

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.

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 checked="" type="checkbox"/>	No				<input checked="" type="checkbox"/>	No			
	<input type="checkbox"/>	Yes				<input type="checkbox"/>	Yes			
	Enrollment fee amount					Enrollment fee amount				
	Premium amount					Premium amount				
	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	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% 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				\$
	Range from	Range to	From	To	Range from	Range to	From	To		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% 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]				
<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 type="checkbox"/>	Managed Care
	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500] All CHIP groups are 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 2016, 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

<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"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

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

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

s) Other – please specify

a) _____

b) _____

c) _____

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	Applicants must apply through the Marketplace.
c) Benefits	<p>Effective 11.1.15, a pregnant child under age 19 will receive full CHIP benefits including dental services.</p> <p>Effective April 1, 2016, CoverKids aligned “unborn coverage” benefits to more closely mirror the Medicaid Pregnant woman benefits.</p> <p>Effective July 1, 2016, CoverKids changed from the Medicaid provider network to our own “CoverKids” provider network.</p>
d) Cost sharing (including amounts, populations, & collection process)	<p>Effective 4.1.16, CK eliminated or reduced some copay for various services, such as home health visit, medical supplies, appropriate ER use, “first visit” maternity, hospital admission for the birth of the child, hospice services and family planning services and supplies (excluding pharmacy). The program reduced the higher copay for BH visits from \$20 (SC copay) to \$15 (PC copay). CK increased the income threshold for higher cost-sharing tier from between 150% and 250% to between 200% and 250% FPL.</p>
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	<p>Effective 12.16.15, all non-pregnant children/adolescents seeking CoverKids coverage must apply through the marketplace.</p>

h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	Effective January 1, 2016, CoverKids is available to children who have access to public employee coverage.
j) Eligibility redetermination process	Maximus (redetermination contractor) is performing MAGI-related redeterminations, resulting in TennCare Standard determinations.
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
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)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text related to Section I below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

SECTION IIA: 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 2015	FFY 2016	Percent change FFY 2015-2016
CHIP Medicaid Expansion Program	17971	17965	-0.03
Separate Child Health Program	88244	90050	2.05

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

N/A – Decrease of CHIP Medicaid Expansion and decrease of Separate Child Health program are each less than 10 percent. Children under age 19 who are losing eligibility for Medicaid and who have a medical condition that makes them effectively uninsurable.

- The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in this information automatically, and 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.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

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	139	27.2	8.9	1.7
1998 - 2000	53	17.2	3.5	1.1
2000 - 2002	63	14.9	4.3	1.0
2002 - 2004	94	18.4	6.4	1.2
2003 - 2005	101	17.9	6.9	1.2
2004 - 2006	80	16.0	5.4	1.0
2005 - 2007	76	15.0	5.0	.9
2006 - 2008	65	14.0	4.3	.9
2007 - 2009	78	15.0	5.0	1.0
2008 - 2010	85	10.0	5.5	.7
2009-2011	87	12.0	5.6	.8
2010-2012	87	14.0	5.6	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

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 (In Thousands)	Margin of Error	Rate	Margin of Error
2013	62	7.0	4.0	.4
2014	54	5.0	3.5	.3
2015	44	5.0	2.9	.3
Percent change 2014 vs. 2015	0%	NA	0%	NA

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

Tennessee's economy is continuing to recover, with unemployment decreasing to 4.8 percent as of November 2016. This has likely contributed to the decrease in the percentage of uninsured

children observed over the last few years. While the recovery continues, there are still a number of Tennessee families who lack access to employer-sponsored insurance or who may be unable to afford the insurance offered by their employer.

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

The ACS data may not lag as much the actual number of uninsured children in the state.

3. 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	

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

- B. 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]**

- C. What are the limitations of the data or estimation methodology? **[7500]**

- D. How does your state use this alternate data source in CHIP program planning? **[7500]**

Enter any Narrative text related to Section IIA below. **[7500]**

SECTION IIB: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your state's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- CHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2014 and FFY 2015) 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 2016).

In this section, the term performance measure is used 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 for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.

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:

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

- **Continuing:** Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- **Discontinued:** Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2016.

Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as “Provisional”, the state must specify why the data are provisional and when the state expects the data will be final.

- **Final:** Check this box if the data you are reporting are considered final for FFY 2016.
- **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 2015). This field must be completed only when a user select the HEDIS® measurement specification.

“Other” measurement specification explanation:

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

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.

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

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:

- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- 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 2016 CARTS reporting period.

Please define the date range for the reporting period based on the “From” time period as the month and year which corresponds to the beginning period in which utilization took place and please report the “To” time period as the month and year which corresponds to the end period in which utilization took place. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to

facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2017, 2018 and 2019. Based on your recent performance on the measure (from FFY 2014 through 2016), 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 IIA, Questions 2 and 3)

FFY 2014	FFY 2015	FFY 2016
<p>Goal #1 (Describe) Decrease the number of low-income children under 250% of FPL who are uninsured.</p>	<p>Goal #1 (Describe) Decrease the number of low-income children under 250% of FPL who are uninsured.</p>	<p>Goal #1 (Describe) Decrease the number of low-income children under 250% of FPL who are uninsured.</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:</p> <p>Definition of denominator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income children due to the volatility of the economy.</p> <p>Definition of numerator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income children due to the volatility of the economy.</p> <p>Definition of numerator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income children due to the volatility of the economy.</p> <p>Definition of numerator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p>
<p>Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014</p>	<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</p>
<p>Performance Measurement Data: Described what is being measured: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> <p>Numerator: 0 Denominator: 0 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> <p>Numerator: 0 Denominator: 0 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> <p>Numerator: 0 Denominator: 0 Rate:</p>

FFY 2014	FFY 2015	FFY 2016
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3) (Continued)

FFY 2014	FFY 2015	FFY 2016
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 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?	Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?

FFY 2014	FFY 2015	FFY 2016
<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 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>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 IIA, Questions 2 and 3) (Continued)

FFY 2014	FFY 2015	FFY 2016
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 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?	Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?

FFY 2014	FFY 2015	FFY 2016
<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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
<p>Goal #1 (Describe) Maintain CoverKids enrollment at a relatively consistent level throughout the year and in comparison to the prior fiscal year's levels.</p>	<p>Goal #1 (Describe) Maintain CoverKids enrollment at a relatively consistent level throughout the year and in comparison to the prior fiscal year's levels.</p>	<p>Goal #1 (Describe) Maintain CoverKids enrollment at a relatively consistent level throughout the year and in comparison to the prior fiscal year's levels.</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:</p> <p>Definition of denominator: Aggregate the monthly enrollment in FFY 2013 and calculate an average</p> <p>Definition of numerator: Aggregate the monthly enrollment in FFY 2013 and calculate an average</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Aggregate the monthly enrollment in FFY 2014 and calculate an average</p> <p>Definition of numerator: Aggregate the monthly enrollment in FFY 2015 and calculate an average</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Aggregate the monthly enrollment in FFY 2015 (From 12/2014 to 09/2015) and calculate an average</p> <p>Definition of numerator: Average monthly enrollment for FFY2016 for which we have data (Dec. 15 – Sept. 16)</p>
<p>Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014</p>	<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 12/2015 To: (mm/yyyy) 09/2016</p>
<p>Performance Measurement Data: Described what is being measured: New monthly enrollment growth within the program</p> <p>Numerator: 69911 Denominator: 61565 Rate: 113.6</p>	<p>Performance Measurement Data: Described what is being measured: New monthly enrollment growth within the program</p> <p>Numerator: 72944 Denominator: 70189 Rate: 103.9</p>	<p>Performance Measurement Data: Described what is being measured: New monthly enrollment growth within the program</p> <p>Numerator: 71357 Denominator: 70809 Rate: 100.8</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2014	FFY 2015	FFY 2016
<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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
<p>Goal #2 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</p>	<p>Goal #2 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</p>	<p>Goal #2 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</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: Total number of enrollees in FFY 2014 Definition of numerator: Total number of African-American enrollees in FFY 2014</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Total number of enrollees in FFY 2015 Definition of numerator: Total number of African-American enrollees in FFY 2015</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Total number of enrollees in FFY 2016 (December 2015 - September 2016) Due to changing Eligibility Contractor effective January 1, 2016, the new Contractor can only provide data starting December 1, 2015 through September 30, 2016. Definition of numerator: Total number of African-American enrollees in FFY 2015 Due to changing Eligibility Contractor effective January 1, 2016, the new Contractor can only provide data starting December 1, 2015 through September 30, 2016.</p>
<p>Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014</p>	<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) 12/2015 To: (mm/yyyy) 09/2016</p>

FFY 2014	FFY 2015	FFY 2016
<p>Performance Measurement Data: Described what is being measured: Proportion of African-American enrollment within the context of the percentage of African-American children in Tennessee.</p> <p>Numerator: 13411 Denominator: 69911 Rate: 19.2</p>	<p>Performance Measurement Data: Described what is being measured: Proportion of African-American enrollment within the context of the percentage of African-American children in Tennessee.</p> <p>Numerator: 12191 Denominator: 72944 Rate: 16.7</p>	<p>Performance Measurement Data: Described what is being measured: Proportion of African-American enrollment within the context of the percentage of African-American children in Tennessee.</p> <p>Numerator: 10194 Denominator: 71357 Rate: 14.3</p>
<p>Additional notes on measure: Based on the Current Population Survey on a 3-year average, there are 20% African-American children in Tennessee.</p>	<p>Additional notes on measure: Based on the Current Population Survey on a 3-year average, there are 20% African-American children in Tennessee.</p>	<p>Additional notes/comments on measure: This year CoverKids experienced difficulties obtaining the 3-year average data of African American children in Tennessee based on the Current Population Survey. In the past, we did not experience any challenges obtaining this data to include in the CMS Annual report.</p> <p>Based on the Current Population Survey on a 3-year average, there are XX% African-American children in Tennessee.</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? We will continue with our Back-to-School campaign as it is the most practical way of maintaining or increasing the share of African-American enrollment in our program</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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? We will continue with our Back-to-School campaign as it is the most practical way of maintaining or increasing the share of African-American enrollment in our program</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
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 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?	Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?

FFY 2014	FFY 2015	FFY 2016
<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 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>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
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>
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 2014	FFY 2015	FFY 2016
<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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
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 2014	FFY 2015	FFY 2016
<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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
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:

FFY 2014	FFY 2015	FFY 2016
<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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
<p>Goal #1 (Describe) Maintain or increase the percentage of enrollees who had a visit with a primary care practitioner</p>	<p>Goal #1 (Describe) Maintain or increase the percentage of enrollees who had a visit with a primary care practitioner</p>	<p>Goal #1 (Describe) Maintain or increase the percentage of enrollees who had a visit with a primary care practitioner</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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016 <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 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 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>Definition of Population Included in the Measure: Definition of numerator: Number of children and adolescents who had a visit with a primary care practitioner Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 546 Denominator: 557 Rate: 98.03</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 673 Denominator: 702 Rate: 95.87</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 636 Denominator: 663 Rate: 95.93</p>

FFY 2014	FFY 2015	FFY 2016
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: Children' and Adolescents' Access to PCP 12-24 Months Numerator: 546 Denominator: 557 Rate: 98.03% 25 Months-6 Years Numerator: 8,083 Denominator: 8,662 Rate: 93.32% 7-11 Years Numerator: 8,577 Denominator: 9,063 Rate: 94.64% 12-19 Years Numerator: 12,915 Denominator: 14,146 Rate: 91.30%	Additional notes on measure: Children' and Adolescents' Access to PCP 12-24 Months Numerator: 673 Denominator: 702 Rate: 95.87% 25 Months-6 Years Numerator: 10,422 Denominator: 11,630 Rate: 89.61% 7-11 Years Numerator: 11,406 Denominator: 12,154 Rate: 93.85% 12-19 Years Numerator: 16,985 Denominator: 18,819 Rate: 90.25%	Additional notes on measure: Children' and Adolescents' Access to PCP 12-24 Months Numerator: 636 Denominator: 663 Rate: 95.93% 25 Months-6 Years Numerator: 9,777 Denominator: 11,338 Rate: 86.23% 7-11 Years Numerator: 15,120 Denominator: 16,594 Rate: 91.12% 12-19 Years Numerator: 22,494 Denominator: 25,759 Rate: 87.32%
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:

FFY 2014	FFY 2015	FFY 2016
<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Children’s and Adolescents’ Access to PCP rates improved in the following age bands:</p> <ul style="list-style-type: none"> o 25 Months – 6 Years increased from 92.65%; to 93.32%; a difference of 0.67 percentage points. o 7-11 Years increased from 94.14% to 94.64%; a difference of 0.50 percentage points o 12-19 Years increased from 90.26% to 91.38%; a difference of 1.12 percentage points. <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? Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members</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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Decreases were shown in each age band as follows:</p> <ul style="list-style-type: none"> •12-24 months decreased from 98.03% to 95.87%; a difference of 2.16 percentage points •25 months-6 years decreased from 93.32% to 89.61%; a difference of 3.71 percentage points •7-11 years decreased from 94.64% to 93.85%; a difference of 0.79 percentage points •12-19 years decreased from 91.30% to 90.20%; a difference of 1.1 percentage points <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? Audio Health Information Library, web based tools, EOB messages, community outreach, and newsletters, Care Management Education, Targeted Interventions such as telephonic and mailed reminders to non-compliant members. In addition, the state has added risk sharing arrangement similar to the Medicaid MCOs that provides both initiative payments and risk of administrative fee payment reductions based on HEDIS scores.</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? A slight Increase was shown in the 12-24 months age band from 95.87% to 95.93%; a difference of 0.06 percentage points Decreases were shown in each age band as follows:</p> <ul style="list-style-type: none"> •25 months-6 years decreased from 89.61% to 86.23%; a difference of 3.38 percentage points •7-11 years decreased from 93.85% to 91.12%; a difference of 2.73 percentage points •12-19 years decreased from 90.20% to 87.32%; a difference of 2.93 percentage points <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? Audio Health Information Library, web based tools, EOB messages, community outreach, and newsletters, Care Management Education, Targeted Interventions such as telephonic and mailed reminders to members with gaps in care.</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FY 2014	FFY 2015	FFY 2016
<p>Goal #2 (Describe) Maintain or reduce the incidence of Emergency Room usage.</p>	<p>Goal #2 (Describe) Maintain or reduce the incidence of Emergency Room usage.</p>	<p>Goal #2 (Describe) Maintain or reduce the incidence of Emergency Room usage.</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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016 <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 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 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>Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2014 Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 18054 Denominator: 711582 Rate: 25.37</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 20508 Denominator: 802809 Rate: 25.55</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 20700 Denominator: 816755 Rate: 25.34</p>

FY 2014	FFY 2015	FFY 2016
<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: <1 year</p> <p>Numerator: 266</p> <p>Denominator: 8603</p> <p>Rate: 30.92</p> <p>1 to 9 years</p> <p>Numerator: 8140</p> <p>Denominator: 309,877</p> <p>Rate: 26.27</p> <p>10 to 19 years</p> <p>Numerator: 9,648</p> <p>Denominator: 393,102</p> <p>Rate: 24.54</p>	<p>Additional notes on measure: <1 year</p> <p>Numerator: 314</p> <p>Denominator: 8,646</p> <p>Rate: 36.32</p> <p>1 to 9 years</p> <p>Numerator: 8,836</p> <p>Denominator: 339,533</p> <p>Rate: 26.02</p> <p>10 to 19 years</p> <p>Numerator: 11,358</p> <p>Denominator: 454,630</p> <p>Rate: 24.98</p>	<p>Additional note/commentss on measure: Total population up to 19 years of age</p> <p>Numerator: 20,700 ED Visits</p> <p>Denominator: 816,755 Member Months</p> <p>Rate: 25.34 Visits per 1,000 Member Months</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>
<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Visits per 1000 members had a very slight</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Visits per 1000 members had a very slight increase from 25.37 to 25.55.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Visits per 1000 member months had a very slight decrease from 25.55 to 25.34</p>

FY 2014	FFY 2015	FFY 2016
<p>decrease of 1.62 percentage points from 26.99 to 25.37.</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? Care Management and Education</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>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?Care Management Services and targeted education</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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?Care Management Services and targeted education to members who frequent the ED</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2014	FFY 2015	FFY 2016
<p>Goal #3 (Describe) Continue to track Comprehensive Diabetes Care HbA1c testing.</p>	<p>Goal #3 (Describe) Continue to track Comprehensive Diabetes Care HbA1c testing</p>	<p>Goal #3 (Describe) Continue to track Comprehensive Diabetes Care HbA1c testing</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> HEDIS Like Methodology using age band 0-18 years</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Explain: HEDIS Like Methodology using age band 0-18 years</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 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 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>Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2014 Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Modified 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Modified 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 157 Denominator: 170 Rate: 92.35</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:</p>

FFY 2014	FFY 2015	FFY 2016
<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> 5-17 Years only</p> <p><input checked="" type="checkbox"/> Denominator, <i>Explain.</i> 5-17 Years only</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:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data:</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: 208</p> <p>Denominator: 242</p> <p>Rate: 86</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 217</p> <p>Denominator: 243</p> <p>Rate: 89.3</p> <p>Additional notes on measure: The percentage of CoverKids members 0-18 years of age with Diabetes who had a HbA1c test during the measurement year.</p> <p>Numerator: 217</p> <p>Denominator: 243</p> <p>Rate: 89.30%</p> <p>Numerator, Explain – 0-18 years only</p> <p>Denominator, Explain – 0-18 years only</p> <p>Other, Explain The 5-17 year CHIPRA measure was retired so this was replaced with a modified 0-18 age band HEDIS measure</p>

FFY 2014	FFY 2015	FFY 2016
<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Diabetes HbA1c Testing in 5-17 year olds increased from 89.78% to 92.35%.</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? General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members; Gaps in care detail distributed to providers</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>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Due to the deviation in specifications there is not an accurate comparison from 2014 to 2015 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? General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members; Gaps in care detail distributed to providers.</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? From 2015 to 2016, the percentage of CoverKids members with Diabetes who had a HbA1c test improved by 3.35 percentage points.</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? General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members; Gaps in care detail distributed to providers</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 Use of Preventative Care (Immunizations, Well Child Care)

FFY 2014	FFY 2015	FFY 2016
<p>Goal #1 (Describe) Increase the percentage of children and adolescents that receive the age-appropriate immunizations.</p>	<p>Goal #1 (Describe) Increase the percentage of children and adolescents that receive the age-appropriate immunizations.</p>	<p>Goal #1 (Describe) Increase the percentage of children and adolescents that receive the age-appropriate immunizations.</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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Note that for the 2015 report, we are including the HEDIS Childhood Immunization Status Combo 10 measure in place of the Combo 3 measure due to Combo 10 being the NCQA HEDIS Medicaid Accreditation Measure.</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2014 Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 281 Denominator: 411 Rate: 68.37</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 298 Denominator: 411 Rate: 72.5</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 157 Denominator: 411 Rate: 38.20</p>

FFY 2014	FFY 2015	FFY 2016
<p>Deviations from Measure Specifications:</p> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<p>Deviations from Measure Specifications:</p> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<p>Deviations from Measure Specifications:</p> <input type="checkbox"/> Year of Data, <i>Explain.</i>
<p>Additional notes on measure: Childhood Immun Status Combo Numerator: 3 Denominator: 281 Rate: 411 68.37%</p> <p>Childhood Immun Status - DTap Numerator: 321 Denominator: 321 Rate: 411 78.10%</p> <p>IPV Numerator: 372 Denominator: 372 Rate: 411 90.51%</p> <p>MMR Numerator: 349 Denominator: 349 Rate: 411 84.91%</p> <p>HiB Numerator: 376 Denominator: 376 Rate: 411 91.48%</p> <p>Hep B Numerator: 353 Denominator: 353 Rate: 411 85.89%</p> <p>VZV Numerator: 357 Denominator: 357 Rate: 411 86.86%</p> <p>PCV Numerator: 342</p>	<p>Additional notes on measure: Childhood Immun Status - DTap Num:330 Denom:411 Rate:80.29%</p> <p>IPV Num:366 Denom:411 Rate:89.05%</p> <p>MMR Num:354 Denom:411 Rate:86.13%</p> <p>HiB Num:370 Denom:411 Rate:90.02%</p> <p>Hep Num:352 Denom:411 Rate:85.64%</p> <p>VZV Num:358 Denom:411 Rate:87.10%</p> <p>PCV Num:341 Denom:411 Rate:82.97%</p> <p>Immunizations for Adolescents Meningococcal</p>	<p>Additional notes/comments on measure: DTap Numerator:314 Denominator:411 Rate:76.40%;IPV Numerator:351Denominator:411 Rate:85.40%; MMR Numerator:346 Denominator:411 Rate:84.18%;HiB Numerator:350 Denominator:411 Rate:85.16%;Hep B Numerator:343 Denominator:411 Rate:83.45%; VZV Numerator:345 Denominator:411 Rate:83.94%;PCV Numerator:321 Denominator:411 Rate:78.10%;Hepatitis A Numerator:350 Denominator:411 Rate: 85.16%; Rotavirus Numerator:300 Denominator:411 Rate:72.99%;Influenza Numerator:197 Denominator:411 Rate:47.93%</p> <p style="text-align: center;">B</p>

FFY 2014	FFY 2015	FFY 2016																																															
Denominator: 411 Rate: 83.21%	Num:268 Denom:388 Rate:69.07% Tdap/Td Num:331 Denom:388 Rate:85.31% Combo Nume:267 Denom:388 Rate:68.81%	1																																															
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 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? All 7 of the Childhood Immunization rates that comprise Combo 3 declined; Adolescent Immunization rates improved overall.</p> <p>Was unable to document the adolescents immunization data....</p> <table border="0"> <tr> <td>Immunizations</td> <td>for</td> <td>Adolescents</td> </tr> <tr> <td>Meningococcal</td> <td></td> <td></td> </tr> <tr> <td>Numerator:</td> <td></td> <td>257</td> </tr> <tr> <td>Denominator:</td> <td></td> <td>409</td> </tr> <tr> <td>Rate:</td> <td></td> <td>62.84%</td> </tr> </table> <table border="0"> <tr> <td>Tdap/Td</td> <td></td> <td></td> </tr> <tr> <td>Numerator:</td> <td></td> <td>361</td> </tr> <tr> <td>Denominator:</td> <td></td> <td>409</td> </tr> <tr> <td>Rate:</td> <td></td> <td>88.26%</td> </tr> </table> <table border="0"> <tr> <td>Immunizations</td> <td>for</td> <td>Adolescents</td> <td>Combo</td> <td>1</td> </tr> <tr> <td>Numerator:</td> <td></td> <td></td> <td></td> <td>257</td> </tr> <tr> <td>Denominator:</td> <td></td> <td></td> <td></td> <td>409</td> </tr> <tr> <td>Rate:</td> <td></td> <td></td> <td></td> <td>62.84%</td> </tr> </table> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help</p>	Immunizations	for	Adolescents	Meningococcal			Numerator:		257	Denominator:		409	Rate:		62.84%	Tdap/Td			Numerator:		361	Denominator:		409	Rate:		88.26%	Immunizations	for	Adolescents	Combo	1	Numerator:				257	Denominator:				409	Rate:				62.84%	Explanation of Progress: <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? 4 of the Childhood Immunization measures show an increase from 2014. Slight decreases were shown with IPV, Hep B, HiB, and PCV. For Adolescent Immunizations, an increase was shown in Meningococcal and Combo1 however a slight decrease occurred for Tdap/TD.</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? CoverKids provides a bi-annual newsletter, M-Power, and an age oriented website for adolescent members. Teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Quality Improvement Preventive Program. General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p>	Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? For 2016 results, there was a decrease in all of the individual childhood immunization rates that were included in the Combo 3 measure. Due to Combo 10 now being assigned as the NCQA HEDIS Medicaid Accreditation measure, an accurate comparison cannot be made to Combo 3 rate which was reported in 2015. For Adolescent Immunizations, a slight decrease was shown in Meningococcal and Combo1 however an increase was reported for Tdap/TD.</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? CoverKids provides a bi-annual newsletter, M-Power, and an age oriented website for adolescent members. Teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Quality Improvement Preventive and Wellness Program. General Interventions: Audio Health Information Library, web based tools, EOB messages, community</p>
Immunizations	for	Adolescents																																															
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FFY 2014	FFY 2015	FFY 2016
<p>enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? CoverKids provides a bi-annual newsletter, M-Power, and an age oriented website for adolescent members. Teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program.</p> <p>General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. CoverKids Customer Service Representatives (CSRs) are making reminder calls to parents/guardians of children turning 2 and adolescents turning 13 by the end of 2013 with gaps offering education and appointment scheduling.</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>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. CoverKids Customer Service Representatives (CSRs) are making reminder calls to parents/guardians of children turning 2 and adolescents turning 13 by the end of the measurement year with gaps offering education and appointment scheduling.</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. As of April 1 2016, CoverKids Customer Service Representatives (CSRs) are able to identify adolescent members with an immunization gap in care on incoming calls. When a member is identified with a gap in adolescent immunizations, the CSR offers to schedule an appointment to close this gap.</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
<p>Goal #2 (Describe) Increase the percentage of pregnant CoverKids members who have a timely prenatal and postpartum visit.</p>	<p>Goal #2 (Describe) Increase the percentage of pregnant CoverKids members who have a timely prenatal and postpartum visit</p>	<p>Goal #2 (Describe) Increase the percentage of pregnant CoverKids members who have a timely prenatal and postpartum care visit</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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 checked="" 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 checked="" 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>Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2014 Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 293 Denominator: 398 Rate: 73.62</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 257 Denominator: 398 Rate: 64.57</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 268 Denominator: 410 Rate: 65.37</p>

FFY 2014	FFY 2015	FFY 2016
<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: Timeliness of Prenatal Care Numerator: 293 Denominator: 398 Rate: 73.62%</p> <p>Postpartum Care Numerator: 255 Denominator: 398 Rate: 54.07%</p>	<p>Additional notes on measure: Postpartum Care Numerator: 250 Denominator: 398 Rate: 62.81%</p>	<p>Additional notes/comments on measure: HEDIS Performance Measurement Data: (If reporting with HEDIS)</p> <p>Prenatal Care Numerator: 268 Denominator: 410 Rate: 65.37%</p> <p>Postpartum Care Numerator: 251 Denominator: 410 Rate: 61.22%</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 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? An increase was shown in the rate for Timeliness of Prenatal Care of 2.57 points from 71.05% to 73.62%.</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 CaringStart</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? A decrease was shown in Prenatal care from 73.62% to 64.57% and Postpartum Care decreased slightly from 64.07% to 62.81%.</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</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? An increase was shown in the Prenatal care rate from 64.57% to 65.37% and the Postpartum Care rate decreased slightly from 62.81% to 61.22%.</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</p>

FFY 2014	FFY 2015	FFY 2016
<p>Maternity Program is available to all eligible pregnant women and is introduced to the member immediately upon enrollment. The offer is made via an out-bound phone call from a nurse. The member is educated about the importance of early and ongoing prenatal care;also sent educational materials regarding a healthy pregnancy. Once enrolled in CaringStart, the pregnant member receives ongoing phone calls from a nurse who is following the pregnancy. The nurses have access to health status data and are able to identify gaps in care and encourage members to obtain the necessary services to close these gaps. After delivery, the member is encouraged to get a postpartum care visit and offered assistance with appointment scheduling when needed. Other Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters. New HealthyTNBabies member welcome phone calls emphasize the importance of timely ongoing prenatal and postpartum care.</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>progress toward your goal? The CaringStart Maternity Program is available to all eligible Pregnant Women and is introduced to the member immediately upon enrollment.The offer is made via an out-bound phone call from a nurse.The member is educated about the importance of early and ongoing prenatal care; also sent educational materials regarding a healthy pregnancy.Once enrolled in CaringStart, the pregnant member receives ongoing phone calls from a nurse who is following the pregnancy.The nurses have access to health status data and are able to identify gaps in care and encourage members to obtain the necessary services to close these gaps.After delivery, the member is encouraged to get a postpartum care visit and offered assistance with appointment scheduling when needed.Other interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters.New HealthyTNBabies member welcome phone calls emphasize the importance of timely ongoing prenatal and postpartum care.</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</p> <p><i>Explain how these objectives were set:</i></p>	<p>progress toward your goal? The CaringStart Maternity Program is available to all eligible pregnant women and is introduced to the member immediately upon enrollment.The offer is made via an out-bound phone call from a nurse.The member is educated about the importance of early and ongoing prenatal care;also sent educational materials regarding a healthy pregnancy. Once enrolled in CaringStart, the PW receives ongoing phone calls from a nurse who is following the pregnancy. The nurses have access to health status data and are able to identify gaps in care and encourage members to obtain the necessary services to close these gaps. After delivery, the member is encouraged to get a postpartum care visit and offered assistance with appointment scheduling when needed. Other Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters. Newly enrolled member welcome phone calls for PW to emphasize the importance of timely ongoing prenatal and postpartum care.</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2014	FFY 2015	FFY 2016
<p>Goal #3 (Describe) Increase the percentage of children and adolescents who have the recommended well-child or well-care visits.</p>	<p>Goal #3 (Describe) Increase the percentage of children and adolescents who have the recommended well-child or well-care visits</p>	<p>Goal #3 (Describe) Increase the percentage of children and adolescents who have the recommended well-child or well-care visits</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> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" 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 checked="" 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 checked="" 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>Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2014 Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2015 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 2016 HEDIS Technical Specifications Definition of denominator: <input checked="" 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:</p>
<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 254 Denominator: 321 Rate: 79.13</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 194 Denominator: 279 Rate: 69.53</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 255 Denominator: 354 Rate: 72.03</p>

FFY 2014	FFY 2015	FFY 2016
<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: Well-Child Visits in the First 15 Months of Life Percent within 6+ Visits</p> <p>Numerator: 254 Denominator: 321 Rate: 79.13%</p> <p>Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life Percent with 1+ visits</p> <p>Numerator: 235 Denominator: 354 Rate: 66.38%</p> <p>Adolescent Well-Care Visits Percent with 1+ visits</p> <p>Numerator: 170 Denominator: 411 Rate: 41.36%</p>	<p>Additional notes on measure: Well-Child visits in the first 15 months of life Percent within 6+ Visits</p> <p>Numerator: 194 Denominator: 279 Rate: 69.53%</p> <p>Well-Child visits in the 3rd, 4th, 5th, and 6th years of life</p> <p>Numerator: 251 Denominator: 371 Rate: 67.65%</p> <p>Adolescent Well-Care Visits</p> <p>Numerator: 171 Denominator: 411 Rate: 41.61%</p>	<p>Additional notes/comments on measure: Well-Child visits in the first 15 months of life Percent within 6+ Visits</p> <p>Numerator: 255 Denominator: 354 Rate: 72.03%</p> <p>Well-Child visits in the 3rd, 4th, 5th, and 6th years of life</p> <p>Numerator: 235 Denominator: 366 Rate: 64.21%</p> <p>Adolescent Well-Care Visits</p> <p>Numerator: 140 Denominator: 411 Rate: 34.06%</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</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? Well Child visits for the first 15 months of life shows an increase of 4.66 percentage points from 74.47% to 79.13%.. Adolescent Well-Care Visits also increased from 40.63% to 41.36%.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Well Child visits for the first 15 months (6+ visits) of life shows a decrease. Increases were shown in Adolescent Well-Care Visits And Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? Well Child visits for the first 15 months (6+ visits) of life shows an increase from 69.53% to 72.03%. Decreases were shown in Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life.</p>

FFY 2014	FFY 2015	FFY 2016
<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? CoverKids provides a quarterly newsletter, Growing Healthy, as well as a newsletter for adolescents, M-Power; also an age oriented website for adolescent members. Children and teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program</p> <p>General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. CoverKids Customer Service Representatives (CSRs) are making reminder calls to parents/guardians of children turning 2 and adolescents turning 13 by the end of 2013 with gaps offering education and appointment scheduling.</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>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? CoverKids provides a quarterly newsletter, Growing Healthy, as well as a newsletter for adolescents, M-Power; also an age oriented website for adolescent members. Children and teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program. General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. CoverKids Customer Service Representatives (CSRs) are making reminder calls to parents/guardians of children turning 2 and adolescents turning 13 by the end of 2013 with gaps offering education and appointment scheduling. In addition, the state has added risk sharing arrangement similar to the Medicaid MCOs that provides both initiative payments and risk of administrative fee payment reductions based on HEDIS scores.</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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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? CoverKids provides a quarterly newsletter, Healthy Generations for all of it's members, and a biannual newsletter for teens, M-Power; also an age oriented website for adolescent members. Children and teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program. General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members. CoverKids Customer Service Representatives (CSRs) are identifying adolescent members and members ages 3-6 years with well-care gaps and offering education and appointment scheduling to these members.</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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]**

CoverKids also uses additional HEDIS measures as well as NCQA standards to measure, monitor, and assure that quality standards are maintained. We have found that additional outreach and specific targeted interventions are necessary to improve outcomes for the CHIP population.

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]**

For future measurement years, we will continue collect HEDIS data using hybrid methodology for the seven HEDIS measures that were collected using hybrid methodology beginning with measurement year 2012. These include: Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; Childhood Immunization Status; Immunizations for Adolescents; Adolescent Well-Care; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; Prenatal and Postpartum Care.

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]**

Focused studies include weekly reports on Attention Deficit Disorder which is used for telephonic outreach as well as a proactive report for Childhood and Adolescent Immunizations identifying members with immunization gaps 3 months prior to their 2nd and 13th birthday for telephonic outreach. A proactive report for well child visits and adolescent well care visits identifying members with a gap 3 months prior to their birthday was implemented in 2015 for telephonic outreach. We have found that additional outreach and specific targeted interventions have been successful in improved outcomes for the CHIP population.

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 attached report (CoverKids Preventative and Wellness Executive Summary – 3rd Quarter) is a quarterly report used to analyze all areas related to CoverKids Health outcomes. This report has been developed to provide management level committees results on interventions and outreach efforts.

Enter any Narrative text related to Section IIB 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]

We continue to maintain many of the same strategies for outreach to our CoverKids population. We rely on our partners in the community including the Managed Care Organizations to provide routine communications to members such as newsletters and outreach during noted gaps in care just to name a few. We continue to utilize the annual back-to-school mailing as our primary outreach activity.

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]

As previously mentioned we continued our annual back-to-school mailing in 2016 providing information on the CoverKids program to all public schools across the state of Tennessee. Approximately one million fliers were mailed to schools with instructions to provide the information to students and/or parents. The fliers included information on the importance of health insurance, how to apply and the need for routine checkups and dental visits. The fliers were printed in English and Spanish. In addition to the mailing outreach we continue to provide information through the kidcentral tn website. This website is supported by the Tennessee Children's Cabinet and provides information on services and programs available to citizens in the state including CoverKids. We are able to measure the effectiveness of these efforts by tracking visits to certain websites which are CoverKids specific as well as tracking any growth in enrollment in the months following the annual back-to-school mailing.

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

The annual back-to-school mailing is a best practice for our program. We have been successful in carrying out this effort for nearly a decade and with great success. We continue to identify new opportunities to partner with our stakeholders and health plans but the mailing is cost-effective and easily maintained and executed.

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]

With our back-to-school mailing, we send information to all public schools across the state of Tennessee. We mailed fliers to more than 1700 schools reaching both rural and urban areas in Tennessee. As previously mentioned the flier is printed in both English and Spanish. Information is provided in the flier on how to receive additional language services such as translation and/or interpretation services. We measure the effectiveness of the outreach efforts by any changes in enrollment. We attribute any enrollment growth in the days and months following the mailing as a positive correlation to the information shared within the communities across the state.

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]

Based on monthly enrollment reports from the health plan that administers the CoverKids program, enrollment based on FPL is broken down into two groups. Group One is members who are between 205% and 255% FPL. The percentage of CoverKids members in that group is approximately 14.55 percent based on enrollment figures through the end of September 2015. Group Two is members who are less than 204 percent FPL which represents approximately 85.45 percent. For the CoverKids "unborn" program approximately 7.73 percent is between 205% and 255% FPL compared

to 92.7 percent which are below 205% percent based on enrollment through the end of September 2016.

Enter any Narrative text related to Section IIIA below. **[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 period)?	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
	List all exemptions to imposing the period of uninsurance [1000]	
	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	If yes, what database? [1000] The CoverKids enrollment is matched against our Plan Administrator's commercial database to determine whether enrollees are enrolled in private insurance plans.	
	<input type="checkbox"/>	N/A

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

3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 0
 - a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? **[5]**

4. 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]**

Enter any Narrative text related to Section IIIB below. **[7500]**

As of December 16, 2015, we delegated authority to the Marketplace to make determinations of eligibility for non-pregnant applicants applying for CoverKids coverage.

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

- a) What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
- b) Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? **[5]**

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

The Medicaid Expansion renewals process was implemented and still being conducted.

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]**

n/a

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2016

States are required to report on all questions (1,1.a.,1.b., and 1.c) in FFY 2016. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI Coverage	1240	100
a. Total number of procedural denials	180	14.5
b. Total number of eligibility denials	1060	85.5
i. Total number of applicants denied for title XXI and enrolled in title XIX	906	73.1
c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input checked="" type="checkbox"/>)		

2. Please describe any limitations or restrictions on the data used in this table: N/A

Definitions:

1. The “the total number of denials of title XXI Coverage” 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 2016. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2016 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2016 (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.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
 - c. 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

For this table, reporting is required for FFY 2016.

Table 2a. Redetermination Status of Children Enrolled in Title XXI

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 enrolled in title XXI and eligible to		100%			

be redetermined					
2. Total number of children screened for redetermination for title XXI			100%		
3. Total number of children retained in title XXI after the redetermination process					
4. Total number of children disenrolled from title XXI after the redetermination process				100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
I. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
II. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
iii. 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"/>)					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)					
c. 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"/>)					
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5. 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.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, 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 must 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. This total number must also 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.
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 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
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 2016.
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 2016. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. 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 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. 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.
 - c. 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 2b. Redetermination Status of Children Enrolled in Title XIX

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 enrolled in title XIX and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the					

redetermination process					
4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/>)					
vi. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)					
c. 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"/>)					

5. 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.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, 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 must 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. This total number must also 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.

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 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
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 2016.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2016. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX 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 XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2016

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. 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.**

The FFY 2016 CARTS report is the first year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2016. States will continue to report on the same table in the FFY 2017 CARTS reports. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March 2018).

Instructions: For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (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 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. 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 tables below, and the template will tabulate the percentages. In this report you will only enter data on the 6-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.

Table 3a. Duration Measure of Children Enrolled in Title XIX

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 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)

Duration Measure, Title XIX	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 XIX in the second quarter of FFY 2016		100%		100%		100%		100%		100%
2.										
Enrollment Status 6 months later										
3. Total number of children continuously enrolled in title XIX										
4. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
5. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										

<input type="checkbox"/>											
Enrollment Status 12 months later											
6.	Total number of children continuously enrolled in title XIX										
7.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
	6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
8.	Total number of children disenrolled from title XIX										
	7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										
Enrollment Status 18 months later											
9.	Total number of children continuously enrolled in title XIX										
10.	Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
	9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)										
11.	Total number of children disenrolled										

from title XIX										
10.a Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)										

Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, 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 XIX for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 2017

6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2017

9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

Table 3b. Duration Measure of Children Enrolled in Title XXI

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 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, 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 2016, he/she would not be enrolled in title XXI in December 2015, 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 2016	2339	100%	827	100%	462	100%	656	100%	394	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	1357	58.02	104	12.58	375	81.17	554	84.45	324	82.23
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	14	0.6	1	0.12	3	0.65	6	0.91	4	1.02
3.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break (If unable to										

	provide the data, check here <input checked="" type="checkbox"/>)										
4.	Total number of children disenrolled from title XXI	968	41.39	722	87.3	84	18.18	96	14.63	66	16.75
	4.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/>)										
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 XIX coverage but re-enrolled in title XXI										
	6.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/>)										

	here <input type="checkbox"/>)										
7.	Total number of children disenrolled from title XXI										
	7.a. Total number of children enrolled in Medicaid (title XXI) 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 XXI) 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 XXI) 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 2016” 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 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
 - 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 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

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 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 20176.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 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 20177.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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 20179.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 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 201710.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to section IIIC below. **[7500]**

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]**

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?
 Yes No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

Providers use BlueAccess for real time claims adjudication and cost estimation.

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]**

631

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]**

The state has not undertaken an assessment of the impact of these changes on application, enrollment, disenrollment, or utilization. In 2016, the state reduced or eliminated a number of co-pays for certain services. These changes were not anticipated to have a significant impact on application, enrollment, disenrollment, or utilization.

The member handbooks and ID cards were revised to match these benefit changes. Upon completion of the system re-configuration for these changes, extensive testing was performed to

ensure co-pays were not being collected on these services. Testing was also conducted to ensure those services with a reduction in co-pays were configured and charging the appropriate reduced amount.

Enter any Narrative text related to section IIID below. **[7500]**

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 2016

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 related to Section III E 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]**

See attached 2015 Enterprise Fraud and Abuse Compliance Plan

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

- Yes
 No

Please Explain: **[500]**

2. For the reporting period, please report the

140 Number of fair hearing appeals of eligibility denials
37 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

91 Number of cases investigated
46 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

0 Number of cases investigated
0 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]**
 CoverKids monitors BlueCross BlueShield contract performance on a periodic basis. This monitoring includes the processes that the contractor has in place to credential providers and investigate suspected cases of fraud. In addition, CoverKids rely on the Bureau of TennCare Division of Program Integrity and State Audit.
6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?
- Yes
 No

Please explain: **[500]**

Enter any Narrative text related to section IIIIF below. **[7500]**

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)

- a. **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: TN FFY: 2016	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at	67334	652	1627	6958	14942	23774	19381

least 90 continuous days ¹							
Total Enrollees Receiving Any Dental Services ² [7]	36587	1	248	3424	9239	14244	9431
Total Enrollees Receiving Preventive Dental Services ³	34953	1	196	3260	9007	13782	8707
Total Enrollees Receiving Dental Treatment Services ⁴	15816	0	14	957	4120	6202	4523

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 who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

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 who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

⁴ **Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

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]

1993

⁵**Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

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]

Enter any Narrative text related to section III G below. **[7500]**

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 align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). 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](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 covered
 - Explain 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:
- 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:

Enter any Narrative text related to section IIIH below. **[7500]**

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 2015. 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

	2016	2017	2018
Benefit Costs			
Insurance payments	17118790	17500000	17900000
Managed Care			
Fee for Service	130537382	137400000	144300000
Total Benefit Costs	147656172	154900000	162200000
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$ 147656172	\$ 154900000	\$ 162200000

Administration Costs

Personnel	15642		
General Administration	265755	850000	850000
Contractors/Brokers (e.g., enrollment contractors)	1704000	2437100	2500000
Claims Processing	10091088	10200000	10400000
Outreach/Marketing costs	35241	75000	75000
Other (e.g., indirect costs)	3935110	8200000	8400000
Health Services Initiatives			
Total Administration Costs	16046836	21762100	22225000
10% Administrative Cap (net benefit costs ÷ 9)	16406241	17211111	18022222

Federal Title XXI Share	161312944	173959170	181603298
State Share	2390064	2702930	2821702

TOTAL COSTS OF APPROVED CHIP PLAN	163703008	176662100	184425000
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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]**

CoverKids did not experience a shortfall in CHIP funds in FFY 2015

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.

	2016		2017		2018	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	807612	\$ 21	795568	\$ 22	812226	\$ 22
Fee for Service	856082	\$ 152	846349	\$ 162	864070	\$ 167

Enter any Narrative text related to Section IV below. **[7500]**

The CoverKids program medical and pharmacy benefits are self-funded, with the exception of dental care which remains fully insured.

A 3.2% rate increase FFS increase went into affect 1/1/2016 for CoverKids providers.

Medical benefits were expanded for pregnant women and copays were reduced for all members during FY 2016.

Other Administrative costs reflect a state assessed MCO premium tax effective January 1, 2016 going forward.

CoverKids Personnel moved to TennCare and a portion of salaries are directed to general overhead costs through cost allocation.

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]**

As of December 16, 2015, non-pregnant applicants continue to apply for coverage through the Marketplace. Deloitte was awarded the Systems Integration contract for the State of Tennessee. Deloitte will build the new Medicaid and CHIP eligibility and determination system.

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

As noted above, the development of the state's new eligibility determination system continues to be a major challenge. We continue to operate under a federally-approved mitigation plan as systems development work continues. In the interim, the FFM remains the primary point of entry for most CHIP applicants in Tennessee.

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

CoverKids enrollment has been steady around 70,000 for the last couple of years. We continue to enroll uninsured Tennesseans, children no longer eligible for Medicaid coverage or children whose parents cannot afford employer-sponsored insurance. We continue to work on aligning the separate CHIP program benefits with the Medicaid program and member material. As part of this alignment effort, in 2016 we made changes to the coverage available to "unborn" enrollees to more closely mirror the coverage available to pregnant women in Tennessee's Medicaid program.

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]**

We will continue to work on aligning the separate CHIP program to mirror the Medicaid program, such as enhance the Behavioral Health benefits and Quality management. Tennessee plans to implement our new Eligibility and Determination system next year where Medicaid and CHIP enrollment will be housed in one system. This will be a great accomplishment for the state to implement a seamless process for our beneficiaries, enrollees and applicants and become an Assessment state.

Enter any Narrative text related to Section V below. **[7500]**