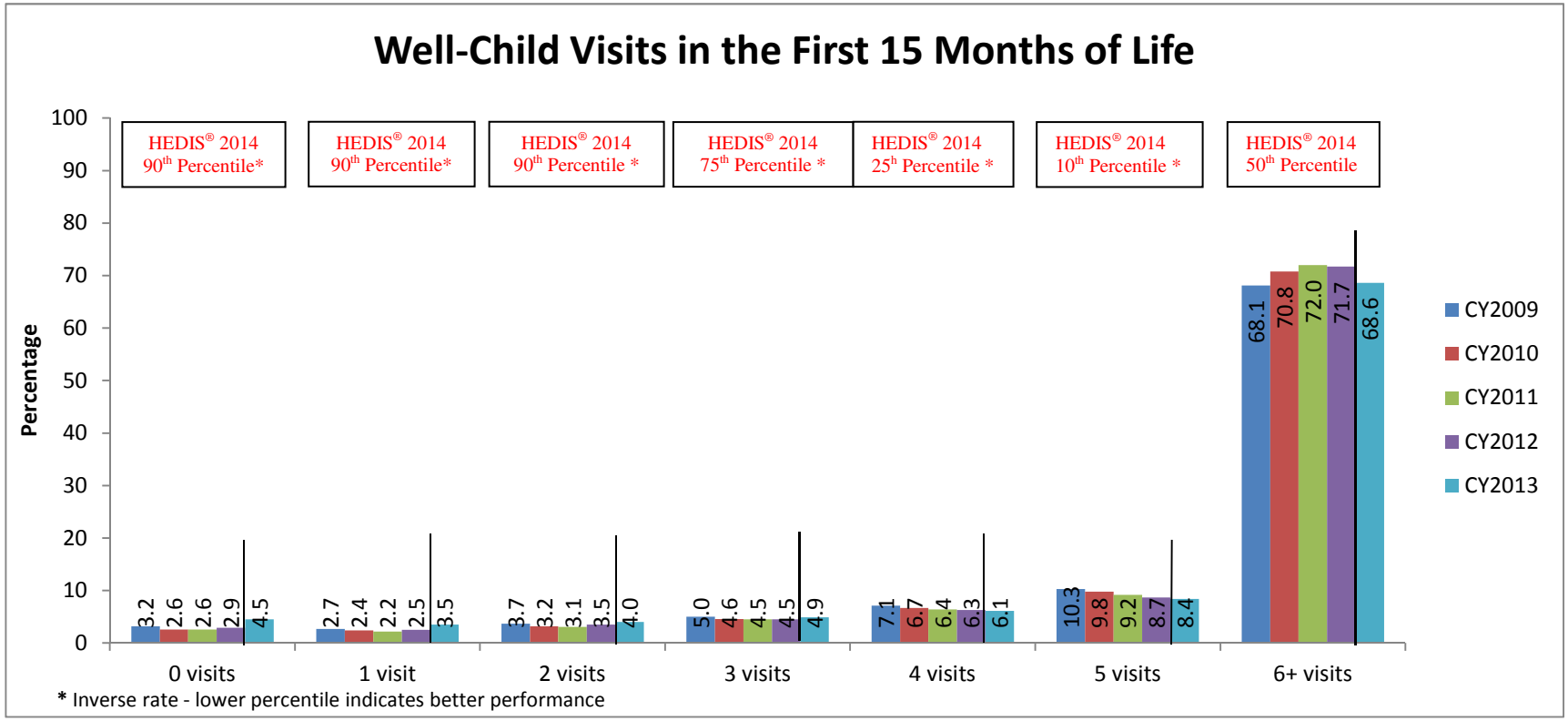
Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2011 generated with HEDIS® 2012 specifications, CY2012 generated with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.
- The solid vertical line indicates that CY2013 rates are not comparable to CY2009-CY2012. Before CY2013, PCP was not defined and the measure accepted all types. Measure programming was changed to assess by provider type code and specialty type to assure selection of only primary care providers.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
0 Visits	3,011	94,398	2,413	91,137	2,317	88,630	2,463	85,969	3,761	82,698
1 Visit	2,508	94,398	2,145	91,137	1,966	88,630	2,128	85,969	2,917	82,698
2 Visits	3,462	94,398	2,893	91,137	2,779	88,630	3,000	85,969	3,282	82,698
3 Visits	4,758	94,398	4,179	91,137	3,989	88,630	3,880	85,969	4,013	82,698
4 Visits	6,676	94,398	6,093	91,137	5,630	88,630	5,438	85,969	5,047	82,698
5 Visits	9,677	94,398	8,888	91,137	8,164	88,630	7,457	85,969	6,941	82,698
6+ Visits	64,306	94,398	64,526	91,137	63,785	88,630	61,603	85,969	56,737	82,698

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



Key Findings:

- For 0 to 5 visits lower rates indicate better performance. Rates at the HEDIS® 2014 90th percentile for 0, 1 and 2 visits indicate poor performance for CY2013. This is also true for the CY2013 3 visit rate which is at the HEDIS® 2014 75th percentile.
- During CY2013, the HEDIS® 2013 50th percentile was achieved for 6+ visit rate.
- During CY2013, just over two-thirds of children received six or more well care visits by 15 months of age.
- Performance on this measure shows need for improvement.

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

Measure Description: The percentage of children ages 3 through 6 who had one or more well-child visits with a PCP during the measurement year. To be counted, children must have reached their third, fourth, fifth or sixth birthday by the end of the measurement year and must have been continuously enrolled during the measurement year.

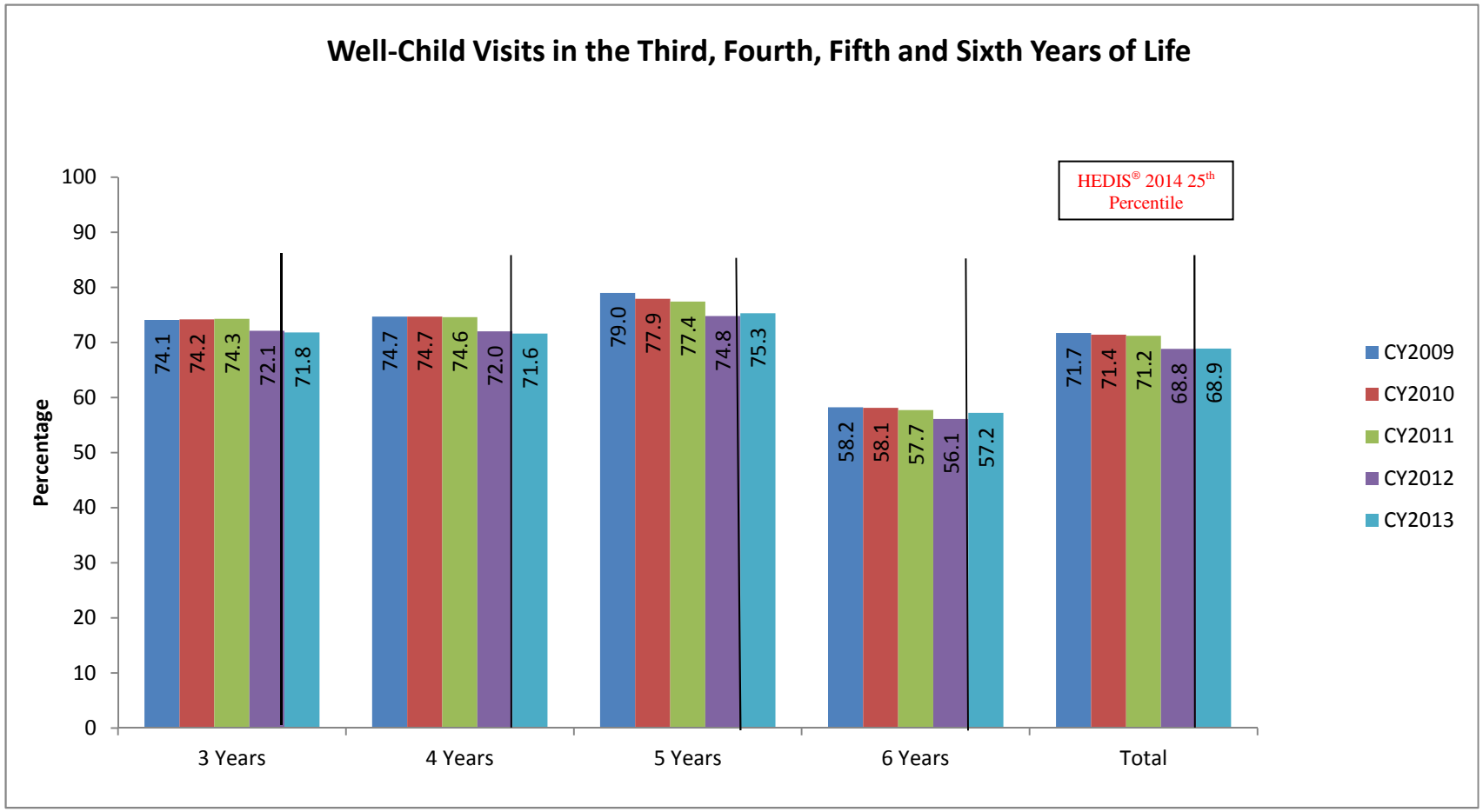
Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2011 generated with HEDIS® 2012 specifications, CY2012 generated with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.
- The solid vertical line indicates that CY2013 rates are not comparable to CY2009-CY2012. Before CY2013, PCP was not defined and the measure accepted all types. Measure programming was changed to assess by provider type code and specialty type to assure selection of only primary care providers.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
3 Years	68,117	91,983	71,953	96,950	72,008	96,883	66,312	91,953	59,267	82,549
4 Years	65,505	87,670	70,666	94,610	73,175	98,133	68,615	95,235	61,696	86,138
5 Years	66,483	84,185	70,460	90,435	74,372	96,070	71,799	96,039	66,937	88,890
6 Years	47,868	82,181	50,775	87,382	53,111	92,084	52,677	93,872	51,268	89,663
Total	247,973	346,019	263,854	369,377	272,666	383,170	259,403	377,099	239,168	347,240

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



Key Findings:

- In CY2013, the total rate for children ages 3, 4, 5, and 6 years who received one or more well-child visits achieved the 25th percentile.
- Among those in the total just over two-thirds received at least one preventive visit during the year.
- The well-child visit rate for children in each age group presents opportunity for improvement. This need for improvement is especially true among those age 6 where just over half received a well-child visit.

Measure AWC: Adolescent Well-Care Visits

Measure Description: The percentage of enrolled adolescents ages 12 through 20 who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year. To be counted, adolescents must have reached their 13th, 14th, 15th, 16th, 17th, 18th, 19th, or 20th birthday by the end of the measurement year and must have been continuously enrolled during the measurement year.

Notes on Measure Programming or Differences from Measure Specifications:

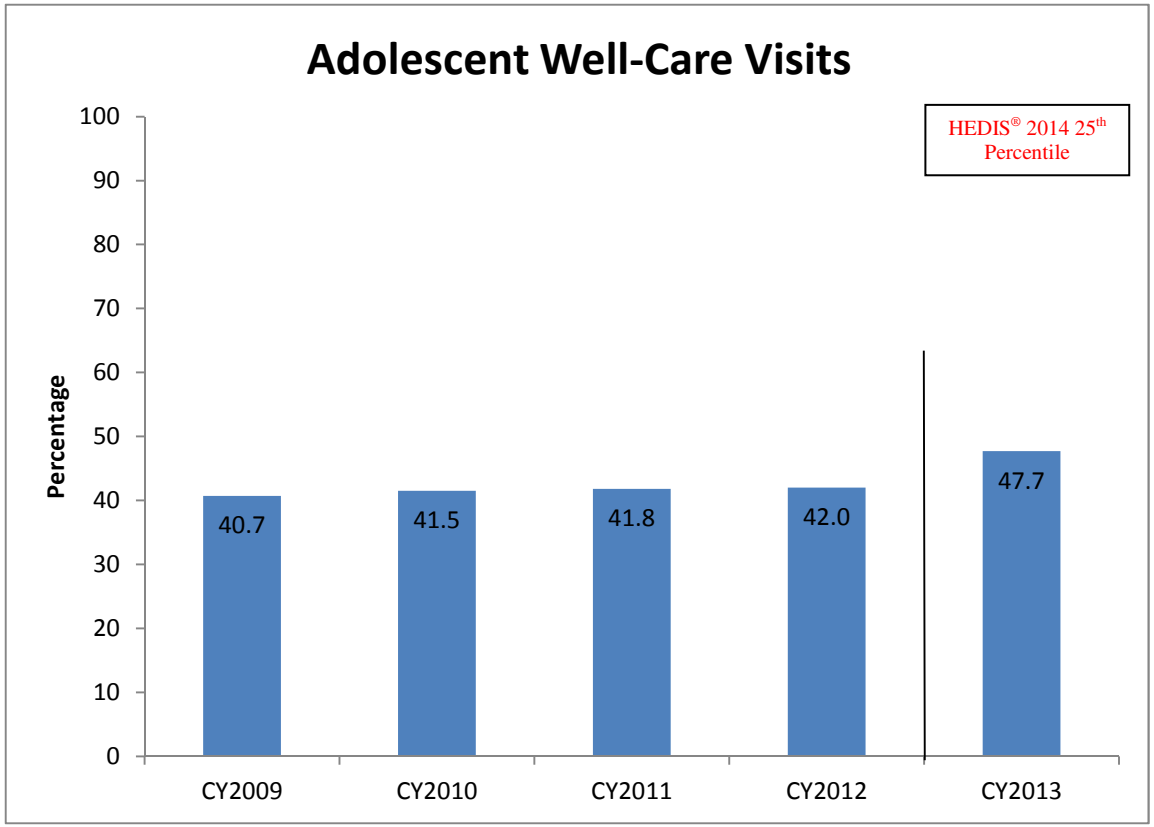
- CY2009-CY2010 generated with HEDIS® 2011, CY2011 generated using HEDIS® 2012 specifications, CY2012 generated with HEDIS® 2013 specifications, and CY2013 with HEDIS® 2014 specifications.
- The solid vertical line indicates that CY2013 rates are not comparable to CY2009-CY2012. Before CY2013, PCP was too narrowly defined using a restrictive set of codes thereby reducing rates. Programming was revised in CY2013 to appropriately define PCPs,

Eligible Population:

Calendar Year	Numerator	Denominator
2009	203,375	499,896
2010	222,762	537,320
2011	233,792	559,837
2012	235,694	561,494
2013	256,858	538,502

Key Findings:

- The CY2013 adolescent well-child visit rate achieved the HEDIS® 2014 25th percentile.
- Less than one-half of adolescents receive a comprehensive well care visit during the year. This presents an opportunity for improvement.



Measure CHL: Chlamydia Screening in Women

Measure Description: The percentage of women ages 16 through 24 years of age who were identified as sexually active and had at least one test for Chlamydia during the measurement year. The Child Core Measure Set requires reporting of only the age group from 16-20. Both age groups are reported here for comparison. Continuous enrollment during the measurement year is required for inclusion in this measure.

Notes on Measure Programming or Differences from Measure Specifications:

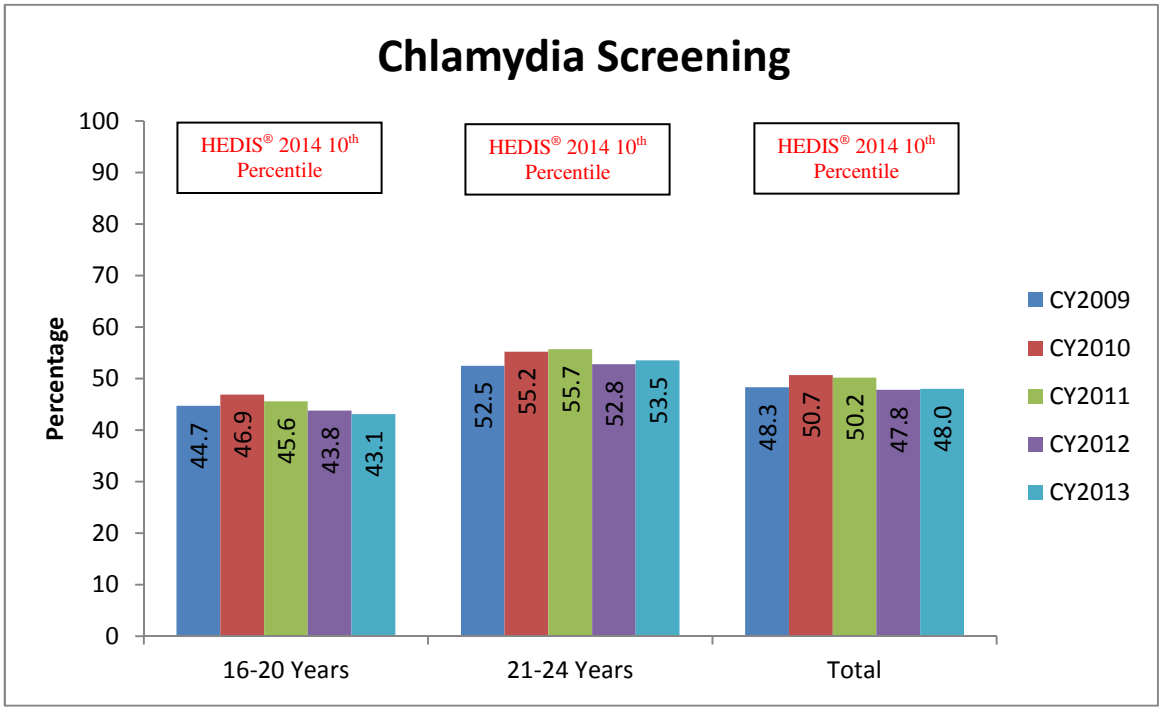
- CY2009 and CY2010 generated with HEDIS® 2009 specifications, CY2011 and CY2012 with HEDIS® 2012, and CY2013 with HEDIS® 2014 specifications.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
16-20 Years	24,084	53,886	26,339	56,171	25,264	55,466	22,434	51,780	19,895	46,184
21-24 Years	23,724	45,190	25,696	46,562	25,959	46,643	24,407	46,210	22,544	42,169
Total	47,808	99,076	52,035	102,733	51,223	102,109	46,841	97,990	42,439	88,353

Key Findings:

- Comparing CY2009 to CY2013 there is a statistically significant decrease ($p<.05$) in Chlamydia screening among those 16-20 and a statistically significant increase ($p<.05$) among those 21-24 years of age.
- There is a non-statistical decrease from CY2009 to CY2013 among the total age cohort.
- The Chlamydia screening rate is consistently lower from CY2009 to CY2013 among 16-20 year olds compared to those 21-24 years of age.
- The screening rates among both age groups and the total cohort are consistently at the HEDIS® 10th percentile, presenting opportunity for improvement.



Measure PDENT: Percent of Eligibles Who Received Preventive Dental Services

Measure Description: The percentage of individuals ages 1 through 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, and who received preventive dental services. To be counted for this measure, children age 1 through 20 must be continuously enrolled for at least 90 days during the measurement year.

Notes on Measure Programming or Differences from Measure Specifications:

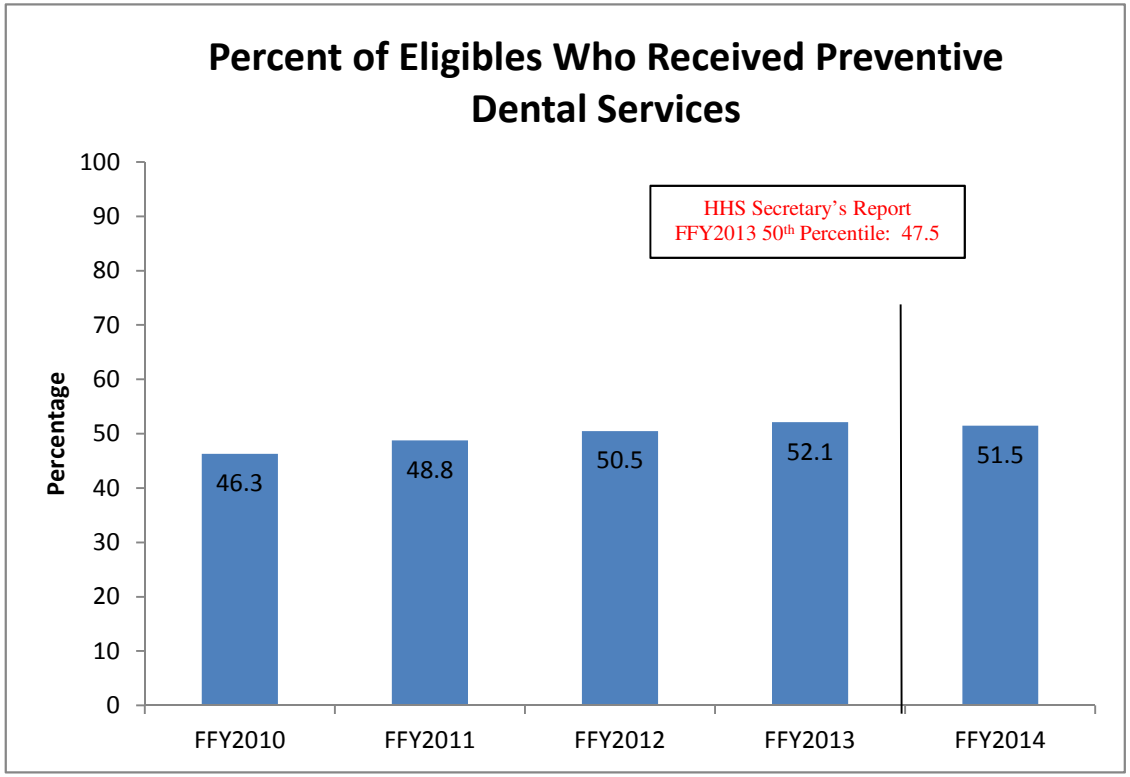
- The solid vertical line indicates that the FFY2014 rate is not comparable to the FFY2010-FFY2013 rates. During November 2014, the FFY2014 reporting guidance was revised by CMS. The FFY2014 rate is based on the revised guidance.
- The percentile shown in the chart is from the HHS Secretary's report on the Child Core Set using FFY2013 data.

Eligible Population:

Federal Fiscal Year	Numerator	Denominator
2010	697,930	1,507,472
2011	759,190	1,554,421
2012	798,269	1,581,522
2013	817,200	1,568,087
2014	796,490	1,547,301

Key Findings:

- From FFY2010 to FFY2013, the rate of children receiving preventive dental services increased by 5.8 percentage points, an increase of 12.5 percent.
- The decrease from FFY2013 to FFY2014 could result from CMS-416 programming changes. This will be monitored in future years.
- Annual increases from FFY2010 through FFY2013 are statistically significant ($p<.05$).
- Using data reported by states for FFY2013, the HHS Secretary's report 50th percentile was achieved.
- Annually, approximately one of two children received preventive dental services indicating a need for improvement.



Measure TDENT: Percent of Eligibles Who Received Dental Treatment Services

Measure Description: The percentage of individuals ages 1 through 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services and who received a dental treatment services. To be counted for this measure, children age 1 through 20 must be continuously enrolled for at least 90 days during the measurement year.

Notes on Measure Programming or Differences from Measure Specifications:

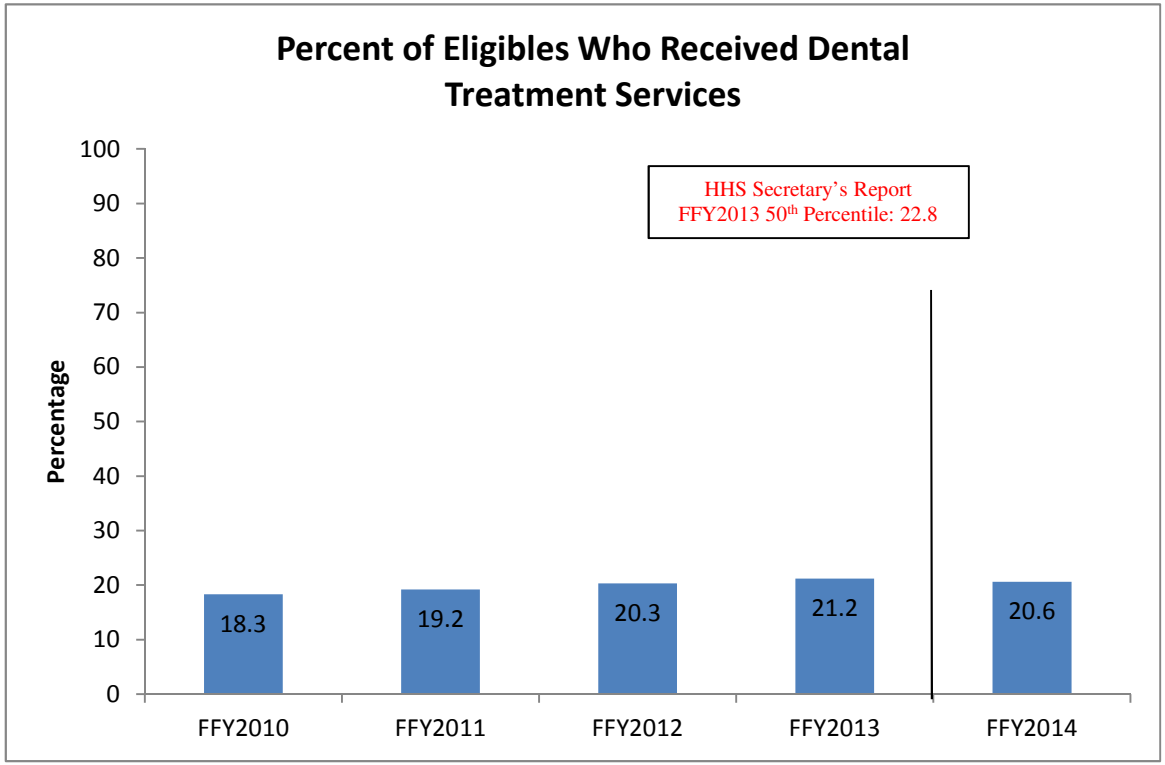
- The solid vertical line indicates that the FFY2014 rate is not comparable to the FFY2010-FFY2013 rates. During November 2014, the FFY2014 reporting guidance was revised by CMS. The FFY2014 rate is based on the revised guidance.
- The percentile shown in the chart is from the HHS Secretary's report on the Child Core Set using FFY2013 data.

Eligible Population:

Federal Fiscal Year	Numerator	Denominator
2010	275,626	1,507,472
2011	298,891	1,554,421
2012	320,818	1,581,522
2013	333,068	1,568,087
2014	318,146	1,547,301

Key Findings:

- The rate of children who received dental treatment services increased by 2.9 percentage points from FFY2010 to FFY2013. This is an increase of 15.8 percent.
- The decrease from FFY2013 to FFY2014 could result from CMS-416 programming changes. This will be monitored in future years.
- Annual increases from FFY2010 through FFY2013 are statistically significant ($p<.05$).
- Using data reported by states for FFY2013, the HHS Secretary's report 50th percentile was not achieved.



Measure MMA: Medication Management for People with Asthma

Measure Description: The percentage of children ages 5 through 20 that 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 an asthma controller medication for at least 50 percent of their treatment period, and 2) Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. The treatment period is defined as the period of time beginning on the Index Prescription Start Date (IPSD) through the last day of the measurement year.

Notes on Measure Programming or Differences from Measure Specifications:

- CY2012 generated with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.

Eligible Population:

	CY2012		CY2012		CY2013		CY2013	
	Proportion of Days Covered ≥50		Proportion of Days Covered ≥75		Proportion of Days Covered ≥50		Proportion of Days Covered ≥75	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
5-11 Years	7,620	18,320	3,560	18,320	6,795	14,787	2,933	14,787
12-18 Years	4,173	11,332	1,893	11,332	3,830	9,464	1,622	9,464
19-20 Years	147	445	83	445	121	310	58	310
5-20 Years	11,940	30,097	5,536	30,097	10,746	24,561	4,613	24,561

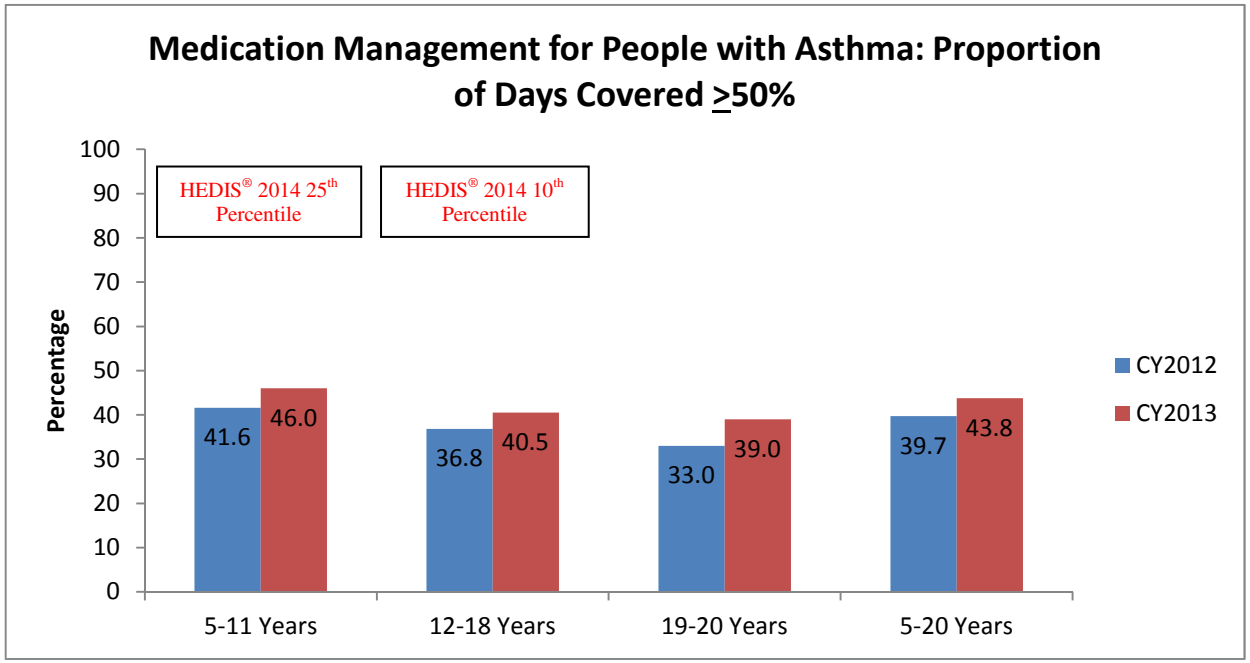
Key Findings – Proportion of Days Covered ≥50%:

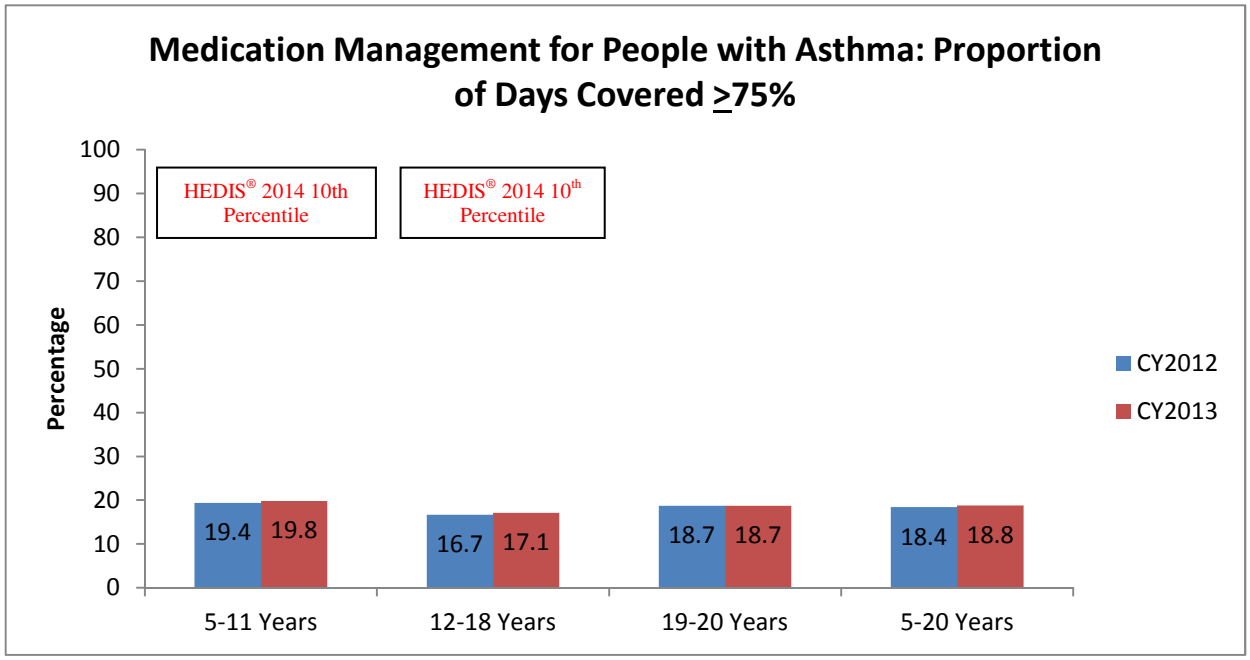
- From CY2012 to CY2013, there were statistically significant ($p<.05$) increases in medication management among those 5-11, 12-18 and 5-20 years of age; and a non-significant increase among those 19-20 years of age. Still, less than one-half of those 5-20 remain on medication ≥50% of covered days.
- Those 5-11 years are most likely to remain on asthma medication ≥50% of covered days while those 19-20 years are least likely to remain on medication for ≥50% of covered days.
- Among those 5-11 years the rate achieved the HEDIS® 2014 25th percentile showing need for improvement.
- Among those 12-18 years this measure is at the 10th percentile, showing need for improvement among this age group.

Key Findings – Proportion of Days Covered ≥75%:

- Across each age category fewer than 20 percent remain on asthma Medicaid for ≥75% of covered days showing a need for improvement.
- From CY2012 to CY2013 there was no significant improvement in rates among any age category.
- Among those 5-11 and12-18 years this measure is at the 10th percentile, showing need for improvement.

Measure MMA: Medication Management for People with Asthma





Measure FUH – Follow-Up after Hospitalization for Mental Illness

Measure Description: The percentage of discharges for children ages 6 through 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. Two rates are reported:

- The percentage of discharges for which children received follow-up within 7 days of discharge.
- The percentage of discharges for which children received follow-up within 30 days of discharge.

To be counted, the children must be continuously enrolled from the date of discharge through 30 days after discharge.

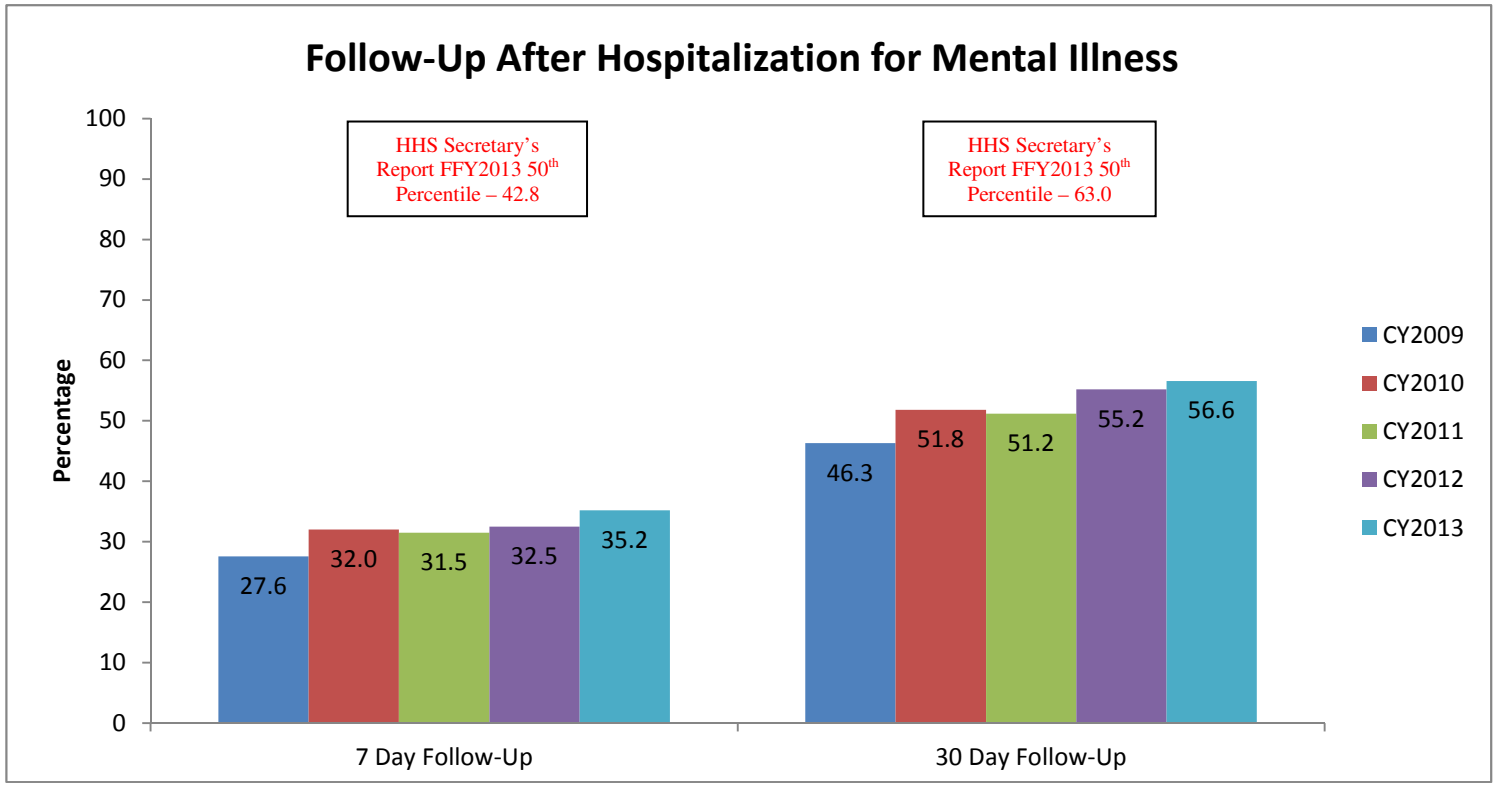
Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2011 were generated with HEDIS® 2012 specifications, CY2012 was generated with HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.
- While calculated using HEDIS® specifications that includes ages ≥6, this measure is reported per the Child Core Set requirements and includes children ages 6 through 20. The percentiles shown in the chart are from the HHS Secretary's report on the Child Core Set for FFY2013 reflecting CY2012 data for most states.
- HFS is unable to identify all prescribing providers using the methodology required in the specifications; therefore, we believe follow-up visits are undercounted.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
7 Day Follow-Up	528	1,910	621	1,942	558	1,770	686	2,014	757	2,151
30 Day Follow-Up	885	1,910	1,006	1,942	906	1,770	1,166	2,014	1,218	2,151

Measure FUH: Follow-Up after Hospitalization for Mental Illness



Key Findings:

- From CY2009 to CY2013 there was an increase of 7.6 percentage points, an increase of 27.6 percent, in the 7 day follow-up. This increase is statistically significant ($p<.05$).
- From CY2009 to CY2013 there was an increase of 10.3 percentage points, an increase of 22.3 percent, in the 30 day follow-up. This increase is statistically significant ($p<.05$).
- Although both the 7 and 30 day follow-up show increases from CY2009 to CY2013, there is room for improvement since approximately one-third received follow-up in 7 days and just over one-half in 30 days.
- Using data reported by states for FFY2013 (CY2012 data for most states), the HHS Secretary's report 50th percentiles for 7 and 30 day follow-up were not achieved.

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

Measure Description: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (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. Two rates are reported.

- *Initiation Phase:* The percentage of children 6 through 12 years old as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. To be counted, the children must be continuously enrolled in Medicaid/CHIP for 120 days (4 months) prior to the IPSD through 30 days (1 month) after the IPSD.
- *Continuation and Maintenance (C&M) Phase:* The percentage of children 6 through 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. To be counted, the children must be continuously enrolled in Medicaid or CHIP for 120 days (4 months) prior to the IPSD through 300 days (9 months) after the IPSD.

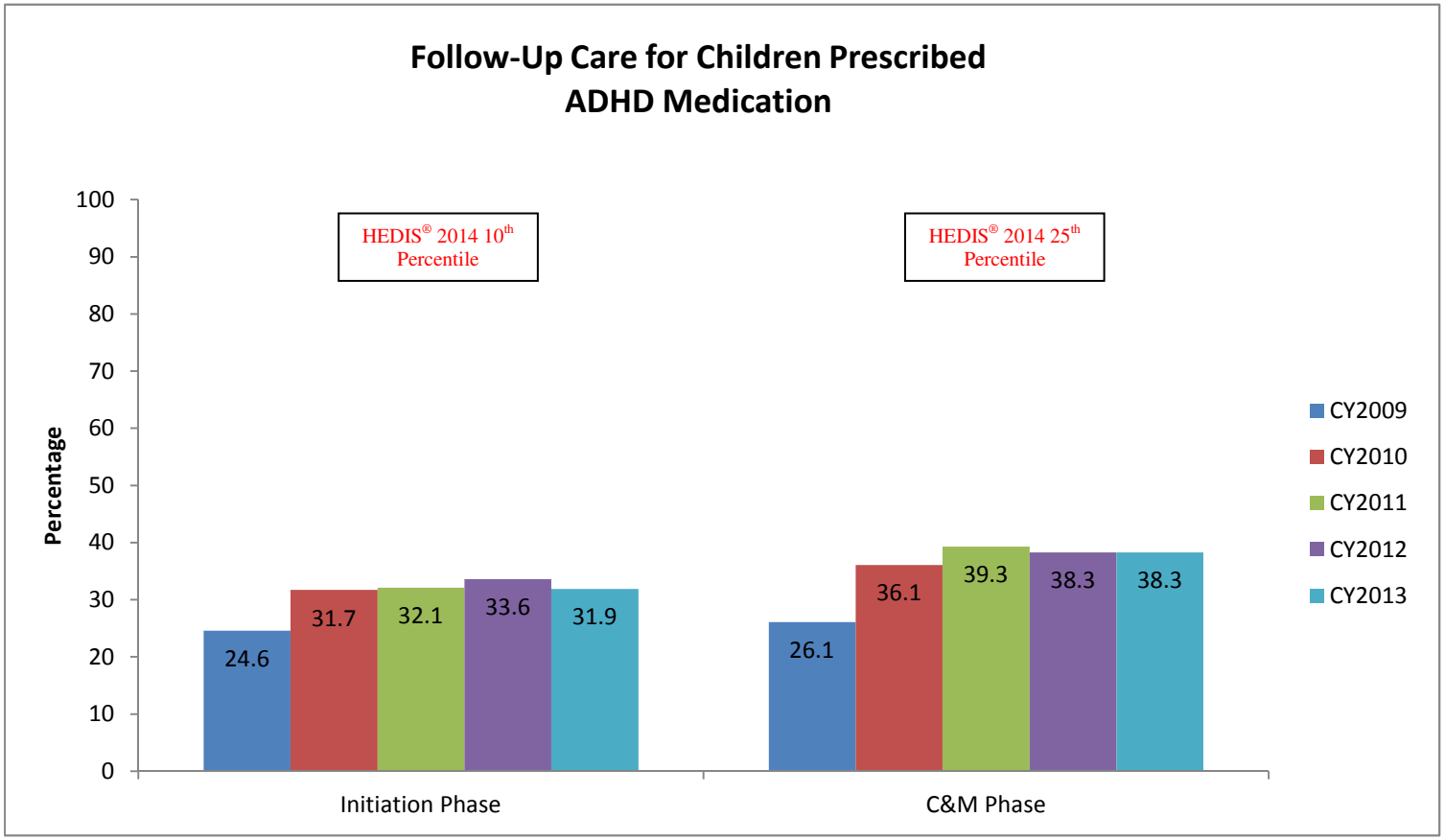
Notes on Measure Programming or Differences from Measure Specifications:

- CY2009-CY2012 generated with HEDIS® 2012 specifications and CY2013 with HEDIS® 2014 specifications.
- A considerable number of medication management follow-up visits are conducted in community mental health settings. Since these visits do not conform to HEDIS® guidelines defining "prescribing provider", follow-up visits conducted in these settings are not included in the measure resulting in undercounting visits.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY 2013	
	Numerator	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**	**Numerator**	**Denominator**
Initiation Phase	2,815	11,453	3,936	12,401	4,232	13,202	4,935	14,711	4,616	14,481
C & M Phase	809	3,104	654	1,811	1,451	3,694	1,601	4,178	1,335	3,482

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



Key Findings:

- From CY2009 to CY2013 there was an increase of 7.3 percentage points, an increase of 29.7 percent, in follow-up during the Initiation Phase. This increase is statistically significant ($p<.05$). However, there is a statistically significant decrease from CY2012 to CY2013 that will be monitored.
- From CY2009 to CY2013 there was an increase of 12.2 percentage points, an increase of 46.7 percent, in follow-up during the C&M Phase. This increase is statistically significant ($p<.05$).
- Although both phases increased significantly from CY2009 to CY2013, improvement is needed since follow-up occurred for slightly less than one-third during the Initiation Phase and just over one-third in the C&M phase.
- Additionally, the Initiation and C&M phases are at the 10th and 25th percentiles, respectively, indicating there is room for improvement during both phases.

Measure AMB: Ambulatory Care – Emergency Department Visits

Measure Description: The rate of emergency department (ED) visits per 1,000 member months among children through age 19. A lower rate indicates better performance.

Notes on Measure Programming or Differences from Measure Specifications:

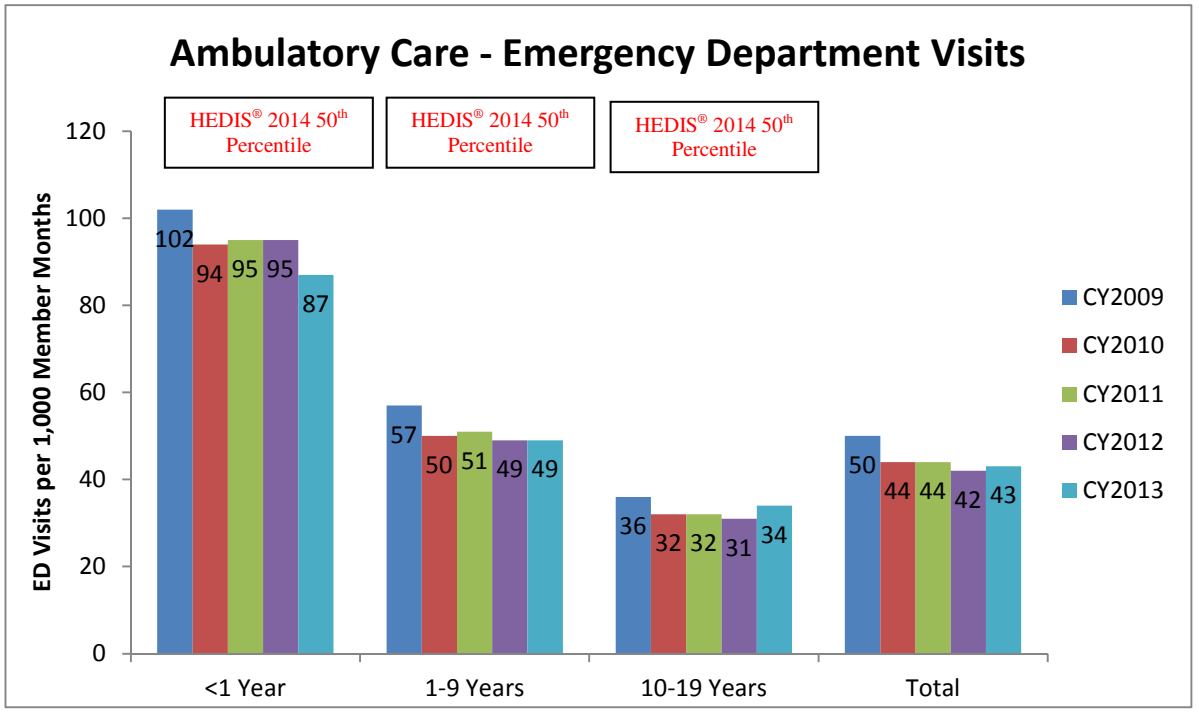
- CY2012 generated using HEDIS® 2013 specifications and CY2013 with HEDIS® 2014 specifications.

Eligible Population:

	CY2009		CY2010		CY2011		CY2012		CY2013	
	Numerator (ED Visits)	Denominator (Member Months)	Numerator (ED Visits)	Denominator (Member Months)	Numerator (ED Visits)	Denominator (Member Months)	Numerator (ED Visits)	Denominator (Member Months)	Numerator (ED Visits)	Denominator (Member Months)
<1 Year	58,143	572,177	52,261	553,993	50,927	536,204	50,200	526,528	45,550	524,161
1-9 Years	498,992	8,743,567	448,312	9,042,887	470,100	9,177,349	448,907	9,098,690	492,038	9,958,474
10-19 Years	248,419	6,879,454	234,522	7,298,683	241,277	7,586,574	234,955	7,697,891	295,001	8,723,537
Total	805,554	16,195,198	735,095	16,895,563	762,304	17,300,127	734,062	17,323,109	832,589	19,206,172

Key Findings:

- From CY2009 to CY2013, there were statistically significant ($p<.05$) decreases in ambulatory care emergency department visits within each age group and within the total.
- However, among those 10-19 years from CY2012 to CY2013 there was a statistically significant increase ($p<.05$).
- For those <1 year, 1-9 years and 10-19 years the HEDIS® 2014 50th percentile was achieved.
- There is room for improvement in each age category. Among those 1-9 and 10-19 years the rates have stabilized or increased over the last two years.



Measure CPC: Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H

Measure Description: This is a survey-based measure of the general child population and, as a sub-set of that population, children with chronic conditions. The measure assesses parents' experiences with their child's health care. Four global rating questions of overall satisfaction are provided: 1) Rating of All Health Care, 2) Rating of Personal Doctor, 3) Rating of Specialist Seen Most Often, and 4) Rating of Health Plan. Five composite scores summarize key response areas: 1) Customer Satisfaction, 2) Getting Care Quickly, 3) Getting Needed Care, 4) How Well Doctors Communicate, and 5) Shared Decision Making. Additional questions are asked of children who are identified using general survey responses as children with chronic conditions. Among children with chronic conditions (CCC) additional CCC composites assess: 1) Access to Specialized Services, 2) Family Centered Care – Personal Doctor Who Knows Child, and 3) Coordination of Care for CCC. The survey was implemented by a third party vendor in compliance with CAHPS® guidelines using a mixed methodology of mail and phone surveying to increase the overall response rate.

Notes on Measure Programming or Differences from Measure Specifications:

- The rates represent the CAHPS® results for the combined Illinois Title XIX (Medicaid) and Title XXI (CHIP) programs (i.e., statewide aggregate rates). The statewide aggregate rates were weighted based on the size of the total eligible population for each program (i.e., Title XIX and Title XXI) at the time the CAHPS® survey samples were drawn.
- A series of questions included in the CAHPS® 5.0H Child Medicaid Health Plan Survey with Children with Chronic Conditions (CCC) measurement set was used to identify children with chronic conditions (i.e., CCC screener questions). The survey responses for child members in both the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general child population of children (i.e., general child sample) includes children with and without chronic conditions based on the responses to the survey questions. Based on parents'/caretakers' responses to the CCC screener questions, these completed surveys were used to calculate the child with chronic conditions (CCC) CAHPS® results presented in this report.
- The General Child CAHPS® results presented in this report are based on the completed surveys returned for the general child population.

Eligible Population:

	Sample Size	Total Complete	Complete by Phone	Complete by Mail	Ineligible	Final Sample Size	Response Rate
Total Population	7,071	2,552	794	1,758	188	6,883	37.08%
Title XIX (Medicaid)	3,655	1,393	443	950	84	3,571	39.01%
Title XXI (CHIP)	3,416	1,159	351	808	104	3,312	34.99%

Measure CPC: Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H

2013 General Child and Children with Chronic Conditions (CCC) CAHPS® Result Summary Description	General Child	Child w/Chronic Condition(s)
Global Ratings		
Rating of Health Plan (% Responding 9 or 10 on scale of 0-10)	56.9%	46.2%
Rating of All Health Care (% Responding 9 or 10 on scale of 0-10)	60.2%	54.6%
Rating of Personal Doctor (% Responding 9 or 10 on scale of 0-10)	75.3%	69.9%
Rating of Specialist Seen Most Often (% Responding 9 or 10 on scale of 0-10)	65.6%	66.4%
Composite Measures		
Getting Needed Care (% Responding "Usually" or "Always")	72.2%	78.0%
Getting Care Quickly (% Responding "Usually" or "Always")	92.8%	92.1%
How Well Doctors Communicate (% Responding "Usually" or "Always")	93.5%	95.0%
Customer Service (% Responding "Usually" or "Always")	86.0%	80.9%
Shared Decision Making (% Responding "A lot" or "Yes")	46.1%	56.4%
Children with Chronic Conditions (CCC) Composites and Items		
Access to Specialized Services		70.3%
Family-Centered Care (FCC): Personal Doctor Who Knows Child		88.8%
Coordination of Care for Children with Chronic Conditions		72.7%
Access to Prescription Medicines		78.1%
FCC: Getting Needed Information		91.4%

Child Core Set Measures Not Reported

Measure Abbreviation and Name	Reason For Not Reporting
CLABSI - Pediatric Central-line Associated Bloodstream Infections Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CMS obtains data directly from CDC; states not required to collect data or report to CMS
BHRA - Behavioral Health Risk Assessment	E-specified measure; HFS does not have the ability to report e-measures

Summary

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The CHIPRA Quality Demonstration Grant provided an opportunity to focus on improving the quality of children's health care by testing and implementing the core set of pediatric performance measures. Illinois has made substantial progress on reporting the core measures from 10 measures in FFY2010 (the baseline year), to 17 measures in FFY2011, 20 measures in FFY2012, 25 measures in FFY2013, and 21 in FFY2014. The CHIPRA funding allowed Illinois to focus on the core measures and the measurement process, leading to improvements in the integrity of the data and the measurement process for all state performance measures.

Enterprise Data Warehouse

Illinois' Enterprise Data Warehouse (EDW) is the foundation of performance measurement. The EDW is a repository that includes administrative claims data for Medicaid and CHIP participants in all delivery systems (fee-for-service, managed/coordinated care, and primary care case management), as well as data imported from other state agencies, including Vital Records data, and immunization registries.

Importing data from other state agencies comes with its own set of challenges and opportunities. Challenges include establishing needed authority by executing and maintaining cross-agency data sharing agreements, having needed resources in each agency to operationalize the data exchange, and working through complex issues, including data ownership, data access, and acceptable uses of data. Opportunities, that far outweigh the challenges, include a more robust data system with potential to improve quality measurement and care delivery.

Administrative Methodology

Illinois' decision to use the administrative method was made easier by the availability of data housed in the EDW. However, state budget constraints also contributed to this decision, since the hybrid method is expensive and the HFS budget has been under significant pressure.

- The administrative reporting method results in a lower statewide rate due to incomplete and inaccurate encounter data. However, new contractual requirements are expected to improve the completeness and accuracy of encounter data over coming years.
- A limitation of using the administrative method is that it may underestimate rates due to lack of timely and complete data. Using the hybrid method, which includes medical record review, enhances the data by going to the source record to identify qualifying services.
- Differences in how states report the Child Core Set, such as, the methodology used (e.g., administrative, encounter, hybrid) and the population(s) included or excluded from the measures (e.g., Title XIX only, Title XXI only, MCO only, combined Title XIX and XXI), affect comparability among states reporting on the Child Core Set

While differences between the Child Core Set measure specifications and the specifications used for reporting herein continue to exist, they have been minimized to the extent possible.

Delivery System Changes

By January 2015, Illinois transitioned from a primarily fee-for-service delivery system to a managed/coordinated care system. Quality measures are essential to assessing performance within the delivery system and identifying areas in need of quality improvement. Many different models of care are being tested across various populations. To assure consistency, Illinois developed its own "core set" of measures to be included in all contracts, which includes a number of the Child Core Set measures.

Summary

Data Integrity/Efficiencies

Through the focus of the CHIPRA Quality Demonstration Grant on improving data quality, a number of changes were made to improve the efficiency of the performance measurement process and improve the integrity of the data.

- Although data audits had been conducted by a certified External Quality Review Organization, they were not conducted annually. Beginning with the data audit conducted in April 2012, data audits are being conducted annually to improve upon the integrity of data used for performance measurement.
- Performance measurement is used for a variety of purposes, and standardized performance measures were often altered to suit those purposes. Performance measures now comply with nationally endorsed specifications, to the extent possible, with measures aligned across programs.
- A Quality of Care Measures Committee was formed to include all areas within HFS with responsibility for performance measurement for various programs. The Committee meets regularly and has made a number of decisions to improve the efficiency of the performance measurement process and the integrity of the data.
- HFS performance measurement has benefitted from the availability of the CMS Technical Assistance (TA) contractor for CHIPRA grantees. TA received is often transferable to other performance measures.

Barriers

Revisions to the specifications consume a considerable amount of resources. Illinois has adopted an annual schedule for identifying changes, programming, testing, reporting, and data auditing to assure that reporting timeframes are met, as well as timeframes required for other measure uses, such as bonus payments. Illinois has encouraged CMS to limit the number of changes to specifications and introduction of new measures to the extent possible.

Performance Measurement

The CHIPRA grant has been instrumental in improving performance measurement. In programming the Child Core Set measures, a number of efficiencies were instituted in the process to develop and maintain measures over time. Issues and questions about measures were identified and resolved, either through receipt of technical assistance from the CMS TA contractor or through research and discussion with the Quality of Care Measures Committee. Improvements include greater consistency, alignment, and better data quality, resulting in more accurate performance measurement, not only for Child Core Set reporting purposes, but for measurement generally.

In SFY2016 the CHIPRA grant period will end. However, Illinois will continue annual reporting on the Child Core Set measures. Illinois continues to improve performance measurement and that work will continue through sustained efforts of the Quality of Care Measures Committee and others involved in quality health measurement within HFS.

For further information or questions, contact:

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