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 Act provides that the State and Territories *must assess the operation of the 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.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to CHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their CHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: 1115 Demonstration Waivers (Financed by CHIP)
- Section VI: Program Challenges and Accomplishments

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **AL**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a) and Section 2108(e)).

Signature:

Fern M. Shinbaum

CHIP Program Name(s): **All, ALL Kids**

CHIP Program Type:

- ☐ CHIP Medicaid Expansion Only
- ☒ Separate Child Health Program Only
- ☐ Combination of the above

Reporting Period: **2011** *Note: Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011.*

Contact Person/Title: **Cathy Caldwell**

Address: **Alabama Department of Public Health, CHIP**

P.O. Box 30317

City: **Montgomer** State**:** **AL** Zip**:** **36130-3017**

Phone: **(334) 206-5568** Fax:

Email: **cathy.caldwell@adph.state.al.us**

Submission Date: **2/28/2012**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program					**Separate Child Health Program**				
	*** Upper % of FPL are defined as <u>Up to and Including</u>**									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?	☐	Income Net of Disregards			**Is income calculated as gross or net income?**	☐	Gross Income		
							☒	Income Net of Disregards		
Eligibility						**From**		% of FPL conception to birth		% of FPL *
	From		% of FPL for **infants**		% of FPL *	**From**	134	% of FPL for **infants**	300	% of FPL *
	From		% of FPL for children ages **1 through 5**		% of FPL *	**From**	134	% of FPL for children ages 1 **through 5**	300	% of FPL *
	From		% of FPL for children ages **6 through 16**		% of FPL *	**From**	101	% of FPL for children ages **6 through 16**	300	% of FPL *
	From		% of FPL for children ages **17 and 18**		% of FPL *	**From**	101	% of FPL for children ages **17 and 18**	300	% of FPL *
						From		% of FPL for pregnant women ages **19 and above**		% of FPL *

Is presumptive eligibility provided for children?	☐	No	☒	No
	☐	Yes, for whom and how long? **[1000]**	☐	Yes - Please describe below: For which populations (include the FPL levels) **[1000]** Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period **[1000]** Brief description of your presumptive eligibility policies **[1000]**
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☐	Yes, for whom and how long? **[1000]**	☒	Yes, for whom and how long? **[1000]** If a parent submits an application for an eligible newborn within 60 days after the birth, coverage can be retroactive to the date of birth.
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☐	No
		☒	Yes
		☐	N/A

Please check all the methods of application utilized by your state.	☐	Mail-in application	☒	Mail-in application	
	☐	Phoned-in application	☐	Phoned-in application	
	☐	Program has a web-based application that can be printed, completed, and mailed in	☒	Program has a web-based application that can be printed, completed, and mailed in	
	☐	Applicant can apply for your program on-line	☒	Applicant can apply for your program on-line	
	☐	Signature page must be printed and mailed in		☐	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)		☐	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required		☒	Electronic signature is required
				☐	No Signature is required

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	3
			To which groups (including FPL levels) does the period of uninsurance apply? **[1000]** All	
			List all exemptions to imposing the period of uninsurance **[1000]** 1. Involuntary loss of group coverage. 2. Termination of individual coverage policy. 3. Termination of COBRA policy. 4. Exhaustion of benefits in a group plan. 5. For a limited time period, eligible dependents of public agency employees (until 12/31/11).	
	☐	N/A	☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No	☐	No
	☐	Yes	☒	Yes
			If yes, what database? **[1000]** Blue Cross Blue Shield of Alabama	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage regardless of income changes?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below **[1000]**		Explain circumstances when a child would lose eligibility during the time period in the box below **[1000]**	
			1. If termination is requested by a parent. 2. If the child moves out of the state; 3. If the child turns 19 years of age; or, 4. If the child becomes enrolled in Medicaid.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No			☐	No		
	☐	Yes			☒	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	$50	$ 50	% of FPL 101	% of FPL 150
	$	$	% of FPL	% of FPL	$100	$ 100	% of FPL 151	% of FPL 300
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FP L	% 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	$150	$150	% of FPL 101	% of FPL 150
	$	$	% of FPL	% of FPL	$300	$300	% of FPL 151	% of FPL 300
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below **[500]**				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) **[500]**			

				Children in families with incomes up to and including 150% FPL pay an annual premium of $50/child not to exceed $150/family. Children in families with incomes above 150% FPL pay an annual premium of $100/child not to exceed $300/family. Native Americans pay no premiums or co-pays.
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below **[500]**		If Yes, please describe below **[500]**	
	☐	N/A	☐	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	☐	No	☐	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require income disregards? **(Note: if you checked off net income in the eligibility question, you must complete this question)**	☐	No	☐	No
	☐	Yes	☒	Yes
	If Yes, please describe below **[1000]**		If Yes, please describe below **[1000]**	
				Three disregards are applied to the monthly family income when applicable: (1)$90 for each working adult applied to earned income; (2) up to $50 of child support payments received; and, (3) up to $200 and $175 for each child or dependent adult in day care for ages 0-23 months and 2 years and over, respectively.
	☐	N/A	☐	N/A

Which delivery system(s) does your program use?	☐	Managed Care	☐	Managed Care
	☐	Primary Care Case Management	☐	Primary Care Case Management
	☐	Fee for Service	☒	Fee for Service

	Please describe which groups receive which delivery system **[500]**	Please describe which groups receive which delivery system **[500]** All providers receive a fee for service reimbursement except for federally qualified health centers and rural health clinics which are reimbursed using a prospective payment system.

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☐	No
	☐	Yes	☒	Yes
		☐ We send out form to family with their information pre-completed and ask for confirmation ☐ We send out form but do not require a response unless income or other circumstances have changed		☒ We send out form to family with their information pre-completed and ask for confirmation ☐ We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A
3. Is it different from the assets test in your separate child health program? ☐ Yes ☐ No ☒ N/A
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? ☐ Yes ☒ No ☐ N/A
6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A
7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? ☒ Yes ☐ No ☐ N/A
8. Indicate what documentation is required at initial application for

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	☒	☐	☐
Citizenship	☐	☒	☐
Insured Status	☐	☒	☐
Residency	☒	☐	☐

Use of Income Disregards	☒	☐	☐

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
b) Application	☐	☐	☐	☐	☒	☐
c) Application documentation requirements	☐	☐	☐	☐	☒	☐
d) Benefits	☐	☐	☐	☒	☐	☐
e) Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
f) Crowd out policies	☐	☐	☐	☐	☒	☐
g) Delivery system	☐	☐	☐	☐	☒	☐
h) Eligibility determination process	☐	☐	☐	☐	☒	☐
i) Implementing an enrollment freeze and/or cap	☐	☐	☐	☐	☒	☐
j) Eligibility levels / target population	☐	☐	☐	☐	☒	☐
k) Assets Test	☐	☐	☐	☐	☐	☒
l) Income disregards	☐	☐	☐	☐	☒	☐
m) Eligibility redetermination process	☐	☐	☐	☐	☒	☐
n) Enrollment process for health plan selection	☐	☐	☐	☐	☐	☒
o) Family coverage	☐	☐	☐	☐	☐	☒
p) Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☐	☒	☐
q) Premium assistance	☐	☐	☐	☐	☐	☒
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☐	☐	☐	☒
s) Expansion to "Lawfully Residing" children	☐	☐	☐	☐	☒	☐

t) Expansion to “Lawfully Residing” pregnant women	☐	☐	☐	☐	☒	☐
u) Pregnant Women State Plan Expansion	☐	☐	☐	☐	☒	☐
v) Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☐	☒
Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐
x) Other – please specify						
a. Enrollment changes for disaster events	☐	☐	☐	☒	☐	☐
b. Added coverage for public employees dependents	☐	☐	☐	☒	☐	☐
c.	☐	☐	☐	☐	☐	☐

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	Mental health benefit limits were changed in order to be compliant with mental health parity as required by CHIPRA for ALL Kids effective October 1, 2010.
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process	

i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to “Lawfully Residing” children	
t) Expansion to “Lawfully Residing” pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

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

x) Other – please specify	
a. Enrollment changes for disaster events	ALL Kids state plan amendment (4/15/11) to allow temporary adjustments to enrollment/renewal policies & cost sharing for applicants living in and/or working in FEMA or Governor declared disaster areas at the time of a disaster event. In the event of a disaster, the State agreed to notify CMS of the intent to provide temporary adjustments to enrollment and/or renewal policies, the effective dates of such adjustments and the counties/areas impacted by the disaster.
b. Added coverage for public employees dependents	ALL Kids state plan amendment (1/1/11)to discontinue the ban on enrollment of otherwise eligible dependents of public agency employees. For a temporary period (through 12/31/2011) the crowd out provision requiring a wait period for voluntarily dropping employer insurance coverage was waived for these applicants.
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF THE INITIAL CORE SET OF CHILDREN'S HEALTH CORE QUALITY MEASURES

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify an initial core set of child health care quality measures for voluntary use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the initial core set of measures. This section of CARTS will be used for standardized reporting on the initial core set of measures.

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

The Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures can be found:
http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf

The reporting of the Initial Care Set of Measures 1-23 is voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.

	Measure	Measure Steward	Description	Reporting
1	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA/HEDIS	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
2	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Measure is voluntary.
3	Percentage of live births weighing less than 2,500 grams	CDC	Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Measure is voluntary.
4	Cesarean Rate for Nulliparous Singleton Vertex	California Maternal Care Collaborative	Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Measure is voluntary.
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday.	Measure is voluntary.
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year who had specific vaccines by their thirteenth birthday.	Measure is voluntary.
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender.	Measure is voluntary.
8	Developmental Screening in the First Three Years of Life	Child and Adolescent Health Measurement Initiative and NCQA	Percentage of children screened for risk development, behavioral, and social delays using a standardized, screening tool in the first, second, and third year of life	Measure is voluntary.
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary.
11	Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA/HEDIS	Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary.
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary.
13	Percentage of Eligibles who Received Preventive Dental Services	CMS	Percentage of eligible children ages 1-20 who received preventive dental services	Measure is voluntary.
14	Children and Adolescents' Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: • Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	Measure is voluntary.
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis Media with Effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	American Medical Association/ Physician Consortium for Performance Improvement	Percentage of children ages 2 months through 12 years with a diagnosis of otitis media with effusion (OME) who were not prescribed systemic antimicrobials	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
17	Percentage of Eligibles who Received Dental Treatment Services	CMS	Percentage of eligible children Ages 1-20 who received dental treatment services	Measure is voluntary.
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	Measure is voluntary.
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Measure is voluntary.
20	Annual percentage of asthma patients (2-20 yo) with 1 or more asthma-related emergency room visits	Alabama Medicaid	Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ER visits	Measure is voluntary.
21	Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time when the first ADHD medication was dispensed. Two rates are reported: one for the initiation phase and one for the continuation and maintenance phase	Measure is voluntary.
22	Annual Pediatric hemoglobin A1C testing	NCQA	Percentage of children with diabetes and an HbA1c test during the measurement year.	Measure is voluntary.
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for children 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
24	Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Survey on parents' experience with their child's care	**Reporting Required in 2013** Title XXI programs are required[1] to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. If States are already working with the **Agency for Healthcare Research and Quality (AHRQ)** to report CAHPS, they can continue doing so. We ask that States indicate in CARTS that they have submitted CAHPS data to AHRQ and using the CARTS attachment facility, provide a copy of the CAHPS results to CMS (do not submit raw data on CAHPS to CMS).

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous to years' annual reports (FFY 2009 and FFY 2010) will be populated with data from previously reported data in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2011). Additional instructions for completing each row of the table are provided below.

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

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

- Population not covered: Check this box if your program does not cover the population included in the measure.

[1] P.L. 111-3, §402(a)(2)(e)

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

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

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

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

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

- Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each measure, please indicate whether the measure is based on HEDIS® technical specifications, the specifications developed by other measure stewards listed in the Technical Specifications and Resource Manual (e.g. CMS, CDC, AMA/PCPI), or "other" measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed. If "Other" measurement specification is selected, the explanation field must be completed. States should use the technical specifications outlined in the Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures.

HEDIS® Version:

Please specify HEDIS® Version (example 2009, 2010). This field must be completed only when a user selects the HEDIS® measurement specification.

"Other" measurement specification explanation:

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

Data Source:
For each measure, please indicate the source of data or methodology used to calculate the measure – administrative data (such as claims and encounters) (specify the kind of administrative data used); hybrid methods (combining administrative data and medical records) (specify how the two were used to create the rate); survey data (specify the survey used); or other source (specify the other source).

Definition of Population included in the Measure:
Numerator: Please indicate the definition of the population included in the numerator for each measure.

Denominator: Please indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the CHIP population only, the Medicaid 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, the Medicaid population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator, including those who are excluded from the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

Deviation from Measure Technical Specification
If the data provided for a measure deviates from the measure technical specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that States must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected.

The five types (and examples) of deviations are:
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 (please describe in detail).

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

Year of Data: not available for the 2011 CARTS reporting period.
Please report the year of data for each measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Date Range: available for 2011 CARTS reporting period.
Please define the date range for the reporting period based on the "From" time period as the month and year that corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Initial Core Set Measurement Data (HEDIS® or Other):
In this section, please report the numerators and denominators for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the "additional notes" section.

Note: 2011 CARTS will calculate the rate when you enter the numerator and denominator.

For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan or delivery system, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a single state-level "weighted rate" based on the distribution of the eligible population included in each separate rate.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

Explanation of Progress:
The intent of this section is to allow your State to demonstrate how you are using the measures. Please highlight progress and describe any quality improvement activities that may have contributed to your progress. 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 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), 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 or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. 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.

CHIPRA Quality Demonstration States have the option of reporting State developed quality measures through CARTS. Instructions may be found on page 25 in the web-based template and <u>after</u> core measure 24 on the Word template.

EQRO Requirement: States with CHIP managed care that have existing external quality review organization (EQRO) reports are required to submit EQRO reports as an attachment.

Is the State submitting an EQRO report as an attachment to the 2011 CARTS?

☐ **Yes** ☐ **No**

If yes, please provide a further description of the attachment. [7500]

If the State is not submitting an EQRO report as an attachment to the 2011 CARTS, please explain. [7500]
Alabama does not deliver care through a managed care system.

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data for the timeliness of prenatal visits are not comprehensive in the claims data of our health plan administrator, Blue Cross Blue Shield of Alabama(BCBSAL). ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data for the timeliness of prenatal visits are not comprehensive in the claims data of our health plan administrator, Blue Cross Blue Shield of Alabama (BCBSAL). ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009	FFY 2010	FFY 2011
Definition of numerator:	☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	☐ Denominator 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	**HEDIS Performance Measurement Data:** Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	**HEDIS Performance Measurement Data:** Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE 2: Frequency of Ongoing Prenatal Care

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data for the frequency of prenatal visits are not available through administrative data (claims data) and ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	**HEDIS Performance Measurement Data:** Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	**HEDIS Performance Measurement Data:** Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Annual Performance Objective for FFY 2014:

Explain how these objectives were set:

Other Comments on Measure:

MEASURE 3: Percentage of live births weighing less than 2,500 grams

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data on low birth weight are not available through claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data on low birth weight are not available through claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☐CDC ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: 30 day follow-up: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge; 7 day follow-up: an outpatient, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Definition of denominator: ☒ Denominator includes CHIP population only.	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:

FFY 2009	FFY 2010	FFY 2011
	☐ Denominator includes Medicaid population only. ☐ 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:	
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	**Performance Measurement Data:** Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	**Performance Measurement Data:** Percentage of resident live births that weighed less than 2,500 grams in the State reporting period
Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**		

FFY 2009	FFY 2010	FFY 2011
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE 4: Cesarean Rate for Nulliparous Singleton Vertex Low-risk First Birth Women

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data regarding nulliparas ceasarean sections with vertex presentations are not available in claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Data regarding nulliparous Caesarean sections with vertex presentations are not available in claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☐CMQCC ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☒ Other. *Specify*: CHIP eligibility data and state immunization registry data

FFY 2009	FFY 2010	FFY 2011
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definitions are the same as HEDIS for the separate and combination measures. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	**HEDIS Performance Measurement Data:** Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	**HEDIS Performance Measurement Data:** Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday

FFY 2009		FFY 2010		FFY 2011	
DTap Numerator: Denominator: Rate: IPV Numerator: Denominator: Rate: MMR Numerator: Denominator: Rate: HiB Numerator: Denominator: Rate: Hep B Numerator: Denominator: Rate: VZV Numerator: Denominator: Rate: PCV Numerator: Denominator: Rate: Hep A Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate: Combo 3 Numerator: Denominator: Rate: Combo 4 Numerator: Denominator: Rate: Combo 5 Numerator: Denominator: Rate: Combo 6 Numerator: Denominator: Rate: Combo 7 Numerator: Denominator: Rate: Combo 8 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate: IPV Numerator: Denominator: Rate: MMR Numerator: Denominator: Rate: HiB Numerator: Denominator: Rate: Hep B Numerator: Denominator: Rate: VZV Numerator: Denominator: Rate: PCV Numerator: Denominator: Rate: Hep A Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate: Combo 3 Numerator: Denominator: Rate: Combo 4 Numerator: Denominator: Rate: Combo 5 Numerator: Denominator: Rate: Combo 6 Numerator: Denominator: Rate: Combo 7 Numerator: Denominator: Rate: Combo 8 Numerator: Denominator: Rate:	DTap Numerator: 1074 Denominator: 1351 Rate: 79.5 IPV Numerator: 1111 Denominator: 1351 Rate: 82.2 MMR Numerator: 1216 Denominator: 1351 Rate: 90 HiB Numerator: 1178 Denominator: 1351 Rate: 87.2 Hep B Numerator: 869 Denominator: 1351 Rate: 64.3 VZV Numerator: 1223 Denominator: 1351 Rate: 90.5 PCV Numerator: 1185 Denominator: 1351 Rate: 87.7 Hep A Numerator: 859 Denominator: 1351 Rate: 63.6	Combo 2 Numerator: 758 Denominator: 1351 Rate: 56.1 Combo 3 Numerator: 747 Denominator: 1351 Rate: 55.3 Combo 4 Numerator: 571 Denominator: 1351 Rate: 42.3 Combo 5 Numerator: 662 Denominator: 1351 Rate: 49 Combo 6 Numerator: 446 Denominator: 1351 Rate: 33 Combo 7 Numerator: 518 Denominator: 1351 Rate: 38.3 Combo 8 Numerator: 368 Denominator: 1351 Rate: 27.2

FFY 2009		FFY 2010		FFY 2011	
RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	RV Numerator: 1042 Denominator: 1351 Rate: 77.1 Flu Numerator: 699 Denominator: 1351 Rate: 51.7	Combo 9 Numerator: 403 Denominator: 1351 Rate: 29.8 Combo 10 Numerator: 342 Denominator: 1351 Rate: 25.3
Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☒ Data Source, *Explain*. CHIP eligibility database and the state immunization registry ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure: CARTS wouldn't allow data on each vaccine to be entered unless HEDIS specs were used, therefore HEDIS specs are indicated when in actuality, HEDIS-like specs were used. Claims data alone are insufficient. HEDIS specifications were used to produce childhood immunization rates by creating a list of children meeting the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates.	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** Measure was not reported in 2010. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The state's immunization registry, recently made available to CHIP, contains immunization records for nearly all vaccines administered in the state. This registry was used to compile the most complete immunization profile for children meeting measurement criteria. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Immunization rates for FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Immunization rates for FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Immunization rates for FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the FY 2011 baseline rate.		
Other Comments on Measure:		

MEASURE 6: Immunizations for Adolescents

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Men.: 1 meningococcal conjugate or meningococcal polysaccharide vaccine on or between their 11th and 13th birthdays. Tdap/Td: 1 tetanus, diphtheria toxoids and acellular pertussis vaccine or 1 tetanus, diphtheria toxoids vaccine on or between their 10th and 13th birthdays. Combo: 1 meningococcal vaccine on or between their 11th & 13th birthdays and 1 tetanus, diphtheria toxoids and acellular pertussis vaccine or 1 tetanus, diphtheria toxoids vaccine on or between their 10th & 13th birthdays. Definition of denominator:

FFY 2009	FFY 2010	FFY 2011
		☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	**HEDIS Performance Measurement Data:** The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	**HEDIS Performance Measurement Data:** The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.
Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: 1334 Denominator: 4211 Rate: 31.7 Tdap/Td Numerator: 1568 Denominator: 4211 Rate: 37.2 Combination (Meningococcal, Tdap/Td) Numerator: 1159 Denominator: 4211 Rate: 27.5
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator:

FFY 2009	FFY 2010	FFY 2011
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Measure was not reported in 2010.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HEDIS measurement data reported above may be incomplete as claims data alone are insufficient for surveillance of vaccination rates. To overcome this inadequacy, HEDIS specifications were followed to produce adolescent immunization rates by creating a list of children meeting the denominator definition to match against the state's immunization registry. Immunization information for these records was used to calculate the separate and combination rates below.

Meningococcal
Numerator 839
Denominator 3,926
Rate 21.37

Tdap/Td
Numerator 1,858
Denominator 3,926
Rate: 47.33

Combination (Meningococcal, Tdap/Td)
Numerator 784
Denominator 3,926
Rate 19.97

The measurement data calculated using the state's immunization registry bounce was comparable to the HEDIS measurement data. The lack of a more complete immunization profile for adolescents is probably due to name variability which affects the success of the matching process.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: Immunization rates for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: Immunization rates for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: Immunization rates for FY 2014 will be no less than FY 2013.

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: BMI assessments are not available in the claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,

FFY 2009		FFY 2010		FFY 2011	
		please further define the Denominator, please indicate the number of children excluded:		please further define the Denominator, please indicate the number of children excluded:	
Year of Data:		**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**		**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	
HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		**HEDIS Performance Measurement Data:** Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		**HEDIS Performance Measurement Data:** Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.	
3-11years Numerator: Denominator: Rate: 12-17 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	3-11 years Numerator: Denominator: Rate: 12-17 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	3-11 years Numerator: Denominator: Rate: 12-17 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:
Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE 8: Developmental Screening in the First Three Years of Life

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐ CAHMI/NCQA ☐Other. *Explain*:	**Measurement Specification:** ☒ CAHMI/NCQA ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Indicator 1: Children who had screening for risk of developmental, behavioral and social delays using a standardized tool that was documented by 12 months age. Indicator 2: Children who had screening for risk of developmental, behavioral and social delays using a standardized tool that was documented by 24 months age. Indicator 3: Children who had screening for risk of developmental, behavioral and social delays using a standardized tool that was documented by 36 months age. Definition of denominator: ☒ Denominator includes CHIP population only.

FFY 2009	FFY 2010	FFY 2011
		☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	**Performance Measurement Data:** Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	**Performance Measurement Data:** Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life
Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: 59 Denominator: 601 Rate: 9.8 Children screened by 24 months of age Numerator: 53 Denominator: 935 Rate: 5.7 Children screened by 36 months of age Numerator: 32 Denominator: 1082 Rate: 3

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☒Denominator, *Explain*. Specifications from the 2011 CMS guidance were used that do not align the anchor date (child's birthday) with the continuous enrollment period and the measurement period. ☐ Other, *Explain*. Additional notes on measure: Definition of the Denominator: Indicator 1: Children who were age 12 months in CY2010 with 12 months continuous enrollment. Indicator 2: Children who were age 24 months in CY2010 with 12 months continuous enrollment. Indicator 3: Children who were age 36 months in CY2010 with 12 months continuous enrollment.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Measure was not reported in 2010.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: Developmental screening rates for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: Developmental screening rates for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: Developmental screening rates for FY 2014 will be no less than FY 2013.

Explain how these objectives were set: Based on FY 2011 report data which is the first year of reporting on this measure.

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

MEASURE 9: Chlamydia Screening 16-20 females

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Number of 16-20 year old females who were indentified as sexually active and who had at least one test for chlamydia during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:

FFY 2009	FFY 2010	FFY 2011
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	**HEDIS Performance Measurement Data:** Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	**HEDIS Performance Measurement Data:** Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: 577 Denominator: 2643 Rate: 21.8	Numerator: 1035 Denominator: 3198 Rate: 32.4
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure: Sexually active is defined as having a contraceptive prescription or contraceptive procedure during the measurement year.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure: Sexually active is defined as having a contraceptive prescription or contraceptive procedure during the measurement year.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The FY 2011 rate (32.36) was higher than the FY 2010 rate (21.8). **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** N/A **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Chlamydia screening rates for FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Chlamydia screening rates for FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Chlamydia screening rates for FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the FY 2011 baseline rate.		
Other Comments on Measure:		

Well-child Care Visits (WCV)

MEASURE 10: Well Child Visits in the First 15 Months of Life

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, six ore more well-	**Definition of Population Included in the Measure:** Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, and six or more well-child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member. Definition of denominator: ☒ Denominator includes CHIP population only.	**Definition of Population Included in the Measure:** Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009		FFY 2010		FFY 2011	
child visits with a PCP during their first 15 months of life. The PCP is assigned to the member.		☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		☐ Denominator 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:	
Year of Data: 2009		**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010		**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	
HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		**HEDIS Performance Measurement Data:** Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		**HEDIS Performance Measurement Data:** Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	
0 visits Numerator: 13 Denominator: 311 Rate: 4.2 1 visits Numerator: 7 Denominator: 311 Rate: 2.3 2 visits Numerator: 9 Denominator: 311 Rate: 2.9 3 visits Numerator: 19 Denominator: 311 Rate: 6.1	4 visits Numerator: 49 Denominator: 311 Rate: 15.8 5 visits Numerator: 84 Denominator: 311 Rate: 27 6+ visits Numerator: 130 Denominator: 311 Rate: 41.8	0 visits Numerator: 15 Denominator: 318 Rate: 4.7 1 visits Numerator: 11 Denominator: 318 Rate: 3.5 2 visits Numerator: 12 Denominator: 318 Rate: 3.8 3 visits Numerator: 26 Denominator: 318 Rate: 8.2	4 visits Numerator: 42 Denominator: 318 Rate: 13.2 5 visits Numerator: 71 Denominator: 318 Rate: 22.3 6+ visits Numerator: 141 Denominator: 318 Rate: 44.3	0 visits Numerator: 7 Denominator: 380 Rate: 1.8 1 visits Numerator: 12 Denominator: 380 Rate: 3.2 2 visits Numerator: 16 Denominator: 380 Rate: 4.2 3 visits Numerator: 38 Denominator: 380 Rate: 10	4 visits Numerator: 75 Denominator: 380 Rate: 19.7 5 visits Numerator: 103 Denominator: 380 Rate: 27.1 6+ visits Numerator: 129 Denominator: 380 Rate: 33.9

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:
How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The greatest improvement is seen in the substantial reduction in the 0-visits measure. While rates for 1-, 2- and 3-visits were stable and modest improvements were seen among the rates for 4- and 5-visits, a substantial reduction occurred in the rate of 6+visits. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Well Child Visit rates for children who receive 6 or more visits in the first 15 months of life in FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Well Child Visit rates for children who receive 6 or more visits in the first 15 months of life in FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Well Child Visit rates for children who receive 6 or more visits in the first 15 months of life in FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the FY2-11 baseline rate.
Other Comments on Measure:

MEASURE 11: Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of numerator: The number of members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: At least one well-child visit with a PCP during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:

FFY 2009	FFY 2010	FFY 2011
Year of Data: 2009	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.
1+ visits Numerator: 2290 Denominator: 5302 Rate: 43.2	1+ visits Numerator: 2737 Denominator: 5898 Rate: 46.4	1+ visits Numerator: 3295 Denominator: 7343 Rate: 44.9
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The rate reported for FY 2010 (46.4) was slightly higher than the reported rate for FY 2011 (44.87) however the difference is not statistically significant. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** ALL Kids publications have encouraged parents to utilize the well child visit benefits. See sections in this report on outreach activities for other quality improvement measures. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Well Child Visit rates in FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Well Child Visit rates in FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Well Child Visit rates in FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the rate achieved in FY 2011.		
Other Comments on Measure:		

MEASURE 12: Adolescent Well-Care Visits

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Number of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.	**Definition of Population Included in the Measure:** Definition of numerator: At least one or more comprehensive well-care visits with a PCP or OB/GYN practitioner during the measurement year. The PCP does not have to be assigned to the child. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009	FFY 2010	FFY 2011
	☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	☐ Denominator 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:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	**HEDIS Performance Measurement Data:** Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: 6194 Denominator: 25579 Rate: 24.2	Numerator: 7733 Denominator: 30798 Rate: 25.1
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The FY 2010 rate (24.2) was slightly lower than the FY 2011 rate (25.11). However this change is not statistically significant. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** ALL Kids publications have encouraged parents to utilize the well child visit benefits. See sections in this report on outreach activities for other quality improvement measures. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Adolescent Well-Child Visit rates for children FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Adolescent Well-Child Visit rates for children FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Adolescent Well-Child Visit rates for children FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the rate reported for FY 2011.		
Other Comments on Measure:		

Dental

MEASURE 13: Percentage of eligible children ages one through twenty years old receiving preventive dental services (CMS Form 416)

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used:* ☒Other. *Explain*: Data were gleaned from claims-based tools.	**Measurement Specification:** ☒CMS ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data from claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Total number of CHIP eligibles who received preventive dental services. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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	**Definition of Population Included in the Measure:** Definition of numerator: The unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 - (CDT codes D1000 - D1999). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 10/2010 **To: (mm/yyyy)** 09/2011
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	**Performance Measurement Data:** Percentage of eligible children ages 1-20 who received preventive dental services	**Performance Measurement Data:** Percentage of eligible children ages 1-20 who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 47572 Denominator: 91658 Rate: 51.9
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 57332 Denominator: 98150 Rate: 58.4 Additional notes on measure: It should be noted that a portion of the enrollees in the denominator are newborns and therefore under age for dental visits and another portion may have been enrolled in the program for as little as 1 month and may not be due yet for their semi-annual preventive dental appointment.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The method to compute the measure this year differs from last year by applying a 3-month continuous enrollment constraint as specified by CMS. This method significantly reduces the denominator. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Utilization rate for preventive dental services for FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Utilization rate for preventive dental services for FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Utilization rate for preventive dental services for FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on historical data.		
Other Comments on Measure:		

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year	**Definition of Population Included in the Measure:** Definition of numerator: Number of enrollees age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. The visit must be with an identified PCP. Definition of denominator: ☒ Denominator includes CHIP population only.	**Definition of Population Included in the Measure:** Definition of numerator: For 12-24 months, 25 months-6years: One or more visits with a PCP during the measurement year; For 7-11 years, 12-19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009		FFY 2010		FFY 2011	
prior to the measurement year. The visit must be with an identified PCP.		☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		☐ Denominator 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:	
Year of Data: 2009		**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010		**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	
HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		**HEDIS Performance Measurement Data:** Percentage of children and adolescents who had a visit with a primary care practitioner		**HEDIS Performance Measurement Data:** Percentage of children and adolescents who had a visit with a primary care practitioner	
12-24 months Numerator: 550 Denominator: 571 Rate: 96.3 25 months-6 years Numerator: 5652 Denominator: 6281 Rate: 90	7-11 years Numerator: 8477 Denominator: 9089 Rate: 93.3 12-19 years Numerator: 14478 Denominator: 16014 Rate: 90.4	12-24 months Numerator: 630 Denominator: 646 Rate: 97.5 25 months-6 years Numerator: 6272 Denominator: 6890 Rate: 91	7-11 years Numerator: 8901 Denominator: 9520 Rate: 93.5 12-19 years Numerator: 15598 Denominator: 17072 Rate: 91.4	12-24 months Numerator: 671 Denominator: 683 Rate: 98.2 25 months-6 years Numerator: 7126 Denominator: 8451 Rate: 84.3	7-11 years Numerator: 12275 Denominator: 13902 Rate: 88.3 12-19 years Numerator: 20982 Denominator: 24359 Rate: 86.1
Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The FY 2011 rate for 12-24 months (98.24) showed					

FFY 2009	FFY 2010	FFY 2011
no statistical difference from the FY 2010 rate (97.5). However, the remainder of the FY 2011 rates were slightly lower than for FY 2010. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** The rates of children and adolescents having visits with PCPs for FY 2012 be no less than FY 2011. **Annual Performance Objective for FFY 2013:** The rates of children and adolescents having visits with PCPs for FY 2013 be no less than FY 2012. **Annual Performance Objective for FFY 2014:** The rates of children and adolescents having visits with PCPs for FY 2014 be no less than FY 2013. *Explain how these objectives were set:* Based on historical data.		
Other Comments on Measure:		

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Number of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.	**Definition of Population Included in the Measure:** Definition of numerator: A group A streptococcus test in the seven-day period from three days prior to the Index Episode Start Date. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009	FFY 2010	FFY 2011
	☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	☐ Denominator 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:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	**HEDIS Performance Measurement Data:** Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	**HEDIS Performance Measurement Data:** Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: 3031 Denominator: 4350 Rate: 69.7	Numerator: 3320 Denominator: 4356 Rate: 76.2
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The FY 2011 rate (76.22) was significantly higher than the FY 2010 rate (69.7).

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: The rates of children with pharyngitis who were dispensed an antibiotic and who received a group A streptococcus test for the episode for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: The rates of children with pharyngitis who were dispensed an antibiotic and who received a group A streptococcus test for the episode for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: The rates of children with pharyngitis who were dispensed an antibiotic and who received a group A streptococcus test for the episode for FY 2014 will be no less than FY 2013.

Explain how these objectives were set: Based on the rate reported for FY 2011.

Other Comments on Measure:

MEASURE 16: Otitis Media with Effusion – avoidance of inappropriate use of systemic antimicrobials

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: The CPT II quality codes, specified by the measure steward, are not in our claims-based tools.	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: The CPT II quality codes, specified by the measure steward, are not in our claims-based tools.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*:	**Measurement Specification:** ☐ AMA/PCPI ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:**	**Date Range:**

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	**From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion **(**OME) who were not prescribed systemic antimicrobials	**Performance Measurement Data:** Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion **(**OME) who were not prescribed systemic antimicrobials	**Performance Measurement Data:** Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion **(**OME) who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Dental

MEASURE 17: Percentage of eligible children ages one through twenty who received dental treatment services (CMS Form 416)

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used:* ☒Other. *Explain*: Data were gleaned from claims-based tools.	**Measurement Specification:** ☒CMS ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data from claims data	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Number of CHIP eligibles who received dental treatment services Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The number of children receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS code D2000-D9999 (CDT codes D2000-09999). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,

FFY 2009	FFY 2010	FFY 2011
		please further define the Denominator, please indicate the number of children excluded:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 10/2010 **To: (mm/yyyy)** 09/2011
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	**Performance Measurement Data:** Percentage of eligible children ages 1-20 who received dental treatment services	**Performance Measurement Data:** Percentage of eligible children ages 1-20 who received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 20473 Denominator: 91658 Rate: 22.3
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 21337 Denominator: 98150 Rate: 21.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The method to compute the measure this year differs from last year by applying a 3-month continuous enrollment constraint as specified by CMS. This method significantly reduces the denominator. **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** Utilization rate for dental treatment services for FY 2012 will be no less than FY 2011. **Annual Performance Objective for FFY 2013:** Utilization rate for dental treatment services for FY 2013 will be no less than FY 2012. **Annual Performance Objective for FFY 2014:** Utilization rate for dental treatment services for FY 2014 will be no less than FY 2013. *Explain how these objectives were set:* Based on the FY 2010 percentage using the FY 2011 methodology to calculate the results.		
Other Comments on Measure:		

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data from administrative claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: The number of emergency department visits per year as a function of all child and adolescent members enrolled and eligible during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,	**Definition of Population Included in the Measure:** Definition of numerator: ER visits per year Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:

FFY 2009	FFY 2010	FFY 2011
	please further define the Denominator, please indicate the number of children excluded:	
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	**HEDIS Performance Measurement Data:** The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	**HEDIS Performance Measurement Data:** The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year
Numerator: Denominator: Rate:	Numerator: 24486 Denominator: 7382 Rate: 331.7	Numerator: 25931 Denominator: 975497 Rate: 2.7
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure: The CARTS template does not allow for the reporting of a rate/1000; it calculates a rate/100. The HEDIS measure should be reported as a rate/1000. Therefore, the denominator has been adjusted to reflect the correct HEDIS numerator and HEDIS rate/1000.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure: ER Visits <1 Numerator: 417 visits Denominator: 10,517 member-months per year 1-9 Numerator: 9,177 visits Denominator: 363,947 member-months per year 10-19 Numerator: 16,337 visits Denominator: 598,033 member-months per year
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? In CARTS 2010, an incorrect computation was reported for this measure. The HEDIS 2010 rate using the correct computation is 27.6/1000 (not 331.70/1000) and this year's rate of 26.6/1000 (or 2.7/100 as reported above) is comparable to last year's corrected rate.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: The rate of ER visits per member months per year in FY 2012 will be no higher than the rate in FY 2011.

Annual Performance Objective for FFY 2013: The rate of ER visits per member months per year in FY 2013 will be no higher than the rate in FY 2012.

Annual Performance Objective for FFY 2014: The rate of ER visits per member months per year in FY 2014 will be no higher than the rate in FY 2013.

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

Inpatient

MEASURE 19: Pediatric central-line associated blood stream infections rate– PICU and NICU

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: ALL Kids does not have access to hospital surveillance data necessary to calculate this measure. While Alabama does have a CLABSI data-base, it does not have the capacity to separate out PICU and NICU data.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐CDC ☐Other. *Explain*:	**Measurement Specification:** ☐CDC ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,

FFY 2009	FFY 2010	FFY 2011
	please further define the Denominator, please indicate the number of children excluded:	please further define the Denominator, please indicate the number of children excluded:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	**Performance Measurement Data:** Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	**Performance Measurement Data:** Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Explanation of Progress: **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

MEASURE 20: Annual percentage of asthma patients 2 through 20 years old with one or more asthma related emergency room visits

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐Alabama Medicaid ☐Other. *Explain*:	**Measurement Specification:** ☐Alabama Medicaid ☒Other. *Explain*: Data were obtained from claims-based tools following the December 2011 CMS specifications.
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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	**Definition of Population Included in the Measure:** Definition of numerator: Children age 2 through 20 with a diagnosis of asthma (except for chronic obstructive asthma) during the measurement period with at least one emergency room visit that has an asthma diagnosis code. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only.

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	**Performance Measurement Data:** Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	**Performance Measurement Data:** Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 483 Denominator: 5453 Rate: 8.9 Additional notes on measure: Deviations from Measure Specifications: The numerator may not include children who are on at least 2 short-acting beta adrenergic agents, without an asthma diagnosis, since the claims-based tools used do not contain GCNSN The denominator may not include children who are on at least 2 short-acting beta adrenergic agents, without an asthma diagnosis, since the claims-based tools used do not contain GCNSN.

FFY 2009	FFY 2010	FFY 2011

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? In the FY 2010 report, the rate was determined using a method based on the state's understanding of the description of the measure. However, the FY 2011 report instructions contain more detailed specifications which were used to the fullest extent using Alabama's claims-based tools. The specifications refer to GCNSN codes which the health plan administrator does not use. Since the methodology used for the 2011 report is substantially different from the methodology used for the 2010 report, a comparison is not appropriate.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: Asthma-related emergency room utilization rate for all children 2-20 years of age with an asthma diagnosis or on treatment with at least two short-acting beta adrenergic agents for FY 2012 will be no higher than FY 2011 rate.

Annual Performance Objective for FFY 2013: Asthma-related emergency room utilization rate for all children 2-20 years of age with an asthma diagnosis or on treatment with at least two short-acting beta adrenergic agents for FY 2013 will be no higher than FY 2012 rate.

Annual Performance Objective for FFY 2014: Asthma-related emergency room utilization rate for all children 2-20 years of age with an asthma diagnosis or on treatment with at least two short-acting beta adrenergic agents for FY 2014 will be no higher than FY 2013 rate.

Explain how these objectives were set: Based on the FY 2011 report rate.

Other Comments on Measure:

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-Up Care for Children Prescribed attention-deficit/hyperactivity disorder (ADHD) Medication

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* ☐Other. *Explain*: Version 2010	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims Data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Initiation Phase: # of children 6- 12 years of age as of the IPSD date with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance Phase: # of members 6-12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months)	**Definition of Population Included in the Measure:** Definition of numerator: Initiation Phase: One face-to-face outpatient, intensive outpatient or partial hospitalization, within 30 days after the Initiation Phase Start Date; Continuation and Maintenance Phase: All members who have an Initiation Phase Visit in the first 30 days, and at least two follow-up visits from 31-300 days after the Initiation Phase Start Date. Definition of denominator:

FFY 2009	FFY 2010	FFY 2011
	after the initiation phase ended. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	**HEDIS Performance Measurement Data:** Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	**HEDIS Performance Measurement Data:** Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: 436 Denominator: 1207 Rate: 36.1 Continuation and Maintenance (C&M) Phase: Numerator: 114 Denominator: 297 Rate: 38.4	Initiation Phase Numerator: 519 Denominator: 1458 Rate: 35.6 Continuation and Maintenance (C&M) Phase: Numerator: 161 Denominator: 427 Rate: 37.7

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? There were no statistically significant differences.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: Follow-up rates for children 6- 12 years of age who were dispensed an ADHD medication for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: Follow-up rates for children 6- 12 years of age who were dispensed an ADHD medication for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: Follow-up rates for children 6- 12 years of age who were dispensed an ADHD medication for FY 2014 will be no less than FY 2013.

Explain how these objectives were set:

Other Comments on Measure:

Diabetes

MEASURE 22: Annual pediatric hemoglobin A1C testing

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used:* ☒Other. *Explain*: Data were gleaned from claims-based tools using parameters derived from the reference documents used by the Subcommittee on Children's Healthcare Quality Measures for Medicaid and CHIP Programs, the national workgroup that proposed the core set of CHIP and Medicaid quality healthcare measures. Therefore, the ages of the children included were 5 years through 17 years.	**Measurement Specification:** ☐NCQA ☒Other. *Explain*: HEDIS - Version 2011
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data source is claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data

FFY 2009	FFY 2010	FFY 2011
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Number of pediatric patients with diabetes (also counted in the denominator) with a HBA1c test in a 12-month measurement period Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The number of patients in the sample who have documentation of date and result for the most recent HbA1c test during the 12-month abstraction period. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	**Performance Measurement Data:** Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	**Performance Measurement Data:** Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain.* ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 158 Denominator: 257 Rate: 61.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 51 Denominator: 60 Rate: 85 Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The measurement data reported for FY 2010 was not calculated using HEDIS-certified software. However, using HEDIS-certified software, the FY 2010 rate (48.98) was substantially lower than the FY 2011 rate (85.00).

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The claims administrator has collaborated with several large laboratories to acquire electronic laboratory data associated with claims. Consequently, the HEDIS calculation for FY 2011 was applied to both claims data and laboratory data. This enhancement resulted in a substantial improvement in the program's ability to report the data more completely.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: The rate of annual hemoglobin A1C testing for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: The rate of annual hemoglobin A1C testing for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: The rate of annual hemoglobin A1C testing for FY 2014 will be no less than FY 2013.

Explain how these objectives were set: Based on data reported for FY 2011.

Other Comments on Measure:

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2009	FFY 2010	FFY 2011
Did you report on this measure? ☐ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS *Specify HEDIS® Version used:* ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS *Specify HEDIS® Version used:* 2011 ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Claims data
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: 30 day follow-up: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge; 7 day follow-up: an outpatient, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Definition of denominator: ☐ Denominator includes CHIP population only.

FFY 2009	FFY 2010	FFY 2011
		☐ Denominator includes Medicaid population only. ☐ 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:
Year of Data:	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2010 **To: (mm/yyyy)** 12/2010
HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	**HEDIS Performance Measurement Data:** Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	**HEDIS Performance Measurement Data:** Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: 31 Denominator: 285 Rate: 10.9 30 Day Follow-Up Numerator: 99 Denominator: 285 Rate: 34.7
Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The FY 2010 rate for 7-day follow-up (11.11) and 30-day follow-up (31.9) are comparable to the 2011 rates (10.88 and 34.74, respectively).

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: Follow-up rates for children aged 6 years and older who were hospitalized for treatment of a mental health disorder for FY 2012 will be no less than FY 2011.

Annual Performance Objective for FFY 2013: Follow-up rates for children aged 6 years and older who were hospitalized for treatment of a mental health disorder for FY 2013 will be no less than FY 2012.

Annual Performance Objective for FFY 2014: Follow-up rates for children aged 6 years and older who were hospitalized for treatment of a mental health disorder for FY 2014 will be no less than FY 2013.

Explain how these objectives were set: Based on data reported for FY 2011.

Other Comments on Measure:

CAHPS 4.0

Category IV – FAMILY EXPERIENCES OF CARE CAHPS 4.0

MEASURE 24: Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H (Child version including Medicaid and Children with Chronic Conditions supplemental items)

FFY 2009	FFY 2010	FFY 2011
	Did you report on this measure? ☐ Yes ☐ No **If yes, how did you report this measure?** ☐ Submitted raw data to AHRQ. ☐ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**Did you report on this measure?** ☒ Yes ☐ No **If yes, how did you report this measure?** ☒ Submitted raw data to AHRQ. ☐ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
	Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator is not a subset of the definition selected above.

FFY 2009	FFY 2010	FFY 2011

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Did not report measure in 2010 Annual Report.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2012: The following 5 global composite measures will have shown improvement in FY 2012 over the FY 2011 figures:
Overall rating of health care
overall rating of personal doctor
overall rating of specialists
overall rating of health plan
overall rating of dental care

Annual Performance Objective for FFY 2013: The following 5 global composite measures will have shown improvement in FY 2013 over the FY 2012 figures:
Overall rating of health care
overall rating of personal doctor
overall rating of specialists
overall rating of health plan
overall rating of dental care

Annual Performance Objective for FFY 2014: The following 5 global composite measures will have shown improvement in FY 2014 over the FY 2013 figures:
Overall rating of health care
overall rating of personal doctor
overall rating of specialists
overall rating of health plan
overall rating of dental care

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

Reporting of State-specific measures:

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

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

☐ Yes ☒ No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. 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 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	100530	109255	8.68

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

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2009-2010. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2011 Annual Report Template.

	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	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	115	22.4	10.5	2.0
1998 - 2000	86	19.1	7.5	1.6
2000 - 2002	82	14.3	6.9	1.2
2002 - 2004	66	12.9	5.7	1.1
2003 - 2005	48	11.4	4.2	1.0
2004 - 2006	46	11.0	4.0	1.0
2005 - 2007	51	12.0	4.4	1.0

2006 - 2008	51	12.0	4.4	1.0
2007 - 2009	56	13.0	4.8	1.0
2008 - 2010	67	16.0	5.6	1.3
Percent change 1996-1998 vs. 2008-2010	-41.7%	NA	-46.7%	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]**

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

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 to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

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]**

4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

It is difficult to estimate the number of children enrolled in Medicaid due to CHIP outreach. All of the extensive outreach conducted through CHIP is targeted towards all uninsured children.

Families are encouraged to submit an application if they have uninsured children. Upon processing the application, the children are enrolled in the program for which they are eligible. In FY 2011, CHIP referred 43,411 children to Medicaid through the joint web application and the Automated Data Integration system.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2009 and FFY 2010) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2009 and/or 2010) and you want to update/change the data please enter that data. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2011).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

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

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an <u>example</u> 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:

- <u>New/revised:</u> 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 2010.

  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 2011.

- 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 2009, 2010). This field must be 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.

- 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, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

Deviations from Measure

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that States must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected..

The five types (and examples) of deviations are:
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.

Year of Data: not available for the 2011 CARTS reporting period.

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 2011 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.

Note: CARTS will calculate the rate when you enter the numerator and denominator.

For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. 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.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

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 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), 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 increas2e over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions)

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe) The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.	**Goal #1 (Describe)** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.	**Goal #1 (Describe)** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Beginning Oct. 1, 2009, ALL Kids raised the upper income eligibility from 200% FPL to 300% FPL. Therefore, the definition for the numerator has been updated to include this expansion.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year average 2006-2008 (coverage year)	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year average 2007-2009 (coverage year)	**Data Source:** ☒ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: U.S. Census Bureau Current Population Survey 3-year average 2008-2010 (coverage year)
Definition of Population Included in the Measure: Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe". Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 200% FPL who are uninsured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe". Definition of numerator: The number of uninsured children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below =300% FPL	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe." Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 300% FPL who are uninsured.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 01/2008 **To: (mm/yyyy)** 12/2010
Performance Measurement Data: Described what is being measured: The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid. Numerator: 53000 Denominator: 1187000	**Performance Measurement Data:** Described what is being measured: The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid. Numerator: 67000 Denominator: 1182000	**Performance Measurement Data:** Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for Alabama CHIP or Medicaid. Numerator: 75000

FFY 2009	FFY 2010	FFY 2011
Rate: 4.5 Additional notes on measure:	Rate: 5.7 Additional notes on measure: Due to the ALL Kids income eligibility expansion, the numerator includes not only a much wider range of children than in 2009, the families of these children are not historically families who have been eligible for governmental health and social services.	Denominator: 1189000 Rate: 6.3 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** The percentage increased slightly but was still maintained at less than 5%. **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?** Please refer to outreach sections.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** This is a new/revised measure for 2010 and therefore was not reported on in 2009. **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?** See sections on Outreach activities.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The rate reported in the 2010 Annual Report (5.7) was slightly lower than the reported for 2011 (6.3). **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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2011:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2012:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2012:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2013:** The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** The number of low-income uninsured children will be equal to or less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2013:** The number of low-income uninsured children will be equal to or less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2014:** The number of low-income uninsured children will be equal to or less than or equal to 5% of all children in the state. *Explain how these objectives were set:* Based on historical data
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 IIB, Questions 2 and 3) (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #2 (Describe) Goal #2 was discontinued as mentioned in the FY2008 Annual Report	**Goal #2 (Describe)**	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?**	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?**

FFY 2009	FFY 2010	FFY 2011
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?	**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?**	**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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
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 IIB, Questions 2 and 3) (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?**	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?**

FFY 2009	FFY 2010	FFY 2011
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? **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe) The percentage of enrollees who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.	**Goal #1 (Describe)** The percentage of enrollees who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.	**Goal #1 (Describe)** The percentage of enrollees who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: The number of ALL Kids enrollees who are due to renew and return a renewal form. Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who did not renew for non-payment of premium.	**Definition of Population Included in the Measure:** Definition of denominator: The number of ALL Kids enrollees who are due to renew and return a renewal application. Definition of numerator: The number of ALL Kids enrollees due to renew and who were found to be otherwise eligible for ALL Kids but could not be renewed due owing past premiums.	**Definition of Population Included in the Measure:** Definition of denominator: The number of ALL Kids enrollees who are due to renew and returned a renewal form Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who did not renew for non-payment of premium.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 10/2010 **To: (mm/yyyy)** 09/2011

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Described what is being measured: The magnitude to which financial barriers prohibit renewal in ALL Kids. Numerator: 1855 Denominator: 56000 Rate: 3.3 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The magnitude to which financial barriers prohibit renewal in ALL Kids. Numerator: 1527 Denominator: 48399 Rate: 3.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The magnitude of the population who cannot continue ALL Kids enrollment past 12 months due to financial barriers. Numerator: 2256 Denominator: 57243 Rate: 3.9 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** The population's denominator has been changed since last year to only include those ALL Kids enrollees who attempted to renew. Therefore, this year's rate is not comparable to the 2008 rate, but will be used as a baseline for future comparison. **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 program has changed its premium balance notices to look more like invoices. It is hoped that this change will encourage parents to pay the premiums.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** The percentage in FY 2009 was 3.3%. The FY 2010 percentage was slightly lower. **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?** ALL Kids staff has increased the number of social workers in the Central Office who can assist families by helping to find sources to assist them in paying their outstanding premiums.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The rate reported in the 2010 report (3.2) was slightly lower than the rate reported for 2011 (3.9). **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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2011:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2012:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2013:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.

FFY 2009	FFY 2010	FFY 2011
Annual Performance Objective for FFY 2012: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Based on historical data.	**Annual Performance Objective for FFY 2013:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Based on historical data.	**Annual Performance Objective for FFY 2014:** The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #2 (Describe) The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.	**Goal #2 (Describe)** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.	**Goal #2 (Describe)** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Beginning Oct. 1, 2009, ALL Kids raised the upper income eligibility level from 200% FPL to 300% FPL. Therefore the definitions of the numerator and denominator have been updated to include this expansion.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year average 2006-2008 (coverage year).	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year average 2007-2009 (coverage year).	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*: CPS Report Analysis 3 year average 2008-2010 (coverage year).
Definition of Population Included in the Measure: Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 200% FPL. Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 200% FPL and uninsured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL. Definition of numerator: The number of uninsured children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL. Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL and uninsured.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 01/2008 **To: (mm/yyyy)** 12/2010

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Described what is being measured: The percentage of low-income uninsured children who are potentially eligible for Alabama CHIP (children with family incomes between 100% FPL -200% FPL). Numerator: 16000 Denominator: 243000 Rate: 6.6 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of low-income uninsured children who are potentially eligible for Alabama CHIP (children with family incomes between 100% FPL -300% FPL). Numerator: 33000 Denominator: 500000 Rate: 6.6 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of low-income children in the ALL Kids income eligibility range who are uninsured. Numerator: 36000 Denominator: 508000 Rate: 7.1 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** No comparison is available. The goal is new and will be used as a baseline for comparison in future years. **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?** Please see sections detailing changes in outreach.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** This is a new/revised goal for 2010. Therefore we did not report on it in 2009. **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?** See sections on Outreach activities.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The rate reported in the 2010 Annual Report (6.6) was slightly lower than the rate reported for 2011 (7.1). **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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2011:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2012:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. *Explain how these objectives were set:* The levels for these objectives were based on baseline data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2012:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2013:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2013:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. **Annual Performance Objective for FFY 2014:** The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?**	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?**

FFY 2009	FFY 2010	FFY 2011
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?	**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?**	**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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe) The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.	**Goal #1 (Describe)** The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.	**Goal #1 (Describe)** The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Data Report 3 year analysis 2006-2008 (coverage year).	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Data Report 3 year analysis 2007-2009 (coverage year).	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*: The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.
Definition of Population Included in the Measure: Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL. Definition of numerator: The number of uninsured children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL. Definition of numerator: The number of uninsured children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL. Definition of numerator: The number of children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL and uninsured.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 01/2008 **To: (mm/yyyy)** 12/2010

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured. Numerator: 37000 Denominator: 256000 Rate: 14.5 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured. Numerator: 34000 Denominator: 284000 Rate: 12 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured. Numerator: 39000 Denominator: 291000 Rate: 13.4 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. **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?** Please see sections related to changes in outreach.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** Compared to 2009, the rate of uninsured children within the Alabama Medicaid income eligibility range decreased by 2.5 percentage points for 2010. The 2010 rate remained within the performance goal. **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?** See Sections on Outreach.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The rate reported in the 2010 Annual Report (12) was slightly lower that the rate reported for 2011 (13.4). However, the FY 2011 figure continued to meet the measurement performance objective **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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2011:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2012:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2012:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2013:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2013:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. **Annual Performance Objective for FFY 2014:** The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?**	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?**

FFY 2009	FFY 2010	FFY 2011
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?	**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?**	**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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?**	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?**

FFY 2009	FFY 2010	FFY 2011
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?	**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?**	**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?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of physicians.	**Goal #1 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of physicians.	**Goal #1 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of physicians.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Based on customer satisfaction with the provider network survey.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Conducted by Blue Cross Blue Shield of Alabama	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Conducted by BCBSAL	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Conducted by Blue Cross Blue Shield of Alabama (BCBSAL)
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ 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:
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 12/2011

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 879 Denominator: 899 Rate: 97.8 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 527 Denominator: 532 Rate: 99.1 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 40 Denominator: 40 Rate: 100 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of physicians. **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?** N/A	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** Results are stable. **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?** ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** Results are stable. **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?** ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.

FFY 2009	FFY 2010	FFY 2011
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. **Annual Performance Objective for FFY 2014:** At least 95% of ALL Kids families report satisfaction with the availability of physicians. *Explain how these objectives were set:* Based on historical data.
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 2009	FFY 2010	FFY 2011
Goal #2 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.	**Goal #2 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.	**Goal #2 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2009	FFY 2010	FFY 2011
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: The data are derived from surveys of customer satisfaction with the provider network.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by Blue Cross Blue Shield of Alabama.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by BCBSAL.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by BCBSAL.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ 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: The number of families who responded to the BCBSAL customer satisfaction survey.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 12/2011
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 744 Denominator: 765 Rate: 97.3 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 451 Denominator: 459 Rate: 98.3 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 33 Denominator: 34 Rate: 97.1 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of specialty physicians. **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?** N/A **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. *Explain how these objectives were set:* Based on historical data.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** Results are stable. **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?**ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. *Explain how these objectives were set:* Based on historical data.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** Results are stable. **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?**ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. **Annual Performance Objective for FFY 2014:** At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. *Explain how these objectives were set:* Based on historical data.
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 2009	FFY 2010	FFY 2011
Goal #3 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of hospital care.	**Goal #3 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of hospital care.	**Goal #3 (Describe)** At least 95% of ALL Kids families report satisfaction with the availability of hospital care.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☒Other. *Explain*: Based on customer satisfaction with the provider network.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by Blue Cross Blue Shield of Alabama.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by BCBSAL.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Survey conducted by BCBSAL.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL customer satisfaction Survey indicating satisfaction (satisfied, very satisfied, completely satisfied). Definition of denominator: ☒ Denominator includes CHIP population only. ☐ 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: The number of families who responded to the BCBSAL customer satisfaction Survey.
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 12/2011

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: Numerator: 742 Denominator: 753 Rate: 98.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 436 Denominator: 440 Rate: 99.1 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 32 Denominator: 33 Rate: 97 Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of families who are satisfied with the availability of hospital care. **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?** N/A	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** Results are stable. **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?** ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** Results are stable. **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?** ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.

FFY 2009	FFY 2010	FFY 2011
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2010:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2013:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. **Annual Performance Objective for FFY 2014:** At least 95% of ALL Kids families report satisfaction with the availability of hospital care. *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe) At least 50% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.	**Goal #1 (Describe)** At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.	**Goal #1 (Describe)** N/A
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This new measure provides an indication of the extent to which dental benefits are utilized.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal was reset from a level of 50% to 70% due to the high percentage of children, aged 2 years and older with continuous enrollment, who had received dental services in FY 2009 and FY 2010.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: To give a clear picture of the access to dental care in ALL Kids, we used parameters that restrict analysis to children who were continuously enrolled and were at least two years of age.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: To give a clear picture of the access to dental care in ALL Kids, parameters used restrict analysis to children who were continuously enrolled and were at least two years of age.	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data is from claims data.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of children aged 2 years and older with continuous enrollment during the report year who received dental services.	**Definition of Population Included in the Measure:** Definition of numerator: The number of children aged 2 years and older with continuous enrollment during the report year who received dental services. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Year of Data: 2009	**Year of Data:** 2010	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 14283 Denominator: 20545 Rate: 69.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 16418 Denominator: 23432 Rate: 70.1 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of children aged 2 years and older who have had a dental encounter in the reporting year. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,**	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** The rate is stable. **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?** Please see sections in this report on outreach.	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **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?**

FFY 2009	FFY 2010	FFY 2011
improve your results for this measure, or make progress toward your goal? Please see sections in this report on outreach. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services. **Annual Performance Objective for FFY 2011:** At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services. **Annual Performance Objective for FFY 2012:** At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services. **Annual Performance Objective for FFY 2012:** At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services. **Annual Performance Objective for FFY 2013:** At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services. *Explain how these objectives were set:* Based on historical data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
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 2009	FFY 2010	FFY 2011
Goal #2 (Describe) At least 60% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.	**Goal #2 (Describe)** At least 60% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.	**Goal #2 (Describe)** N/A
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This new measure provides an indication of the percentage of children who utilize preventive care benefits.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: This goal is included as #5 in the core measures.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2009	FFY 2010	FFY 2011
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2009	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: See core measures.	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Children aged 24 months, whose birthday fell during the measurement year and who had received at least one MMR vaccination anytime on or before the second birthday.	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Year of Data: 2009	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 502 Denominator: 823 Rate: 61 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** Due to the revision of this year's goal, no comparison is available. **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?** Please see sections in this report on Outreach. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday. **Annual Performance Objective for FFY 2011:** At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday. **Annual Performance Objective for FFY 2012:** At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday. *Explain how these objectives were set:* Based on historical data.	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
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 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX).	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Year of Data:	**Year of Data:**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: Deviations from Measure Specifications:

FFY 2009	FFY 2010	FFY 2011
		☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*. Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2011:** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2012:** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** *Explain how these objectives were set:*
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]**

ALL Kids receives pediatric HEDIS measures from Blue Cross Blue Shield of Alabama (BCBSAL), its sole health plan administrator. Additionally, BCBSAL conducts a customer service satisfaction survey. BCBSAL surveys found that a very high percentage of enrollees were either satisfied, very satisfied, or completely satisfied with the availability of physicians, specialty care physicians, and hospital care. These surveys also showed that 97.5% of the enrolled families indicated satisfaction with the overall service they received from BCBSAL.

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]**

ALL Kids will continue to implement the Consumer Assessment of Healthcare Providers and Systems, Child Medicaid Questionnaire which includes questions for children with chronic conditions along with selections from among the supplemental items for the Child Questionnaire.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found? **[7500]**

ALL Kids contracted with the University of Alabama at Birmingham for quality studies. An article was published in Clinical Pediatrics, entitled "Continuity of Insurance Coverage and Ambulatory Care-Sensitive Hospitalizations/ED Visits" that assesses the effects of continuity of insurance coverage provided by a CHIP on treament of ambulatory-sensitive conditions. The conclusion drawn from this study is that hospitalizations and emergency department visits for ambulatory-care sensitive conditions are rare and do not decrease with additional years of coverage. Other studies are in the submission and review process.

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]**

Attached are the ALL Kids Customer Satisfaction Survey and the Survey Results Worksheet. The ALL Kids Satisfaction Survey is administered annually as a part of Performance Guarantees. A valid random sample is used for the Group Specific Surveys. Sample Sizes are selected to achieve a 95% confidence level with +/- 3% precision based on the survey responses received from subscribers in the prior period. The group's population and prior period performance (scores of 3 - satisfied, 4 - very satisfied and 5 - completely satisfied on a 5 point scale) are used to determine the number of survey responses needed to achieve the desired confidence level and precision. The survey along with a pre-paid postage return envelope is sent to the subscriber. The surveys are returned directly to Plan Performance and the results are keyed into an Access Database. A report is produced and delivered to the group's Account Executive who sends the report to the group. The random sample was selected at the beginning of October 2011 and a total of 280 surveys were mailed out in mid-October 2011. The results for the returned surveys were calculated on December 5, 2011. NOTE: In years 2010 and prior, the prior period performance used to determine the number of survey responses needed to achieve the desired confidence level and precision were derived from scores of 4 - very satisfied and 5 - completely satisfied on a 5 point scale. A report is produced and delivered to ALL Kids from BCBSAL. Results from the survey conducted 2011 showed that 97.5% of the enrolled families indicated satisfaction with the overall service they received from BCBSAL.

Also attached is a copy of the article described under #3 above. The conclusion drawn from this study is that hospitalizations and emergency department visits for ambulatory-care sensitive conditions are rare and do not decrease with additional years of coverage.

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

In 2010, Congress changed the federal rules that excluded dependents of public employees from participating in a Child Health Insurance Program (CHIP) and with that change Alabama received CMS approval to begin enrollment of eligible dependents of state and public education employees in Alabama's CHIP. With the ability to enroll these dependents, ALL Kids conducted the following outreach activities to inform families of this change:

-ALL Kids program administrators met with State Personnel Managers and Public Education administrators for assistance in providing information about this change to employees statewide.

-Developed a notice that was distributed statewide to state and public education employees and posted the notice on the ALL Kids website.

-Placed articles in state and public education newsletters targeting state and public education employees.

-Regional staff made statewide face-to-face visits with local school administrators to share information directly with school staff/personnel.

-Regional staff conducted outreach with state employees via group meetings and one-on-one discussions.

-Placed notice in all state employee pay check stubs.

-Letters were sent from the state and public education employees' health plans to members regarding the option now available to apply for ALL Kids.

Thousands of dependents of state and public education employees are benefiting from enrollment in the ALL Kids Program due to this change.

In April, 2011, parts of the state of Alabama were devastated by deadly tornadoes. Regional staff worked at disaster recovery centers placed in designated areas around the state by FEMA to assist families with insurance needs of their children. This work was on-going for several months.

Outreach activities emphasized applying online through prominent placement of the web address (adph.org) on all ALL Kids outreach material.

The program continued its partnership with sports marketing groups for the two largest universities in Alabama to target all families in Alabama who may have uninsured children. Outreach packages for both schools included the sponsorship of a home game that included a pre-game tent setup to distribute ALL Kids materials and talk with families, LED signage, on-field promotions, extensive sports radio coverage, and promotions in all print materials. Additionally, there were promotions during football programming and television and radio advertisements by the head football and head basketball coaches. These partnerships include the same outreach exposure during basketball, baseball, and gymnastics events. ALL Kids also received the same outreach opportunities at two additional state universities. The collegiate sports outreach campaign was

complimented with use of billboards and electronic media, including websites and radio. Also for the first time, outreach was conducted through one of the state's historically black colleges (HBCUs) to reach minority families through sporting events. Outreach events included pre-game tent set-up and radio announcements.

ALL Kids ran a four-month campaign with Alabama's largest and fastest growing media company that provides news and information statewide. Through this campaign over six million ads were delivered across the state of Alabama.

Other outreach efforts targeting families included ads placed on screens in movie theaters around the state during the summer and holiday seasons. Ads were also placed in parenting magazines statewide.

ALL Kids continued close coordination with the two Alabama recipients of the CHIPRA Outreach Grants (the Alabama Primary Healthcare Association and Tombigbee Regional Medical Authority) as both entities move forward in implementing outreach and evaluation activities.

ALL Kids gained preapproval from the Commission on Dietetic Registration to provide one hour of Continuing Professional Education to Registered Dietitians and Dietetic Technicians. The Commission is the credentialing agency for the American Dietetic Association.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

   ALL Kids continues to make significant progress in reaching low-income, uninsured children through several avenues. Regional staff based around the state worked with other human service agencies, schools, providers and community based organizations "to teach the people who reach the people."

   Alabama continues to target uninsured children with a focus on the newly uninsured due to a reduction of family income or insurance benefits related to job loss and a downturn in the economy. ALL Kids staff continue to participate in Rapid Response events; providing people who are losing their jobs, due to layoffs and plant closings, with information about health coverage programs for their children.

   ALL Kids continues to participate in the "Kid Check" initiative of the Alabama Rural Action Commission (ARAC), which provides health screenings for children through schools. Through the partnership of many state and community resources, thousands of Alabama children have benefited from these health screenings which included assessments for health insurance coverage. Targeted outreach is provided to the families of uninsured children identified through this effort and applications are shared with every identified uninsured child participating in these screenings.

   Responses from applicants using the web application reveal that family/friends and providers are the most common sources for learning about the program (approximately 70%).

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

   ALL Kids considers the strategy of "teach the people who reach the people" a best practice. Regional staff based around the state work with other human service agencies, schools, providers, and community based organizations. These are the people who work on the front lines with families who may have uninsured children and are able to connect them with the application process.

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]**

Most of Alabama is considered to be rural, though many children live in the urban areas. For both groups, the outreach efforts that were most successful were those which utilized partnerships with school systems, health care providers, faith organizations, and other human service organizations. It is difficult to attribute success to one strategy over another since many efforts overlap.

While ALL Kids continues specific efforts to reach the state's growing Hispanic population, there is also a focus on "special populations" in the state to include minorities and those who may be in rural and isolated parts of the state.

Through the use of the AVAA (Audio Visual Application Assistor) kiosks, ALL Kids strives to reach Alabama's minorities, immigrants and children living in rural areas. These kiosks allow families to apply for ALL Kids and Medicaid through a web based application which minimizes barriers due to language and literacy. Spanish-speaking applicants have been able to apply at these kiosks as well as people whose primary language is English but have low literacy skills.

Regional staff also continue to engage in partnerships with Native American tribes and tribal leaders. Native American enrollment has remained steady.

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] 84

   (Identify the data source used). **[7500]**
   CPS data

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

   ☒ Yes
   ☐ No

   If yes, indicate if you have the following policies:
   ☒ Imposing waiting periods between terminating private coverage and enrolling in CHIP
   ☐ Imposing cost sharing in approximation to the cost of private coverage
   ☒ Monitoring health insurance status at the time of application
   ☐ Other, please explain **[7500]**

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

   ALL Kids application materials require that the parent provide detailed information on current health insurance coverage for children and explain any coverage that has ended in the previous three months. This information is captured in the CHIP Eligibility System and is reviewed at initial eligibility determination and renewal. This is to ensure that children ineligible for ALL Kids are not enrolled due to having or recently voluntarily terminating other health insurance. If a child appears eligible for ALL Kids, and is uninsured or meets one of the criteria for exception to the ALL Kids crowd-out policy, the information is transmitted to the insurance vendor for enrollment in the program. This nightly enrollment transmittal to

BCBSAL is then matched against other BCBSAL policies in order to identify children with other BCBSAL coverage in effect or that has been terminated less than 90 days from the date of enrollment indicated on the file. This is a highly effective strategy because BCBSAL is the largest private insurer in the state. A system generated report is returned from BCBSAL daily to ALL Kids indicating those potential enrollees matched as insured. Each case is investigated and the family notified of the indicated other coverage and appropriate waiting periods for enrollment. If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in ALL Kids. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

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

   If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in ALL Kids. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 12.57
   and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 7.64
   Provide a combined percent if you cannot calculate separate percentages. **[5]**

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 3.81

   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]**

6. Does your State have an affordability exception to its waiting period?

   ☐ Yes
   ☒ No

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

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

      ☐ Yes
      ☐ No

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

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

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

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

☐ Yes
☐ No

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

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

No

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

☐ Yes
☒ No

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

☐ Yes
☐ No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

C. ELIGIBILITY

(This subsection should be completed by all States)

Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

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

☒ Yes
☐ No

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

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

   Upon receipt of the enrollees' renewal application, all renewal information is entered into the respective system's data base. If a child is determined to be ineligible for his current program (CHIP or Medicaid) and probably eligible for the other program (CHIP or Medicaid), the application information is sent electronically, through the Automated Data Information (ADI) system, to the other program along with all denial documentation. This is explained to the family. Upon receipt of the paper application from the originating program, the new program pulls up the renewal information from the ADI system and processes the information as a new application. Monthly CHIP/Medicaid meetings have identified a few minor problems that have been successfully resolved. Such issues have included miscommunications, individual district caseworker problems, inconsistent interpretations, clarifying what the other program needed in the way of documentation, paperwork, etc. At the time of eligibility review, ALL Kids individually verifies whether or not an applicant is currently on Medicaid. Medicaid conducts regular data bounces against ALL Kids current enrollment files. When a child has been enrolled in Medicaid during his CHIP coverage period, CHIP terminates the coverage.

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

   ☐ Yes

   ☒ No

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

   Medicaid uses a unique provider network which the Medicaid Agency manages. ALL Kids uses a preferred provider, discounted fee-for-service network developed and managed by BCBSAL.

4. Do you have authority in your CHIP State plan to provide for presumptive eligibility, and have you implemented this? ☐ Yes ☒ No

   If yes

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

   b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? [5]

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

Table B1

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

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment; e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.	In accordance with section 1902(e)(12) of the Act ☒ Yes ☐ No	☒ Yes ☐ No
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	☐ Yes ☒ No	☐ Yes ☒ No
	3. If there is an assets test, does the State allow administrative verification of assets?	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	☐ Yes ☒ No	☐ Yes ☒ No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	☐ Yes ☒ No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for *establishing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	

	7. Does the State use the same application form, supplemental forms, and information verification process for *renewing* eligibility for Medicaid and CHIP?	☒ Yes ☐ No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	☒ Yes ☐ No	☒ Yes ☐ No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	☐ Yes ☒ No	☐ Yes ☒ No
		If exparte is used, is it used for All applicants ☐ Yes ☐ No A subset of applicants ☐ Yes ☐ No	If exparte is used, is it used for All applicants ☐ Yes ☐ No A subset of applicants ☐ Yes ☐ No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	☐ Yes ☒ No	
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	☐ Yes ☒ No	
			If yes, which Express Lane Agencies are you using? ☐ Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps ☐ Tax/Revenue Agency ☐ Unemployment Compensation Agency ☐ Women, Infants, and Children (WIC) ☐ Free, Reduced School Lunch Program ☐ Subsidized Child Care Program ☐ Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? ☐ Income ☐ Resources ☐ Residency

			☐ Age ☐ Citizenship ☐ Other, please explain. [7500]
Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. ☐ Yes ☒ No

Section IIIC: Subpart C: Eligibility Renewal and Retention

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

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
  Families receive a renewal packet as well as one reminder letter.
- 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]**
  Families receive a renewal packet two months prior to the date of renewal as well as one reminder letter 30 days prior to the renewal date.

☒ Other, *please explain*: **[500]**

ALL Kids conducts informational campaigns to increase awareness of the need to renew as well as providing a partially pre-printed renewal form for parents' ease in renewing. To assist families further, ALL Kids offers the option to pay their annual premiums in installments. Addtionally, families may use a credit or debit card either on-line or by phone to pay their premiums. Families who owe premiums receive an invoice every 3 months. Families may also renew by telephone if this is requested.

2. 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]**

All of the measures noted above continue to be effective and are continually monitored.

Section IIIC: Subpart D: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2011

States are required to report on questions 1 and 2 in FFY 2011. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2011 and FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is required in 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	62642	100
2. Total number of application denials	26251	41.9

a. Total number of procedural denials	3412	5.4
b. Total number of eligibility denials	22839	36.5
i. Total number of applicants denied for title XXI and enrolled in title XIX	16372	26.1
(Check here if there are no additional categories ☒) c. Total number of applicants denied for other reasons Please indicate:		

3. Please describe any limitations or restrictions on the data used in this table:

Definitions:

1. The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2011. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).
2. The "the total number of denials" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2011. 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 2011 (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 2011 (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 Enrolled in Title XXI

For this table, States may voluntarily report in 2011 and 2012. Reporting is required for 2013.

Is the State reporting this data in the 2011 CARTS?

☒ Yes (complete) State is reporting all measures in the redetermination table.

☐ Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures.
Explain: [7500]

☐ No If the State is not reporting any data, please explain why.
Explain: [7500]

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined	71723	100%			

2. Total number of children screened for redetermination	60238	83.99	100%		
3. Total number of children retained after the redetermination process	48402	67.48	80.35		
4. Total number of children disenrolled from title XXI after the redetermination process	11836	16.5	19.65	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	2498			21.11	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	9338			78.89	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	482				5.16
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)	8071				86.43
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 ☐)	213				2.28
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: Non-citizen or out-of-state. (If unable to provide the data check here ☐)	572				6.13
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☐)					

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.
   Some children have multiple redeterminations within a fiscal year depending on how many applications are submitted within the time period that renewing determinations may be made. All values above reflect the number of determination. A child may be counted in more than one measure.

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) 2011, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination. This total

number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the State for redetermination in FFY 2011 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).

3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2011.

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 2011. 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 2011 (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 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2012

The purpose of this table is to measure title XXI enrollees' duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is not required until 2013, but States will need to identify newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2012). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

Instructions: For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2012, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2012 must have birthdates after July 1995 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2012 must have birthdates after August 1995, and children enrolled in March 2012 must have birthdates after September 1995. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the table below and the template will tabulate the percentages.

Specify how your "newly enrolled" population is defined:

☐ **Not Previously Enrolled in CHIP or Medicaid—"**Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in either title XXI or title XIX in December 2011, etc.)

☐ **Not Previously Enrolled in CHIP**—"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in title XXI in December 2011, etc.)

Duration Measure, Title XXI	**All Children Ages 0-16**		**Age Less than 12 months**		**Ages 1-5**		**Ages 6-12**		**Ages 13-16**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
1. **Total number of children newly enrolled in title XXI in the second quarter of FFY 2012**		100%		100%		100%		100%		100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI										
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
3.a. Total number of children enrolled in										

Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)										
4. Total number of children disenrolled from title XXI										
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)										
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here										

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

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2012" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
   the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who were continuously enrolled through July 2012
   + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through August 2012
   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through September 2012

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:

   the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2012

   + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2012

   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2012

   3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:

   the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were disenrolled by July 2012

   + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by August 2012

   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by September 2012

   4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:

   the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through January 2013

   + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through February 2013

   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through March 2013

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:

   the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by January 2013

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

   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI prior to March 2013

   6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:

   the number of children with birthdates after July 1995, who were enrolled in January 2012 and were disenrolled by January 2013

   + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by February 2013

   + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by March 2013

   7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:

   the number of children with birthdates after July 1995,who were newly enrolled in January 2012 and were continuously enrolled through July 2013
   + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through August 2013
   + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through September 2013

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:

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

   9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:

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

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]**
   Families of each enrollee receive a Summary Plan Description which contains the following verbiage regarding calendar year out-of-pocket maximums:
   According to Alabama Department of Public Health policy, no family will be required to pay more than $500 in out-of-pocket expenses (premiums and copayment) annually. Should a family's annual out-of-pocket expenses (premiums and copayment) approach the $500 maximum, the family should send the receipts for these expenses to the ALL Kids administrative office with a note explaining the receipts are for one family during one year's time and total nearly $500.
   ☐ Health Plan(s)
   ☐ State
   ☐ Third Party Administrator
   ☐ N/A (No cost sharing required)
   ☐ Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** ☒ Yes ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
   Enrollees who have met the out-of-pocket expense maximum are issued new insurance cards on which the words "NO FEE" are printed.

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]**
   Two

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]**

There was no change in cost sharing during FY 2011.

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))
☐ Additional Premium Assistance Option under CHIP State Plan (2105(c)(3))
☐ Section 1115 Demonstration (Title XXI)
☐ Premium Assistance option under the Medicaid State Plan (1906)
☐ Premium Assistance option under the Medicaid State Plan (1906A)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

   ☐ Parents and Caretaker Relatives
   ☐ Childless Adults
   ☐ 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 2011

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

17. 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:

18. 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

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

20. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under CHIP or Medicaid)?

☐ Yes
☐ No

21. 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]

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

☐ Yes
☐ No

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

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

☐ Yes
☐ No

24. Can you cap enrollment for your program?

☐ Yes
☐ No

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

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

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

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

(1) prevention: ☒ Yes ☐ No

(2) investigation: ☒ Yes ☐ No

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

Please explain: **[7500]**

Written complaints of fraud and abuse in the applicant enrollment process are addressed by the ALL Kids' Program Integrity Unit. With regard to fraud and abuse within the provider sector, CHIP contracts with BCBSAL, its sole health plan administrator, to prevent fraud and abuse, and investigate cases of suspected fraud and abuse.

Written complaints of fraud and abuse in the applicant enrollment process are addressed on a case by case basis, as these occur very infrequently and usually each case has its own unique circumstances. When a case is referred to ALL Kids, the complaint is received and the initial, internal research on the applicant or enrollee is conducted by the ALL Kids' Program Integrity Unit. This research is conducted within a ten business day time period. Most suspected fraud and abuse cases are subject to a committee type review by the Director of Program Integrity, Director of Program Operations and Professional Services Division, Director of Program Services, and/or the Director of the Eligibility Unit. The office of ADPH General Counsel is involved as needed.

There are several general steps which are relevant to each case investigated:

1. Conduct research in the CHIP Eligibility System to determine eligibility standards to enroll the applicant/enrollee.

2. Review the most current application on file.

3. Review the MSIQ Medicaid database for any applicable information.

4. Complete a summary of events to include complete names and dates.

5. Maintain a hard copy file of written complaints received by fiscal year, and record selected information into a database for historical reference.

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

☐ Yes

☒ No

Please Explain: **[500]**

BCBSAL has written plans, however, BCBSAL is not a managed health care plan.

2. For the reporting period, please report the

2 Number of fair hearing appeals of eligibility denials

0 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

15 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

15 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]**

Written complaints of fraud and abuse in the applicant enrollment process are addressed by the ALL Kids' Program Integrity Unit. However, for the provider sector, ALL Kids contracts with BCBSAL, its sole health plan administrator, to prevent fraud and abuse, and investigate cases of suspected fraud and abuse. Monthly meetings are held with the contractor where issues are discussed.

Blue Cross and Blue Shield of Alabama has an active anti-fraud and abuse program to ensure the integrity of benefit administration. The mission of the Network Integrity and Analysis unit is to develop and continuously improve upon a comprehensive anti-fraud function, which will focus on the prevention, detection, investigation and resolution of fraud and abuse. Our objectives include:

- Proactive prevention through education and continuous improvement of strategic corporate defenses;
- Proactive detection through continual analysis and networking relationships;
- Quality investigation through well trained staff and internal/ external partnerships;
- Satisfactory resolution through education, recovery, and support of prosecution of fraud.

Organizational Structure

The Network Integrity/Pharmacy Integrity and Healthcare Analysis Unit of the Health Management division has the primary responsibility for the detection, investigation, recovery of overpayments and referral for potential prosecution of cases involving unlawful or abusive activity directed against corporate and customer assets. The manager of the Network Integrity unit reports up through the Health Management division. The unit is staffed with a direct manager, investigators, clinical auditors, data analysts and research support staff who represent a variety of professional backgrounds pertinent to the delivery and administration of health care.

Scope of Activities

The NI department is responsible for fraud and abuse activity involving providers, employer groups, and subscribers. (Employee fraud is addressed through the Compliance department with the assistance of Internal Audit when needed) Investigative activities may be on a local, state, national or international level. The NI unit works collaboratively with all areas of the company in support of its investigation activities as well as employer groups, subscribers, providers, and investigative and judicial agencies (i.e. F.B.I., sheriff's office, Attorney General, U.S. Attorney, District Attorney). The unit also works with professional regulatory agencies and societies such as Medical Associations, Dental Examiners, Psychology Board, Chiropractic Board and the Pharmacy Board.

Summary of Procedures

Prevention

Corporately, fraud and abuse prevention is accomplished through a variety of means and in a variety of departments. These include maintenance of numerous claim edits and review procedures, construction of contractual provisions in our participating provider networks aimed at ensuring appropriate care delivery and billing, the creation and maintenance of medical policies and directives, maintaining an active program of corporate anti-fraud training and awareness campaigns, consumer / provider education, proactive data analysis, and corporate participation in national anti-fraud organizations and initiatives as well as regulatory agency/law enforcement workgroups.

Detection

Investigative leads are generated through extensive routine and specific data mining, receipt of internal and external referrals, monitoring current events and publications, and national initiatives generated through national anti-fraud organizations (ex. NHCAA, IASIU) and the Blue Cross Blue Shield Association. Blue Cross maintains 24 x 7 fraud referral hotline and referral capability via the Blue Cross website. An internal reward program is also in place to encourage associate referrals. The unit also maintains specific antifraud software dedicated to supporting data analysis and case information (STARS.)

6. Investigation

Cases are assigned to unit representatives and investigated utilizing appropriate resources and methods. These may include medical record reviews; onsite audits; law enforcement and regulatory agency collaboration; and consultation and review by subject matter experts (peer reviewers.) Results of the investigations lead to identifying offenders and implementing corrective action plans.

Corrective Action

Corrective actions can include education, refund recovery, placement of preventative claim edits, termination from participation in plan networks, termination of group/ subscriber benefits, referral to regulatory agencies for sanctions (i.e. Board of Medical Examiners, Pharmacy Board, etc.) and/or prosecution depending on the circumstances of the case.

Once corrective action has been implemented the situation is scheduled for follow-up analysis to validate the effectiveness of the measures. If the circumstance addressed has not been corrected the Network Integrity and Analysis Unit works to ensure that the situation is finally resolved satisfactorily.

In addition to resolving each specific case of fraud and/or abuse, overall benefit utilization is monitored through data analysis to identify exceptional areas of medical care and to validate appropriate claim processing. Exceptions are further investigated to determine if the variance is due to unethical practice, justifiable patient medical conditions or other internal claim processing issues. Even when fraud is not provable or evident, corporate practices may be affected.

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

☐ Yes

☒ No

Please explain: **[500]**

BCBSAL has an active anti-fraud and abuse program to ensure the integrity of benefit administration. The mission of the Network Integrity and Analysis unit is to develop and continuously improve upon a comprehensive anti-fraud function, which will focus on the prevention, detection, investigation and resolution of fraud and abuse.

G. DENTAL BENEFITS – Reporting is required in 2010 CARTS

Is the State reporting this data in the 2011 CARTS?

☒ Yes If yes, then please complete G1 and G2.
☐ No If the State is not reporting data, please explain why.
Explain: [7500]

1. Information on Dental Care for CHIP Children (Include all delivery types, i.e. MCO, PCCM, FFS).

Data for this table are based from the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. Annual Dental Participation Table for CHIP Enrolled Children (Include children receiving full CHIP benefits and supplemental benefits) .

Please check which populations of CHIP children are included in the following table:
☐ Medicaid Expansion
☒ Separate CHIP
☐ Both Medicaid Expansion and Separate CHIP

State: AL **FFY:** AL	**Age Group**						
	Total	**< 1**	**1-2***	**3-5**	**6-9**	**10-14**	**15-18**
Total Enrollees Receiving Any Dental Services[1]	50522	18	1342	5278	13777	18874	12750
Total Enrollees Receiving Preventive Dental Services[2]	47572	13	1101	4937	13130	17935	11545
Total Enrollees Receiving Dental Treatment Services[3]	20473	0	159	1661	5816	6930	6143

***Includes 12-month visit**

[1]**Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

[2]**Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

[3]**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999).

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth[4]? [7]

2399

[4]**Receiving a Sealant on a Permanent Molar Tooth --** Enter the unduplicated number of children enrolled in CHIP for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).

2. Does the State provide supplemental dental coverage? ☐ Yes ☒ No

If yes, how many children are enrolled? [7]

What percent of the total amount of children have supplemental dental coverage? [5]

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 2011. 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

Benefit Costs	**2011**	**2012**	**2013**
Insurance payments			
Managed Care			
Fee for Service	182204533	205219115	221839389
Total Benefit Costs	182204533	205219115	221839389
(Offsetting beneficiary cost sharing payments)	-4991593	-4658882	-4878380
Net Benefit Costs	$ 177212940	$ 200560233	$ 216961009

Administration Costs			
Personnel	5231690	5641644	5641644
General Administration	1052747	3204745	3204745
Contractors/Brokers (e.g., enrollment contractors)		0	0
Claims Processing		0	0
Outreach/Marketing costs	1399704	250000	250000
Other (e.g., indirect costs)	545602	758237	758237
Health Services Initiatives			
Total Administration Costs	8229743	9854626	9854626
10% Administrative Cap (net benefit costs ÷ 9)	19690327	22284470	24106779

Federal Title XXI Share	144608204	164081507	176870832
State Share	40834479	46333352	49944803

TOTAL COSTS OF APPROVED CHIP PLAN	185442683	210414859	226815635

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]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2011		2012		2013	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care		$		$		$
Fee for Service	82758	$ 190	86312	$ 206	86312	$ 219

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

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

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

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

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

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

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration (*Only report for 1st Quarter of the FFY)

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

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2011**	**2012**	**2012**	**2014**	**2015**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2
(e.g., parents)

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

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

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

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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]**

   Alabama has been fortunate in the support that the Legislature and the Governor's Office has provided to ALL Kids. Also, funding of children's health insurance programs has continued to be supported by advocacy, provider and state groups drawing collaborative support from a variety of areas.

   Effective January 1, 2011, the Alabama Child Caring Foundation (ACCF) decided to end its program which provided health insurance coverage to children who were not eligible for Medicaid or ALL Kids, up to 235% FPL. The reason ACCF ended this program was due to the ALL Kids upper income eligibility limit being raised from 200% to 300% in October, 2009.

   While Alabama is still experiencing a number of plant closings, the number is lower than the previous year. In FY 2011, 41 businesses either closed or had layoffs (impacting 5101 individuals) with Hunstville, in north Alabama being hit the hardest. During FY 2010, 49 businesses either closed or had layoffs (affecting 7,257 individuals). ALL Kids regional staff participate in Rapid Response meetings for employees of businesses which are about to close or have significant layoffs to inform them of services that could help them during this time. The Rapid Response meetings are coordinated by the Alabama Department of Economic and Community Affairs.

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

   • Expanding eligibility for state employees and public school employees

   • Responding to the needs of families in counties affected by the April, 2011 tornadoes

   • Preparing for and implementing a document imaging and work flow management system for all applications and supporting documentation

   • Preparing for Alabama's Health Insurance Exchange

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

   • Expanded eligibility for state employees and public school employees

   • Successfully established and implemented policies to respond to disasters

   • Continued implementation of a Robert Wood Johnson, Maximizing enrollment Grant

   • Continued, beyond grant funding, Covering Alabama Kids and Families Project

   • Coordinated with Alabama recipients of CHIPRA outreach grants

• Continued/expanded the placement and support of AVAA Kiosks (stand alone kiosks placed within county health departments which provide consumers with an audible Spanish and English translation when applying for Medicaid/ALL Kids via the online web application)

• Implemented a document imaging and work flow management system for all applications and supporting documentation

• Conducted a telephone renewal pilot study and subsequent adoption of this method of renewal

• Executed a contract with a vendor to develop a new joint online application to support online renewal, available in English and Spanish.

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]**

   As part of activities of the Maximizing Enrollment grant, ALL Kids plans to release a new online application in FY2012 to facilitate online renewals and include a Spanish-language option.

   The state is projecting an extremely austere fiscal climate for FY2013 and in anticipation of this, ALL Kids is halting all media-related outreach activities during FY2012. Additionally, ALL Kids will research all possible cost-saving measures to aid in addressing the projected budget deficit.

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