

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: CA
(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: _____
Janette Casillas

CHIP Program Name(s): All, California

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: Janette Casillas, Executive Director

Address: Managed Risk Medical Insurance Board

1000 G Street, Suite 450

City: Sacramento State: CA Zip: 95814

Phone: (916) 324-4695 Fax: (916) 324-4878

Email: jasillas@mrmib.ca.gov

Submission Date: 3/14/2012

(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? | <input type="checkbox"/> | Income Net of Disregards | Is income calculated as gross or net income? | <input type="checkbox"/> | Gross Income | | | |
| | | | | | | <input type="checkbox"/> | Income Net of Disregards | | | |
| Eligibility | | | | | | From | 200 | % of FPL conception to birth | 300 | % of FPL * |
| | From | 0 | % of FPL for infants | 200 | % of FPL * | From | 201 | % of FPL for infants | 250 | % of FPL * |
| | From | 0 | % of FPL for children ages 1 through 5 | 133 | % of FPL * | From | 134 | % of FPL for children ages 1 through 5 | 250 | % of FPL * |
| | From | 0 | % of FPL for children ages 6 through 16 | 100 | % of FPL * | From | 101 | % of FPL for children ages 6 through 16 | 250 | % of FPL * |
| | From | 0 | % of FPL for children ages 17 and 18 | 100 | % of FPL * | From | 101 | % of FPL for children ages 17 and 18 | 250 | % of FPL * |
| | | | | | | From | | % of FPL for pregnant women ages 19 and above | | % of FPL * |

| | | | | |
|---|-------------------------------------|---|-------------------------------------|--|
| Is presumptive eligibility provided for children? | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | <p>Yes, for whom and how long? [1000] Child Health and Disability Prevention (CHDP) Gateway may initiate 2 months of PE based on an income screening. To continue PE benefits, a family must return an HFP application. PE will continue until there is an eligibility determination.</p> <p>Accelerated Enrollment (AE) may be granted if an HFP application at Single Point of Entry is screened to be below the HFP income level. AE is granted and will continue until the county makes an eligibility determination. During the reporting period, 76,467 children were granted AE.</p> <p>Presumptive Enrollment (PE) for Medicaid may be granted if a child is determined to be below the HFP income level at the HFP Annual Eligibility Renewal (AER). During the reporting period, 51,193 children were granted PE at AER.</p> <p>National School Lunch Program applications may be used to grant PE. A child will continue to receive PE until an eligibility determination.</p> | <input type="checkbox"/> | <p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) [1000]</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000]</p> <p>Brief description of your presumptive eligibility policies [1000]</p> |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---------------------------------------|-------------------------------------|--|-------------------------------------|---|
| Is retroactive eligibility available? | <input type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | <p>Yes, for whom and how long? [1000] For children. Retroactive eligibility may be granted for up to 3 months prior to the month of application.</p> | <input checked="" type="checkbox"/> | <p>Yes, for whom and how long? [1000] AIM-linked infants are enrolled retroactively back to the infant's date of birth, if enrolled within 11 months of the infant's birth.</p> |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

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

| | | | | |
|---|-------------------------------------|---|-------------------------------------|---|
| Please check all the methods of application utilized by your state. | <input checked="" type="checkbox"/> | Mail-in application | <input checked="" type="checkbox"/> | Mail-in application |
| | <input checked="" type="checkbox"/> | Phoned-in application | <input checked="" type="checkbox"/> | Phoned-in application |
| | <input checked="" type="checkbox"/> | Program has a web-based application that can be printed, completed, and mailed in | <input checked="" type="checkbox"/> | Program has a web-based application that can be printed, completed, and mailed in |
| | <input checked="" type="checkbox"/> | Applicant can apply for your program on-line | <input checked="" type="checkbox"/> | Applicant can apply for your program on-line |

| | | | | |
|--|-------------------------------------|--|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | Signature page must be printed and mailed in | <input checked="" type="checkbox"/> | Signature page must be printed and mailed in |
| | <input checked="" type="checkbox"/> | Family documentation must be mailed (i.e., income documentation) | <input checked="" type="checkbox"/> | Family documentation must be mailed (i.e., income documentation) |
| | <input checked="" type="checkbox"/> | Electronic signature is required | <input checked="" type="checkbox"/> | Electronic signature is required |
| | | | <input type="checkbox"/> | No Signature is required |

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

| | | | | |
|--|-------------------------------------|-----|---|-----|
| Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | Specify number of months | | Specify number of months | |
| | | | <p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>Children who currently have or have had employer sponsored insurance (ESI) within the last 3 months for all FPL levels. If the child has or has had ESI coverage, the child may become eligible for CHIP 3 months after the ESI coverage ends.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>The 3-month waiting period may be waived. Exemption occurs if the person through whom the ESI had been available: a) lost employment or experienced a change in employment status, b) changed/moved to a new address that is not covered by the ESI, c) lost health benefits due to employer discontinuing health benefits to all employees or dependents, or ceased to provide coverage or contributions for one or more categories of employees, d) lost coverage due to death of an individual through whom the children were covered or a legal separation or divorce from the individual through whom the children were covered, or e) COBRA coverage ended.</p> | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|-------------------|--------------------------|----|-------------------------------------|----|
| Does your program | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
|-------------------|--------------------------|----|-------------------------------------|----|

| | | | | |
|--|-------------------------------------|-----|--------------------------------------|-----|
| match prospective enrollees to a database that details private insurance status? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | | | If yes, what database? [1000] | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | | | |
|---|---|--------------------------|-------------------------------------|---|--|----|
| Does your program provide period of continuous coverage regardless of income changes? | <input type="checkbox"/> | No | <input type="checkbox"/> | No | | |
| | <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes | | |
| | Specify number of months | | 12 | Specify number of months | | 12 |
| | Explain circumstances when a child would lose eligibility during the time period in the box below [1000] | | | Explain circumstances when a child would lose eligibility during the time period in the box below [1000] | | |
| | The applicant requests disenrollment of the child, the child is no longer a resident of California, the death of a child, the child turns age 19, the child is incarcerated or institutionalized. | | | Turning age 19, non-payment of premiums, death of the child or applicant requests child's disenrollment from the program. | | |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A | | | |

| | | | | | | | | |
|--|---|----------|-------------------------------------|----------|---|----------|--------------|--------------|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No | | | | |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes | | | | |
| | Enrollment fee amount | | | | Enrollment fee amount | | 0 | |
| | Premium amount | | | | Premium amount | | | |
| | | | | | | | | |
| | 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 | \$4 | \$ 14 | % of FPL 101 | % of FPL 150 |
| | \$ | \$ | % of FPL | % of FPL | \$13 | \$ 48 | % of FPL 151 | % of FPL 200 |
| | \$ | \$ | % of FPL | % of FPL | \$21 | \$ 72 | % of FPL 201 | % of FPL 250 |
| | \$ | \$ | % of FPL | % of FPL | \$21 | \$ 72 | % of FPL 251 | % of FPL 300 |
| | 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 | \$48 | \$168 | % of FPL 101 | % of FPL 150 |
| | \$ | \$ | % of FPL | % of FPL | \$156 | \$576 | % of FPL 151 | % of FPL 200 |
| | \$ | \$ | % of FPL | % of FPL | \$252 | \$864 | % of FPL 201 | % of FPL 250 |
| | \$ | \$ | % of FPL | % of FPL | \$252 | \$864 | % of FPL 251 | % of FPL 300 |
| | 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] | | | |

| | | |
|--|------------------------------|--|
| | | Maximums depends upon the number of children enrolled and the plan chosen. Applicant receives 4th month premium free, if 3 months paid in advance, uses Electronic Funds Transfer or recurring credit card payments. |
| | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |

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

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

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

| | | |
|--|---|---|
| Does your program require income disregards? | <input type="checkbox"/> No | <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes |
| | If Yes, please describe below [1000] | |

| | | | | |
|--|---|-----|--|-----|
| (Note: if you checked off net income in the eligibility question, you must complete this question) | Income disregard is \$90 of earnings for each working person. There are also deductible expenses as follows: For childcare or disabled dependent care expenses - \$200 (for children younger than the age of 2) or \$175 (for children ages 2 or older); the first \$50 of child/spousal support received, or the full amount of court-ordered child support or spousal support paid (whichever is less). | | The monthly income deductions are as follows: \$90 for each working person, up to \$200 for childcare expenses for each child under the age of 2, up to \$175 for childcare expenses for each child age 2 or older or for disabled dependent care expenses, first \$50 of child/spousal support received, or the full amount of the court-ordered child support or spousal support paid whichever is less. In addition to the income deductions noted above, CHIP also applies income disregards, where incomes greater than 200% up to 300% FPL are disregarded. For example, 1) Statewide CHIP Program – Disregard income greater than 200% FPL up to 250% FPL, 2) CHIP Infants born to Access for Infants & Mothers (AIM) Subscribers – disregard income greater than 200% FPL up to 300% FPL, and 3) C-CHIP Counties (3 counties) – if CHIP eligible child, disregard income greater than 200% FPL up to 300% FPL. | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---|--|------------------------------|--|------------------------------|
| Which delivery system(s) does your program use? | <input checked="" type="checkbox"/> | Managed Care | <input checked="" type="checkbox"/> | Managed Care |
| | <input type="checkbox"/> | Primary Care Case Management | <input type="checkbox"/> | Primary Care Case Management |
| | <input checked="" type="checkbox"/> | Fee for Service | <input type="checkbox"/> | Fee for Service |
| | Please describe which groups receive which delivery system [500] FPL children residing in managed care counties are required to get care through the county's managed care plan. Those children residing in counties not participating in managed care receive care through the fee-for-service delivery system. Children who are in Presumptive Eligibility are also receiving fee-for-service delivery. | | Please describe which groups receive which delivery system [500] All children in the separate CHIP program are in managed care. CHIP presumptive eligibility via the CHDP Gateway is delivered through the Medicaid Fee for Service system. | |

| | | | | |
|--|-------------------------------------|--|-------------------------------------|--|
| Is a preprinted renewal form sent prior to eligibility expiring? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | <input type="checkbox"/> | We send out form to family with their information pre-completed and ask for confirmation | <input checked="" type="checkbox"/> | We send out form to family with their information pre-completed and ask for confirmation |
| | <input type="checkbox"/> | We send out form but do not require a response unless income or other circumstances have changed | <input type="checkbox"/> | We send out form but do not require a response unless income or other circumstances have changed |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A | |

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Citizenship | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Insured Status | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Income Disregards | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| | Medicaid Expansion CHIP Program | | | Separate Child Health Program | | |
|---|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| | Yes | No Change | N/A | Yes | No Change | N/A |
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Application | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Application documentation requirements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d) Benefits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e) Cost sharing (including amounts, populations, & collection process) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| f) Crowd out policies | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Delivery system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h) Eligibility determination process | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i) Implementing an enrollment freeze and/or cap | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j) Eligibility levels / target population | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k) Assets Test | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l) Income disregards | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m) Eligibility redetermination process | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| n) Enrollment process for health plan selection | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| o) Family coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p) Outreach (e.g., decrease funds, target outreach) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q) Premium assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| s) Expansion to "Lawfully Residing" children | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| t) Expansion to "Lawfully Residing" pregnant women | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| u) Pregnant Women State Plan Expansion | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| v) Waiver populations (funded under title XXI) | | | | | | |
| Parents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pregnant women | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Childless adults | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| x) Other – please specify | | | | | | |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | |
|--|--|
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | |
| b) Application | |
| c) Application documentation requirements | |
| d) Benefits | |
| e) Cost sharing (including amounts, populations, & collection process) | |
| 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. | |
| b. | |
| c. | |

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on 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 3 rd , 4 th , 5 th , and 6 th 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: <ul style="list-style-type: none"> • Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year | 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 | <p>Reporting Required in 2013</p> <p>Title XXI programs are <u>required</u>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.</p> <p>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).</p> |

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 after 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]

MRMIB did not have an existing EQRO however, MRMIB has recently contracted with Health Services Advisory Group (HSAG) as EQRO effective October 1, 2011. MRMIB is not submitting an EQRO report at this time.

Category I - PREVENTION AND HEALTH PROMOTION

Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> |

| 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 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</p> | | |

MEASURE 2: Frequency of Ongoing Prenatal Care

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| | | |
| 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: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| Other Comments on Measure: | | |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| | | |
| 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> | | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</p> | | |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</p> | | |

Immunizations

MEASURE 5: Childhood Immunization Status

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Plans used the hybrid data except for Kaiser which uses administrative data. All health plans had an adequate sample size.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Childhood Immunization Status measures how many children, who by their second birthday, received vaccines recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population.</p> |
| <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |
| <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> | <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> | <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|--|--|--|--|--|---|
| DTap Numerator: Denominator: Rate: | Combo 2 Numerator: Denominator: Rate: | DTap Numerator: Denominator: Rate: | Combo 2 Numerator: Denominator: Rate: | DTap Numerator: Denominator: Rate: | Combo 2 Numerator: Denominator: Rate: |
| IPV Numerator: Denominator: Rate: | Combo 3 Numerator: Denominator: Rate: | IPV Numerator: Denominator: Rate: | Combo 3 Numerator: Denominator: Rate: | IPV Numerator: Denominator: Rate: | Combo 3 Numerator: 11850 Denominator: 15908 Rate: 74.5 |
| MMR Numerator: Denominator: Rate: | Combo 4 Numerator: Denominator: Rate: | MMR Numerator: Denominator: Rate: | Combo 4 Numerator: Denominator: Rate: | MMR Numerator: Denominator: Rate: | Combo 4 Numerator: Denominator: Rate: |
| HiB Numerator: Denominator: Rate: | Combo 5 Numerator: Denominator: Rate: | HiB Numerator: Denominator: Rate: | Combo 5 Numerator: Denominator: Rate: | HiB Numerator: Denominator: Rate: | Combo 5 Numerator: Denominator: Rate: |
| Hep B Numerator: Denominator: Rate: | Combo 6 Numerator: Denominator: Rate: | Hep B Numerator: Denominator: Rate: | Combo 6 Numerator: Denominator: Rate: | Hep B Numerator: Denominator: Rate: | Combo 6 Numerator: Denominator: Rate: |
| VZV Numerator: Denominator: Rate: | Combo 7 Numerator: Denominator: Rate: | VZV Numerator: Denominator: Rate: | Combo 7 Numerator: Denominator: Rate: | VZV Numerator: Denominator: Rate: | Combo 7 Numerator: Denominator: Rate: |
| PCV Numerator: Denominator: Rate: | Combo 8 Numerator: Denominator: Rate: | PCV Numerator: Denominator: Rate: | Combo 8 Numerator: Denominator: Rate: | PCV Numerator: Denominator: Rate: | Combo 8 Numerator: Denominator: Rate: |
| Hep A Numerator: Denominator: Rate: | | Hep A Numerator: Denominator: Rate: | | Hep A Numerator: Denominator: Rate: | |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|---|---|--|---|--|---|
| RV Numerator: Denominator: Rate: | Combo 9 Numerator: Denominator: Rate: | RV Numerator: Denominator: Rate: | Combo 9 Numerator: Denominator: Rate: | RV Numerator: Denominator: Rate: | Combo 9 Numerator: Denominator: Rate: |
| Flu Numerator: Denominator: Rate: | Combo 10 Numerator: Denominator: Rate: | Flu Numerator: Denominator: Rate: | Combo 10 Numerator: Denominator: Rate: | Flu Numerator: Denominator: Rate: | Combo 10 Numerator: 2872 Denominator: 15875 Rate: 18.1 |
| Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: | |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HFP weighted average decreased from 77.7 percent in the 2010 FAR to 74.5 percent in the 2011 FAR. This is due to an error in the 2010 FAR- the rate for combo 3 was actually 74.8 percent. The rate is largely unchanged from last year.</p> <p>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 results are publicly reported and provided to enrollees annually during the open enrollment period. Enrollees can use this information in making plan choices.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 0.5 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 0.5 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 0.5 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> Setting an improvement goal of 0.5 percent per year is a realistic goal given past trends.</p> | | |
| <p>Other Comments on Measure:</p> | | |

MEASURE 6: Immunizations for Adolescents

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans used hybrid and others used administrative data. All health plans had an adequate sample size</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Immunizations in Adolescents is collected for meningococcal vaccine on or between the 11th and 13th birthdays, and for a Tdap booster (tetanus, diphtheria, and acellular pertussis) on or between the 10th and 13th birthdays, for adolescents who turned 13 in 2010. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | | If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. |
| 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: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: 22315 Denominator: 41024 Rate: 54.4 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? This is the first year of data collection, and MRMIB did not have any performance objectives this year concerning the measure.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks. HFP subscribers use this data during open enrollment to assist them in choosing a plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> This is a new measure, but the improvement goal is based on experience with other immunization measures that MRMIB has implemented.</p> | | |
| <p>Other Comments on Measure:</p> | | |

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|---|---|---|---|---|---|
| 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. | |
| <u>3-11 years</u> Numerator: Denominator: Rate: | <u>Total</u> Numerator: Denominator: Rate: | <u>3-11 years</u> Numerator: Denominator: Rate: | <u>Total</u> Numerator: Denominator: Rate: | <u>3-11 years</u> Numerator: Denominator: Rate: | <u>Total</u> Numerator: Denominator: Rate: |
| <u>12-17 years</u> Numerator: Denominator: Rate: | | <u>12-17 years</u> Numerator: Denominator: Rate: | | <u>12-17 years</u> Numerator: Denominator: Rate: | |
| Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> | |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB does not currently collect data on this measure. However, MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> | | |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>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</p> | <p>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</p> | <p>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</p> |
| <p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p> | <p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p> | <p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p> |
| <p>Additional notes on measure:</p> | <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> | <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB does not currently collect data on this measure. However, MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> | | |

MEASURE 9: Chlamydia Screening 16-20 females

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All plans used administrative methods. One plan's sample size was too small to report.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All plans used administrative methods.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data for enrolled eligible population.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Adolescent Well-Care Visits measures the percentage of members who were 12 to 18 years old on or before December 31, 2010, who had at least one well-care visit with a primary care or OB/GYN practitioner in 2010 that included all of the following: A health and developmental history A physical exam, and Health education/anticipatory guidance. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| | | <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. |
| Year of Data: 2008 | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | 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: 5341 Denominator: 12066 Rate: 44.3 | Numerator: 5780 Denominator: 13018 Rate: 44.4 | Numerator: 6425 Denominator: 13469 Rate: 47.7 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> 19 and under only. <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The objective in 2010 was to bring the rate up to 50 percent, while the HFP rate this year represented a 7 percent increase over last year, we did not meet our goal for 2011.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks. HFP subscribers use this data during open enrollment to assist them in choosing a plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB seeks continued improvement in the number of female adolescent members who are screened for Chlamydia. MRMIB feels maintaining or exceeding a rate of 45 percent is a realistic goal given the state's fiscal situation which has prevented any increases in plan rates for several years.</p> | | |
| <p>Other Comments on Measure:</p> | | |

Well-child Care Visits (WCV)

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009 HEDIS used</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans used hybrid data, while others used administrative data and some plans had sample sizes that were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data. Some plans sample sizes were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data. Some plans sample sizes were too small to report.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Well-Child Visits in the First 15 Months of Life, 6 or More Visits is used to track the percentage of members who turned 15 months old during 2010, and who had 6 or more well-child visits. Definition of denominator:</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|---|---|---|--|--|--|
| | | If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | | <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. | |
| Year of Data: 2008 | | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | | 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 | |
| <u>0 visits</u> Numerator: 53 Denominator: 4914 Rate: 1.1 <u>1 visits</u> Numerator: 46 Denominator: 4914 Rate: 0.9 <u>2 visits</u> Numerator: 90 Denominator: 4914 Rate: 1.8 <u>3 visits</u> Numerator: 219 Denominator: 4914 Rate: 4.5 | <u>4 visits</u> Numerator: 611 Denominator: 4914 Rate: 12.4 <u>5 visits</u> Numerator: 1123 Denominator: 4914 Rate: 22.9 <u>6+ visits</u> Numerator: 2772 Denominator: 4914 Rate: 56.4 | <u>0 visits</u> Numerator: 45 Denominator: 4613 Rate: 1 <u>1 visits</u> Numerator: 40 Denominator: 4613 Rate: 0.9 <u>2 visits</u> Numerator: 91 Denominator: 4613 Rate: 2 <u>3 visits</u> Numerator: 224 Denominator: 4613 Rate: 4.9 | <u>4 visits</u> Numerator: 515 Denominator: 4613 Rate: 11.2 <u>5 visits</u> Numerator: 991 Denominator: 4613 Rate: 21.5 <u>6+ visits</u> Numerator: 2651 Denominator: 4613 Rate: 57.5 | <u>0 visits</u> Numerator: 122 Denominator: 8204 Rate: 1.5 <u>1 visits</u> Numerator: 127 Denominator: 8204 Rate: 1.5 <u>2 visits</u> Numerator: 148 Denominator: 8204 Rate: 1.8 <u>3 visits</u> Numerator: 327 Denominator: 8204 Rate: 4 | <u>4 visits</u> Numerator: 802 Denominator: 8204 Rate: 9.8 <u>5 visits</u> Numerator: 1629 Denominator: 8204 Rate: 19.9 <u>6+ visits</u> Numerator: 5049 Denominator: 8204 Rate: 61.5 |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>Additional notes on measure:</p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure: The HFP rates reported are based on 16 of 24 participating plans. Eight plans had sample sizes too small to report for this measure.</p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure: The HFP rates reported are based on 20 of 24 participating plans. Four plans had sample sizes too small to report for this measure.</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p> |

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HFP surpassed its performance objective for 2011, achieving a 7 percent increase over the 2010 rate of members to receive six or more well child visits in the first 15 months of life.

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? MRMIB publicly reports plan performance relative to state and national benchmarks and provides plan performance to enrollees annually through the open enrollment process. HFP subscribers can use this data to make plan choices.

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: Realize an improvement of 1 percent over the 2011 rate.

Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.

Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.

Explain how these objectives were set:

Other Comments on Measure: MRMIB feels maintaining or exceeding a rate of 60 percent is a realistic goal given the state's fiscal situation which has prevented any increases in plan rates for several years.

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009 HEDIS</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans used hybrid data, while others used administrative data and some plans had sample sizes that were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data. Some plans' sample sizes were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Well-Child Visits in the 3rd, 4th, 5th, and 6th, Years of Life measures the percentage of members ages 3 to 6 years, who had one or more well child visits with a primary care practitioner in 2010. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| | | If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. |
| Year of Data: 2008 | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | 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. |
| <u>1+ visits</u> Numerator: 90524 Denominator: 124368 Rate: 72.8 | <u>1+ visits</u> Numerator: 91043 Denominator: 118538 Rate: 76.8 | <u>1+ visits</u> Numerator: 85822 Denominator: 115975 Rate: 74 |
| Additional notes on measure: The rate reported for 2008 is a weighted average. The weighted average was calculated using the predicted number of children who received a well-child visit based on the eligible population provided by the health plans. | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: The rate reported for measurement year 2009 is a weighted average, calculated using a predicted number of service recipients based on the eligible population. | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: The rate reported for measurement year 2010 is a weighted average, calculated using a predicted number of service recipients based on the eligible population. |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? HFP performance decreased for this measure by almost 3 percent compared with last year.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks and makes this information available to HFP subscribers during open enrollment to assist them in choosing a health plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 0.5 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 0.5 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 0.5 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB believes these objectives are reasonable considering there have not been any plan rate increases due to the state's fiscal situation.</p> | | |
| <p>Other Comments on Measure:</p> | | |

MEASURE 12: Adolescent Well-Care Visits

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data. Some plans' sample sizes were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data. Some plans' sample sizes were too small to report.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans use hybrid and others use administrative data.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Adolescent Well-Care Visits measures the percentage of members who were 12 to 18 years old on or before December 31, 2010, who had at least one well-care visit with a primary care or OB/GYN practitioner in</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| Definition of numerator: | <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | 2010 that included all of the following: A health and developmental history A physical exam, and Health education/anticipatory guidance. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. |
| Year of Data: 2008 | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | 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: 120785 Denominator: 272941 Rate: 44.3 | Numerator: 124964 Denominator: 269703 Rate: 46.3 | Numerator: 131698 Denominator: 278665 Rate: 47.3 |
| Additional notes on measure: The rate reported for measurement year 2008 is a weighted average, calculated using predicted number of service recipients based on the eligible population. | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: The rate reported for measurement year 2009 is a weighted average, calculated using predicted number of service recipients based on the eligible population. | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: The rate reported for measurement year 2009 is a weighted average, calculated using predicted number of service recipients based on the eligible population. |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2011 rate improved 1 percent over the 2010 rate.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks and makes this information available to HFP subscribers during open enrollment to assist them in choosing a health plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB seeks continued improvement in the number of adolescent members who receive a well care visit each year, with an overall goal that at least half of adolescents receive this service annually.</p> | | |
| <p>Other Comments on Measure: CMS could provide additional federal funding to provide low performing plans with incentives to increase their scores. CMS could fund a quality improvement plan targeted at adolescents to increase well care visits.</p> <p>*Note the denominator for the CHIP population is 12 to 19 years, compared to the HEDIS definition of up to 21 years.</p> | | |

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 |
|---|--|--|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Unable to distinguish EPSDT eligible members in data.</p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percentage of HFP members enrolled for at least 11 of 12 months in the measurement year, who received any preventive dental service. (D1000-D1999)</p> | <p>Measurement Specification: <input type="checkbox"/> CMS <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percentage of HFP members enrolled for at least 11 of 12 months in the measurement year, who received any preventive dental service. (D1000-D1999)</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> all data from eligible enrollment.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Continuously enrolled children receiving preventive services (D1000-D1999). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | please further define the Denominator, please indicate the 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) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| 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: Denominator: Rate: |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 329801 Denominator: 619285 Rate: 53.3 Additional notes on measure: Rate is based on HFP population; not EPSDT, however measure definition for HFP is same as for EPSDT. | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 326865 Denominator: 587886 Rate: 55.6 Additional notes on measure: Rate is based on HFP population, not EPSDT; however measure definition for HFP is the same as for EPSDT. |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Preventive dental services improved by 1 percent for the 2010 measurement year.</p> <p>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? MRMIB reports to the public on dental plan performance each year.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB believes these objectives are realistic for a very large CHIP program and given the state's fiscal situation, which has prevented increases in dental plan rates.</p> | | |
| <p>Other Comments on Measure:</p> | | |

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009 HEDIS</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Participating HFP plans.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data for enrolled eligible population.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Children who visited a PCP at least once during 2010 (ages 12 to 24 months and ages 25 months to 6 years), or at least once in either 2009 or 2010 (ages 7 to 11 years and 12 to 18 years). There are four separate rates reported for the four age groups:-12 to 24 months if born on or between December 31, 2009 and December 1, 2008,-25 months to 6 years if born on or between November 30, 2008 and January 1, 2004,-7 to 11 years as of December 31, 2010,-</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|---|--|---|---|---|--|
| | | | | 12 to 18 years as of December 31, 2010. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. | |
| Year of Data: 2008 | | 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 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 | |
| <u>12-24 months</u> Numerator: 15103 Denominator: 15584 Rate: 96.9 | <u>7-11 years</u> Numerator: 123169 Denominator: 138657 Rate: 88.8 | <u>12-24 months</u> Numerator: 13877 Denominator: 14168 Rate: 97.9 | <u>7-11 years</u> Numerator: 120948 Denominator: 133228 Rate: 90.8 | <u>12-24 months</u> Numerator: 12071 Denominator: 12380 Rate: 97.5 | <u>7-11 years</u> Numerator: 128494 Denominator: 142190 Rate: 90.4 |
| <u>25 months-6 years</u> Numerator: 128385 Denominator: 143570 Rate: 89.4 | <u>12-19 years</u> Numerator: 163678 Denominator: 191406 Rate: 85.5 | <u>25 months-6 years</u> Numerator: 128532 Denominator: 141232 Rate: 91 | <u>12-19 years</u> Numerator: 170461 Denominator: 193641 Rate: 88 | <u>25 months-6 years</u> Numerator: 121819 Denominator: 135105 Rate: 90.2 | <u>12-19 years</u> Numerator: 183692 Denominator: 210034 Rate: 87.5 |
| Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HFP did not achieve the performance objective for 2011.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks and makes this information available to subscribers during annual open enrollment to assist them in choosing a health plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB feels maintaining or exceeding a rate of 90 percent is a realistic goal given the state's fiscal situation which has prevented any increases in plan rates for several years.</p> | | |

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 |
|---|--|---|
| <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from whole eligible enrolled population.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Appropriate Testing for Children with Pharyngitis measures children 2½ years of age or older who were diagnosed with pharyngitis, dispensed an antibiotic, and given a group A streptococcus (strep) test. A higher rate represents better performance (i.e., appropriate testing).</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | please further define the Denominator, please indicate the number of children excluded: | Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible enrolled population. |
| Year of Data: 2008 | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | 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: 12057 Denominator: 34617 Rate: 34.8 | Numerator: 12014 Denominator: 31172 Rate: 38.5 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HFP did not reach the performance objective set for 2011. However, the HFP rate for this measure increased 4 percent, from 35 to 39 percent.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks and makes this information available during open enrollment to assist them in choosing a health plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB seeks improvement in this measure. MRMIB feels these objectives are reasonable given the fiscal situation in the state, which has prevented rate increases for plans.</p> | | |
| <p>Other Comments on Measure:</p> | | |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> AMA/PCPI <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| Other Comments on Measure: MRMIB does not currently collect data on this measure. However, MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data. | | |

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 |
|--|--|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Unable to distinguish EPSDT eligibles.</p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percentage of HFP members enrolled for at least 11 of 12 months in the measurement year, who received any dental treatment, other than diagnostic or preventive services. (D2000-D9999)</p> | <p>Measurement Specification: <input type="checkbox"/> CMS <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percentage of HFP members enrolled for at least 11 of 12 months in the measurement year, who received any dental treatment, other than diagnostic or preventive services. (D2000-D9999)</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> all data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: HFP members enrolled for at least 11 of 12 months in the measurement year, who received any dental treatment, other than diagnostic or preventive services. (D2000-D9999) Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | please further define the Denominator, please indicate the number of children excluded: | <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population. |
| 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 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: Denominator: Rate: |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 197500 Denominator: 619285 Rate: 31.9 Additional notes on measure: Rate is based on the HFP population; not EPSDT. However, measure definition for HFP is same for EPSDT. | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 187357 Denominator: 587886 Rate: 31.9 Additional notes on measure: Rate is based on the HFP population, not EPSDT. However, measure definition for HFP is the same as for EPSDT. |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The rate of HFP members who received dental treatment services has remained the same as last year: 32 percent.</p> <p>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? Public reporting of plan dental performance data. It should be noted that this measure does not necessarily reflect quality of care; rates for this service should decrease as preventive services increase.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB believes rates for this measure should remain stable and begin to decrease as preventive services increase.</p> | | |
| <p>Other Comments on Measure:</p> | | |

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data:</p> | <p>Date Range:</p> | <p>Date Range:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | From: (mm/yyyy) To: (mm/yyyy) | From: (mm/yyyy) To: (mm/yyyy) |
| 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: Denominator: Rate: | Numerator: Denominator: Rate: |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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? Beginning in 2011, MRMIB began receiving encounter data from the health plans and will have the ability to analyze and report on this measure beginning in the 2012 annual report.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB began collecting encounter data from HFP plans in 2011. We plan to report on this measure beginning in the 2012 annual report.</p> | | |

Inpatient

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data:</p> | <p>Date Range:</p> | <p>Date Range:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| | From: (mm/yyyy) To: (mm/yyyy) | 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: In 2011, MRMIB began collecting encounter data from health plans and will be able to report on this measure beginning in 2012. The “carve out” of children with serious health conditions to the California Children’s Services Program (CCS) may reduce the reportable encounter data. CCS is administered by a separate department and data specific to individual HFP children is not available.</p> | | |

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 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB began collecting encounter data from HFP plans in 2011 and plans to report on this measure beginning in the 2012 annual report.</p> | | |

Attention-Deficit/Hyperactivity Disorder

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> |
| <p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p> | <p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p> | <p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p> |
| Additional notes on measure: | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB does not currently collect data on this measure. However, MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> | | |

Diabetes

MEASURE 22: Annual pediatric hemoglobin A1C testing

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> NCQA <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) To: (mm/yyyy) |
| 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: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB does not currently collect data on this measure. However, MRMIB would like to collect and report on this measure in the future if additional federal funds are provided to cover the increased cost associated with collecting this data.</p> | | |

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Not collected.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| 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 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: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate: |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the 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?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure: MRMIB collected data on this measure in prior years, but found that it was not a good measure of service utilization for HFP members because services to children with Serious Emotional Disturbance (SED) are carved out of health plan services and provided by county mental health departments. Most of the children who are hospitalized for mental illness fall under this category; therefore, the data reported by the plans was too small to be useful.</p> | | |

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 |
|----------|---|---|
| | <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input type="checkbox"/> Submitted raw data to AHRQ. <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input checked="" type="checkbox"/> Submitted raw data to AHRQ. <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The whole eligible population.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Our CAHPS, D-CAHPS and YAHCS consumer surveys were last fielded in 2007. When 2010 data is compared with 2007, we find that, in general, our top performing plans have improved, while the plans scoring near the middle or lower end have not.</p> <p>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? MRMIB publicly reports plan performance relative to state and national benchmarks. HFP subscribers use this data during open enrollment to assist them in choosing a plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 1 percent over the 2011 rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an improvement of 1 percent over the 2012 rate.</p> <p>Annual Performance Objective for FFY 2014: Realize an improvement of 1 percent over the 2013 rate.</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</p> | | |

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

- 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 | 388740 | 411834 | 5.94 |
| Separate Child Health Program | 1342865 | 1351997 | 0.68 |

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

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 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.

| Period | Uninsured Children Under Age 19 Below 200 Percent of Poverty | | Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19 | |
|-------------|---|------------|--|------------|
| | Number | Std. Error | Rate | Std. Error |
| 1996 - 1998 | 1,258 | 82.5 | 13.1 | .9 |
| 1998 - 2000 | 1,164 | 79.3 | 11.8 | .8 |
| 2000 - 2002 | 968 | 66.5 | 9.6 | .6 |
| 2002 - 2004 | 848 | 62.0 | 8.5 | .6 |
| 2003 - 2005 | 835 | 55.8 | 8.3 | .5 |
| 2004 - 2006 | 829 | 53.0 | 8.2 | .5 |
| 2005 - 2007 | 800 | 53.0 | 8.0 | .5 |

| | | | | |
|--|--------|------|--------|----|
| 2006 - 2008 | 706 | 49.0 | 7.2 | .5 |
| 2007 - 2009 | 676 | 48.0 | 6.8 | .5 |
| 2008 - 2010 | 699 | 36.0 | 7.0 | .4 |
| Percent change 1996-1998 vs. 2008-2010 | -44.4% | NA | -46.6% | 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) | California Health Interview Survey (CHIS) |
| Reporting period (2 or more points in time) | 2005, 2007, and 2009 |
| Methodology | <p>The baseline for 2001 and 2003 was calculated by using Medi-Cal and HFP enrollment data and the 2000 Current Population Survey (CPS) as analyzed by the UCLA Center for Health Policy Research. Technical notes can be found in The State of Health Insurance in California: Recent Trends, Future Prospects and at the UCLA Centers website: www.healthpolicy.ucla.edu. The methodology used for estimating the baseline did not change.</p> <p>The baseline for 2005 was calculated by using Medi-Cal and HFP enrollment data and the 2005 Current Population Survey (CPS) as analyzed by the UCLA Center for Health Policy Research. Technical notes can be found in the State of Health Insurance in California: Recent Trends, Future Prospects, and at the UCLA website at: www.healthpolicy.ucla.edu.</p> <p>The baseline for 2007 was calculated by using population control totals of the number of persons by age, race, and sex at the stratum level created primarily from the California Department of Finance's 2007 Population Estimates and 2007 Population Projections. Technical notes can be found in the State of Health Insurance in</p> |

| | |
|--|---|
| | <p>California Findings from the 2007 California Health Interview Survey, and at the UCLA website at: www.healthpolicy.ucla.edu.</p> <p>The baseline for 2009 was calculated using population control totals of the number of persons by age, race, and sex at the stratum level. Technical notes can be found at the UCLA website at: www.healthpolicy.ucla.edu</p> |
| Population (Please include ages and income levels) | CHIS is a general population survey that examines health insurance coverage and numerous other health issues in California. Households are randomly selected for survey. The survey is conducted in five languages for three age groups: adults (18 and older), adolescents (12 – 17), and children (0 – 11). |
| Sample sizes | 2005 Survey: 45,649 households; 15,387 adolescents and children. 2007 Survey: 64,599 households; 13,551 adolescents and children. 2009 Survey: 47,614 households; 12,324 adolescents and children. |
| Number and/or rate for two or more points in time | The percentage of uninsured children decreased from 2007 (6.4%) to 2009 (5.7%). |
| 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]**

California uses a state survey, the California Health Interview Survey (CHIS) because its sample size is higher than CPS, which allows for better estimates of subgroups within the state. CHIS also asks more detailed questions about eligibility for public programs (Medi-Cal /HFP).

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]**

Given its larger sample size, and greater precision asking eligibility questions, California considers the estimate reliable. However, for cross state comparison, either CPS should be used or an adjusted CHIS estimate. The report suggests adjusting CHIS estimates of uninsured children by a factor of 1.6

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

CHIS is a telephone survey, not an in-person survey.

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

California uses CHIS to benchmark enrollment and to assess whether program enrollment is consistent with uninsured demographics. Local jurisdictions use it to target outreach.

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]**

California does not actively collect data to evaluate the direct impact of outreach and enrollment simplification. However, CHIP outreach and enrollment simplification appear to have played a major role in the continuing increase in enrollment for Medicaid. During the reporting period, approximately 29 percent of all CHIP applications received at the Single Point of Entry (SPE) were forwarded to the Medicaid program because the applications were for children with family incomes below the CHIP income guidelines.

For FFY 2011, a total of 313,965 CHIP applications were processed at SPE. Approximately 91,749 were forwarded to Medicaid. With an average of 1.7 children on each application, this would suggest that over 155,973 children were forwarded to, and potentially enrolled in, no-cost Medicaid programs. Children screened to Medicaid are also granted Accelerated Enrollment (AE) Medicaid, if

eligible, which is presumptive eligibility for no-cost Medicaid while the Medicaid program makes a full eligibility determination. Approximately one-third of all children forwarded are granted AE.

While assisting families, Certified Application Assistants (CAAs) are expected to promote access to affordable health care equally through the Medicaid and CHIP programs; this is known as the "no wrong door" approach. In addition, the plans participating in CHIP are very active in marketing and promoting CHIP and Medicaid, as well as providing application assistance. Both of these forms of outreach have proven to be effective in increasing the number of children enrolled in CHIP and also appear to have had an impact on the number of children enrolled in Medicaid.

The state continues to support school-based outreach efforts. This includes an online Request for Information (RFI) flyer that is available on the HFP website. The RFI flyer can be customized to include local school contact information. The RFI flyers are electronically transmitted to the HFP Administrative Vendor (AV), where they are produced and shipped to the school based organization. During the reporting period, the HFP AV shipped over 1.1 million RFIs to schools throughout the state. This is a 272 percent increase over FFY 2009-10. The RFIs are sent home with students or they are distributed to parents during such activities as school registration and back to school nights. In addition, state staff provided numerous updates and presentations to EE and CAA collaboratives throughout the state.

The state discontinued EE/CAA reimbursement program on July 1, 2009, due to state budget constraints. However, 876 CAAs successfully completed the web based training (WBT) during FFY 2011 and continue to provide application assistance even though they are not being reimbursed. Overall, while California has seen slight decreases in assisted applications, most EEs/CAAs have continued to assist eligible families in spite of the elimination of reimbursement. This represents an average of 73 new CAAs trained each month.

During FFY 2011, a total of 77,419 families were assisted by CAAs. This is an increase from FFY 2010, with 2,570 more families assisted with applications. However, this is still a significant decrease from FFY 2009, when 109,037 applications were assisted by CAAs. The elimination of EE reimbursements and the implementation of the HFP wait list, which ended in September 2009, significantly affected this outcome. During the initial application process, 97,867 CHIP eligible children obtained assistance from CAAs. During the Annual Eligibility Review process, 91,361 children continued to be eligible for CHIP, following assistance by CAAs. This is a 5.2 percent decrease from the previous reporting period.

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 example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

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

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 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 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 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 increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Goal #1 (Describe) Reduce the percentage of uninsured children in target income families that have family income above no-cost Medi-Cal.</p> | <p>Goal #1 (Describe) Increase the percentage of Medi-Cal eligible children who are enrolled in the Medi-Cal program by 1%.</p> | <p>Goal #1 (Describe) Increase the percentage of Medi-Cal eligible children who are enrolled in the Medi-Cal program by 1 percent.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> MRMIB moved this goal to the Medicaid enrollment goal.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Prior goal wasn't quantifiable.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrollment.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of children currently in Medi-Cal in FFY 2010. Definition of numerator: Number of children the state hopes to enroll in Medi-Cal during the next fiscal year.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled in Medi-Cal for the base year of FFY 2010. Definition of numerator: Increase in the number of additional children that the state enrolled in Medi-Cal for FFY 2011.</p> |
| <p>Year of Data:</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |
| <p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Numerator: 36000 Denominator: 3600000 Rate: 1 Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Increase in the number of children enrolled in Medi-Cal in FFY 2011. Numerator: 156497 Denominator: 3600000 Rate: 4.3 Additional notes on measure: Numerator: (3,756,497 – 3,600,000)</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? N/A</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The increase of 156,497 children enrolled in Medi-Cal for the reporting period has far exceeded our goal of 36,000 children. Our goal was to increase enrollment by 1 percent, we exceed that by increasing children's enrollment by 4.3 percent.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? With the consent of parents we share the application information of CHIP enrollees with the Medicaid agency. This may be a contributing factor to the increased enrollment, but the struggling economy is likely the more direct cause.</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012: <i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 1% increase. Annual Performance Objective for FFY 2012: 1% increase.</p> <p>Annual Performance Objective for FFY 2013: 1% increase. <i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Increase the number of eligible children who are enrolled in the Medi-Cal program relative to the base year of FFY 2010 by 4 percent. Annual Performance Objective for FFY 2013: Increase the number of eligible children who are enrolled in the Medi-Cal program relative to the base year of FFY 2010 by 4 percent. Annual Performance Objective for FFY 2014: Increase the number of eligible children who are enrolled in the Medi-Cal program relative to the base year of FFY 2010 by 4 percent. <i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| 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 |
|---|---|---|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| 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 |
|--|--|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| Other Comments on Measure: | Other Comments on Measure: | Other Comments on Measure: |

Objectives Related to CHIP Enrollment

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Goal #1 (Describe) This is a new goal to increase the number of on-line applications through the Health-e-App, the internet-based CHIP/Medicaid joint application</p> | <p>Goal #1 (Describe) Increase the number of online applications received through Health-e-App, the internet-based CHIP / Medicaid joint application.</p> | <p>Goal #1 (Describe) Increase the number of on-line applications received through Health-e-App, the internet-based application.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> CMS commented on this goal for the 2008 FAR and requested the development of a new goal. Therefore, MRMIB has provided a new goal to include an annual targeted percentage increase.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The Denominator and Numerator have been adjusted to capture the number of Health-e-Apps received at SPE for Medicaid and CHIP.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> all data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Total Number of Health-e-Apps sent to CHIP. Definition of numerator: Total Number of applications sent to CHIP from the SPE.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Total number of Health-e-Apps sent to the SPE. Definition of numerator: Total number of applications sent to the SPE.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Total number of applications sent to the SPE. Definition of numerator: Total number of Health-e-Apps sent to the SPE.</p> |
| <p>Year of Data: 2009</p> | <p>Year of Data: 2010</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Performance Measurement Data: Described what is being measured: Number of internet-based electronic Health-e-Apps sent to CHIP compared to total applications sent to CHIP.</p> <p>Numerator: 33561 Denominator: 229872 Rate: 14.6</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Number of internet-based electronic Health-e-Apps sent to the SPE compared to total applications sent to the SPE.</p> <p>Numerator: 56192 Denominator: 282118 Rate: 19.9</p> <p>Additional notes on measure: Health-e-App is an internet-based electronic version of the paper application used to submit application data electronically to the Single Point of Entry (SPE). Currently, only certified application assistants (CAAs) and county eligibility workers (EWs) can access and use this online electronic process. The state and private foundations partnered to expand access of Health-e-App directly to the general public and implementation was scheduled for December 2010.</p> | <p>Performance Measurement Data: Described what is being measured: XXX.</p> <p>Numerator: 96355 Denominator: 313965 Rate: 30.7</p> <p>Additional notes on measure: Health-e-App is an internet-based electronic version of the paper application used to submit application data to the Single Point of Entry (SPE). In December 2010, Health-e-App became available to the general public in English followed by the Spanish release in January 2011. Before this time, only Certified Application Assistants (CAAs) and county eligibility workers were able to access this online application.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? In FFY 2008, 27,978 on-line applications were submitted to CHIP (2,332 average on-line applications per mo.). From 7/17/09 through 9/17/09, the State implemented a Wait List (WL). Despite the 2 month WL, during the FFY 2009, 33,561 on-line applications were submitted. The 10 month average of 3,356 on-line applications were submitted for FFY 2009. For the FFY 2009, 229,872 applications were forwarded to CHIP. 14.6% of the applications sent to CHIP were submitted via HeA on line process.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The state implemented a CHIP waiting list from July 17, 2009 through September 17, 2009 due to the state budget deficit. Despite the 2-month duration of the CHIP waiting list, during the FFY 2009, a total of 33,561 online applications were submitted to CHIP. For the 10-month period, this was a monthly average of 3,356 online applications that were submitted for FFY 2009. For the FFY 2009, a total of 339,633 applications were forwarded to CHIP. Thus 9.9% of the applications sent to CHIP were submitted via the Health-e-App online process.</p> <p>During FFY 2010, a total of 56,192 online applications were submitted to CHIP, a monthly average of 4,683 online applications. For the FFY 2010, 211,855 total applications were forwarded to CHIP. Thus 26.5% of the applications sent to CHIP were submitted via the Health-e-App online process, an 20%% increase from the previous reporting period. Therefore, the number of online Health-e-Apps increased by 67.4% from FFY 2009 to FFY 2010.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? In FFY 2010, 56,192, or 19.9%, of the applications sent to SPE were submitted using Health-e-App. During FFY 2011, 96,355, or 30.7%, of the HFP applications processed at SPE were submitted using Health-e-App. This represents an average of 8,030 applications per month and an increase of 71.5% from FFY 2010 to FFY 2011.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Since 1/04, the CHIP AV contract contains performance standards for the timely screening of applications to Medicaid or CHIP, determining completeness of applications, processing of program reviews (PRs) and appeals, data transmissions to plans and assisting members on toll-free lines. The monthly level that must be met is between 98% and 100%. As of 11/06, the AV is required to meet performance standards for quality and accuracy in screening to program(s), CHIP eligibility determinations at application and AER, adjudication of appeals and PRs, data transmissions to plans, generating and posting of daily enrollment files, and monthly capitation payment determinations and the monthly generation of the capitation files. These standards are the highest performance, quality, and accuracy standards for CHIP nationwide.</p> <p>Since 1/04, the AV has met the 11 monthly performance standards 99.4%. Since 11/06 the AV has met the 7 accuracy standards 100%.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Since 2004, the CHIP administrative vendor contract contains 11 performance standards. The contracted level that must be met monthly for these performance standards is between 98% and 100%. Additionally, 7 quality and accuracy standards were added in 2006 with a required monthly accuracy rate of 98%. These 18 standards are the highest performance, quality and accuracy standards for a CHIP program nationwide. Since January 2004, the CHIP administrative vendor has met the 11 monthly performance standards 99.4% of the time and the 7 accuracy standards have been met 100% of the time since November 2006 .</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The availability of Health-e-App to the general public has significantly increased the number of Health-e-Apps submitted to SPE. Nearly one-third of the HFP applications received at SPE each month, since its launch in December 2010, are from Health-e-App. Several enhancements to the Health-e-App functionality will be made in the future. These enhancements include an on-line Annual Eligibility Review (AER) form, Add-a-Person form, Review and Continued Enrollment form, Program Review form and the ability to apply for the Access for Infants and Mothers (AIM) program.</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Increase the percentage of online Health-e-Apps to total CHIP applications by 5%.</p> <p>Annual Performance Objective for FFY 2011: Increase the percentage of online Health-e-Apps to total CHIP applications by 5%.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase the percentage of online Health-e-Apps to total applications received at the SPE by 5%.</p> <p>Annual Performance Objective for FFY 2012: Increase the percentage of online Health-e-Apps to total applications received at the SPE by 5%.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Increase the percentage of on-line Health-e-Apps to total HFP applications received at the SPE by 5% over the previous year.</p> <p>Annual Performance Objective for FFY 2013: Increase the percentage of on-line Health-e-Apps to total HFP applications received at the SPE by 5% over the previous year.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Annual Performance Objective for FFY 2012: Increase the percentage of online Health-e-Apps to total CHIP applications by 5%.</p> <p><i>Explain how these objectives were set:</i> MRMIB initiated an online Health e-Apps in 2009 and wishes to increase access by increased usage of this tool.</p> | <p>Annual Performance Objective for FFY 2013: Increase the percentage of online Health-e-Apps to total applications received at the SPE by 5%.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2014: Increase the percentage of on-line Health-e-Apps to total HFP applications received at the SPE by 5% over the previous year.</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure: Enhanced FMAP for more State positions to work with CAAs and EEs to increase the use of the online electronic interface and do outreach to potential CHIP members. The enhanced FMAP could fund the EE Reimbursement program which was a successful incentive for the utilization of the electronic on-line document to transmit data electronically to the Single Point of Entry (SPE). Prior to the elimination of the EE Reimbursement Program, HeAs represented over 25% of all applications received at SPE.</p> | <p>Other Comments on Measure: CMS can authorize enhanced CHIP FMAP in working with CAAs and EEs to increase online electronic application use and perform outreach to potential CHIP members on online electronic application use . The EE Reimbursement program was a successful incentive for EEs and CAAs to transmit data electronically (and more accurately) to the Single Point of Entry (SPE). Prior to the elimination of the EE Reimbursement Program, Health-e-Apps represented over 25% of all applications received at SPE.</p> | <p>Other Comments on Measure: CMS can authorize enhanced CHIP FMAP to focus on working with CAAs and EEs to increase online electronic application use and perform outreach to potential CHIP members on online electronic application use. The EE Reimbursement program was a successful incentive for EEs and CAAs to transmit data electronically (and more accurately) to SPE. Prior to the elimination of the EE Reimbursement Program, Health-e-Apps represented over 25% of all applications received at SPE.</p> |

Objectives Related to CHIP Enrollment (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Goal #2 (Describe) Encourage and increase the number of new CAAs and EEs by 2% each FFY reporting period who participate in the application and retention processes.</p> | <p>Goal #2 (Describe) Encourage and increase the number of new CAAs and EEs by 2% each FFY reporting period who participate in the application and retention processes.</p> | <p>Goal #2 (Describe) Encourage and increase the number of new CAAs and EEs by 2% each FFY reporting period who participate in the application and retention processes.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> CMS commented on this goal for the 2008 FAR and requested it be modified to a measurable goal. MRMIB has modified it to include an annual targeted percentage increase. This recommendation is based on an 8% increase of CAAs for FFY 08 and a 7% increase for FFY 09. It also reflects the constant increase of 2% for new EEs over the last two years.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Previous FFY total number of EEs and CAAs Definition of numerator: Difference of the current FFY total number of EEs and CAAs minus last FFY totals</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Previous FFY total number of EEs and CAAs. Definition of numerator: Difference of the current FFY total number of EEs and CAAs minus last FFY totals.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Previous FFY total number of EEs and CAAs. Definition of numerator: Difference of the current FFY total number of EEs and CAAs minus last FFY totals.</p> |
| <p>Year of Data: 2009</p> | <p>Year of Data: 2010</p> | <p>Date Range: From: (mm/yyyy) 10/2009 To: (mm/yyyy) 10/2010</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Performance Measurement Data: Described what is being measured: The number of CAAs participating in the program from FFY to the next FFY.</p> <p>Numerator: 1423 Denominator: 20480 Rate: 6.9</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: The number of CAAs participating in the program from FFY to the next FFY.</p> <p>Numerator: 648 Denominator: 22551 Rate: 2.9</p> <p>Additional notes on measure: The actual percentage rates have been rounded to the next whole number.</p> | <p>Performance Measurement Data: Described what is being measured: The number of CAAs participating in the program from one FFY to the next FFY.</p> <p>Numerator: 1045 Denominator: 22551 Rate: 4.6</p> <p>Additional notes on measure: The actual percentage rates have been rounded to the nearest tenth.</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? As of 9/08, there were 3,244 EEs and 20,480 CAAs. As of 9/09, the number of EEs increased by 18% to 3,818 and the number of CAAs increased by 7% to 21,903. Much of the increase in new CAAs is due to the CAA Web Based Training (WBT) curriculum. Since the WBT was implemented in 2/05, 5,666 new CAAs successfully completed the WBT. Since the last reporting period, 1,348 CAAs successfully completed the WBT. This was a 31% increase from the previous reporting period. The on-line curriculum is available in English and Spanish 24 hours a day for CAA candidates to take the CAA certification curriculum. Of the applications received at SPE, a total of 109,037 applications were assisted by CAAs. This represents 32% of all applications received at SPE. The number of applications assisted by CAAs decreased from 109,211 to 109,037. In addition, a total of 115,693 AER forms were assisted by CAAs. This is a 15 % increase over the 100,224 AER forms assisted by CAAs in the previous reporting period.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? In 2009, funding for both application assistance(CAA) and enrollment entity (EE) reimbursement for assisted applications and annual eligibility reviews was eliminated. This saved approximately \$2.7 in General Funds for fiscal year 2010. The change was effective July 31, 2009. Prior to the effective date, MRMIB notified all EES active in the last 12 months of the funding elimination and directed them to notify their CAAs of the changes. Even with elimination of the application assistance program, 996 new CAA candidates took the Web Based Training (WBT) certification process, with 923 successfully passing. Although this was a decrease from the prior year, it was significant considering the elimination of the application assistance payments. At the end of FFY 2009, there were 3,818 registered EEs and 21,903 CAAs. At the end of FFY 2010, there were 3,901 registered EEs and 22,551 CAAs, an increase of 2.2% for registered EEs and 3.0% for CAAs.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? In 2009, funding for both application assistance and EE reimbursement for assisted applications and annual eligibility reviews was eliminated. This saved approximately \$2.7 million in General Funds for fiscal year 2010. The change was effective July 31, 2009. Despite the elimination of application assistance funding, the number of CAAs participating in the program increased by 1,045 in FFY 2011. At the end of FFY 2011, there were 4,003 registered EEs and 23,596 CAAs. This represents an increase of 2.6% in registered EEs and an increase of 4.6% in CAAs. In addition, 943 new CAA candidates took the Web Based Training (WBT) certification process and 876 passed.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Through the use of the on-line Web Based Training, California has the ability to effectively track the number of new CAAs that become certified on a monthly basis and to compare this information throughout the federal reporting period for any trends. Currently we have four complete FFY for this type of data from which we can compare and analyze. As stated in this report, through the assistance of CAAs, California has seen a steady growth in the number of children that qualify and get enrolled in the Medicaid and CHIP program, as well as an increasing number of children that re-qualify for SCHIP when the families are assisted during the annual eligibility review process.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Through the use of the online Web Based Training, California has the ability to effectively track the number of new CAAs that become certified on a monthly basis and to compare this information throughout the federal reporting period for any trends. Currently we have four complete FFY of data from which we can compare and analyze. As stated in this report, through the assistance of CAAs, California has seen a steady growth in the number of children that qualify and get enrolled in the Medicaid and CHIP programs, as well as an increasing number of children that re-qualify for CHIP when the families are assisted during the annual eligibility review process.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Through the use of the online Web Based Training, California has the ability to effectively track the number of new CAAs that become certified on a monthly basis and to compare this information throughout the federal reporting period for any trends. Currently we have five complete FFYs of data from which we can compare and analyze. As stated in this report, through the assistance of CAAs, California has seen a steady number of children that qualify and get enrolled in the Medicaid and CHIP programs, as well as an increasing number of children that re-qualify for CHIP when their families are assisted during the annual eligibility review process.</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p>Annual Performance Objective for FFY 2011: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p>Annual Performance Objective for FFY 2012: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p><i>Explain how these objectives were set:</i> The objectives were established based on the review of four complete FFYs of data related to the number of EEs and CAAs that participate in the programs.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p>Annual Performance Objective for FFY 2012: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p>Annual Performance Objective for FFY 2013: Increase the number of participating EEs by 2% and the number of CAAs by 2%.</p> <p><i>Explain how these objectives were set:</i> The objectives were established based on the review of four complete FFYs of data related to the number of EEs and CAAs that participate in the programs.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Increase the number of participating EEs by 2% and the number of CAAs by 2% over the previous year.</p> <p>Annual Performance Objective for FFY 2013: Increase the number of participating EEs by 2% and the number of CAAs by 2% over the previous year.</p> <p>Annual Performance Objective for FFY 2014: Increase the number of participating EEs by 2% and the number of CAAs by 2% over the previous year.</p> <p><i>Explain how these objectives were set:</i> The objectives were established based on the review of four complete FFYs of data related to the number of EEs and CAAs that participate in the programs.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Other Comments on Measure: Enhanced FMAP for additional State positions to focus on working with CAAs and EEs increasing the use of the on line electronic interface as well as to perform outreach to potential CHIP members on the use of the online electronic document. In addition, enhanced FMAP and federal dollars to fund the very successful EE Reimbursement program. The EE Reimbursement program was an incentive for EEs and CAAs to utilize the available electronic on-line document to the Single Point of Entry (SPE).</p> | <p>Other Comments on Measure: Enhanced CHIP FMAP would let California focus on working with CAAs and EEs to increase use of the public online electronic application. The EE Reimbursement program was very successful for EEs and CAAs to use the available electronic online document to transmit data more accurately to the Single Point of Entry (SPE) and increase enrollment and retention. Prior to the elimination of the EE Reimbursement Program, Health-e-Apps represented over 25% of all applications received at SPE.</p> | <p>Other Comments on Measure: Enhanced CHIP FMAP would let California focus on working with CAAs and EEs to increase the use of the public online electronic application. The EE Reimbursement program was a very successful incentive for EEs and CAAs to use the available electronic online document to transmit data more accurately to SPE and increase enrollment and retention. Prior to the elimination of the EE Reimbursement Program, Health-e-Apps represented over 25% of all applications received at SPE.</p> |

Objectives Related to CHIP Enrollment (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Goal #3 (Describe) Increase by 2% annually the monthly average number of applications forwarded from Medicaid to CHIP for families who no longer qualify for no-cost Medicaid at their annual re-determination.</p> | <p>Goal #3 (Describe) Increase by 2% annually the monthly average number of applications forwarded from Medicaid to CHIP for families who no longer qualify for no-cost Medicaid at their annual re-determination.</p> | <p>Goal #3 (Describe) Increase by 2% annually the monthly average number of applications forwarded from Medicaid to CHIP for families who no longer qualify for no-cost Medicaid at their annual re-determination.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> CMS directed the State to revise the goal to be a measurable goal that reflects one aspect of the referral process and the data provided (e.g., increase/decrease the percent of county referrals by X %)</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Average monthly number of applications forwarded from Medicaid to CHIP during the FFY. Definition of numerator: Change in Average monthly number of applications forwarded from Medicaid to CHIP from prior FFY.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Average monthly number of applications forwarded from Medicaid to CHIP during the FFY. Definition of numerator: Change in Average monthly number of applications forwarded from Medicaid to CHIP from prior FFY.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Average monthly number of applications forwarded from Medicaid to CHIP during the prior FFY. Definition of numerator: Change in Average monthly number of applications forwarded from Medicaid to CHIP from prior FFY.</p> |
| <p>Year of Data: 2009</p> | <p>Year of Data: 2010</p> | <p>Date Range: From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Performance Measurement Data: Described what is being measured: The percentage increase/decrease in the monthly average number of applications forwarded from Medicaid to CHIP during FFY.</p> <p>Numerator: 17 Denominator: 3916 Rate: 0.4</p> <p>Additional notes on measure: The numerator is a negative and thus the rate is -0.4%. For the FFY 2009, the monthly average number of county referrals equaled 9,899. This was a slight decrease of 17 from FFY 2008's monthly number of county referrals. The State of California's economic downturn may have contributed to the decrease in referrals since CHIP income guidelines are higher and there is a premium cost to the CHIP program. More families/children may be eligible for Medicaid.</p> | <p>Performance Measurement Data: Described what is being measured: The percentage increase/decrease in the monthly average number of applications forwarded form Medicaid to CHIP during FFY.</p> <p>Numerator: 1604 Denominator: 2295 Rate: 69.9</p> <p>Additional notes on measure: For the FFY 2010, the monthly average of county referrals equaled 2,295. This was a decrease of 1604 from FFY 2009's monthly average number of county referrals. The State of California's economic downturn may have contributed to the decrease in referrals since CHIP income guidelines are higher and there is a premium cost to the CHIP program. More families/children may have been eligible for Medicaid.</p> | <p>Performance Measurement Data: Described what is being measured: The percentage increase/decrease in the monthly average number of applications forwarded from Medicaid to CHIP during FFY.</p> <p>Numerator: 326 Denominator: 2295 Rate: 14.2</p> <p>Additional notes on measure: For the FFY 2011, the monthly average of county referrals equaled 2,621. This was an increase of 326 from FFY 2010. However, this is still well below the monthly average of 3,899 in FFY 2009. The state of California's economic downturn is likely still contributing to the decreased number of referrals since CHIP income guidelines are higher and there is a premium cost to the CHIP program. More families/children may have been eligible for Medicaid.</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The State implemented a paper process for the counties to forward annual re-determination information of Medicaid enrollees to CHIP when children no longer qualify for Medicaid due to income above the no-cost Medicaid level. During FFY 2009, the State of California experienced an economic downturn where unemployment rose and workers salaries declined for the California workforce. For the FFY 2009, the monthly average number of county referrals decreased 17, from 3,916 to approximately 3,899 from the last reporting period. This is a decrease of approximately .43% for the FFY 2009 reporting period. This downturn may have contributed to the decrease in referrals since CHIP income guidelines are higher and there is a premium cost to the CHIP program.</p> <p>During the FFY 2009, the State finalized the system requirement specifications for the implementation of an electronic process in receiving the information from the counties. The State continues on the developmental phase of the project.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The state implemented a process for counties to forward annual Medi-Cal enrollee re-determination information to CHIP when children no longer qualify for no-cost Medi-Cal. During FFY 2010, the state continued to experience an economic downturn and the monthly average number of county referrals decreased from 3,899 to 2,295 per month from the last reporting period, a decrease of approximately 41%. The economic downturn may have contributed to the decrease of referrals since CHIP income guidelines are higher and there is a premium cost to the program. During this same time, the state finalized system requirement specifications to implement an electronic process to receive information from counties and continues work on the project to implement an electronic process for receiving county referrals and re-determination information in the future.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The state implemented a process for the counties to forward annual re-determination information of Medicaid enrollees to CHIP when children no longer qualify for Medicaid due to income above the no-cost Medicaid level. During FFY 2011, the state of California continued to experience an economic downturn. The average number of county referrals each month increased from 2,295 to 2,621 from the last reporting period, an increase of approximately 14% for the FFY 2011 reporting period. During this same time, the state finalized system requirement specifications for an electronic process to receive information from counties and continue work on the project to implement an electronic process for receiving county referrals and re-determination information in the future.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The county referral form is an application that is used by CHIP. For any county referral forwarded to CHIP, authorization to forward to CHIP has already been granted . When CHIP receives referrals from Medicaid, minimal additional information is needed from the applicants to make eligibility determinations, since the counties provide the proof of income used to determine that the children no longer qualified for Medicaid. To acquire this information, CHIP sends a copy of the CHIP handbook, a missing information letter and Follow Up Form requesting the additional information the CHIP needs to complete the application and to make an eligibility determination.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The county referral form is an application that is used by CHIP. For any county referral forwarded to CHIP, authorization to forward to CHIP has already been granted. When CHIP receives referrals from Medicaid, minimal additional information is needed from the applicants to make eligibility determinations, since the counties provide the proof of income used to determine that the children no longer qualified for Medicaid. To acquire this information, CHIP sends a copy of the CHIP handbook, a missing information letter and Follow-Up Form requesting the additional information the CHIP needs to complete the application and to make an eligibility determination.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The county referral form is an application that is used by CHIP. When CHIP receives referrals from Medicaid, minimal additional information is needed from the applicants to make eligibility determinations, since the counties provide the proof of income used to determine that the children no longer qualified for Medicaid. To acquire this information, CHIP sends a copy of the CHIP handbook, a missing information letter and Follow-Up Form requesting the additional information CHIP needs to complete the application and make an eligibility determination.</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual redetermination.</p> <p>Annual Performance Objective for FFY 2011: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual redetermination. The state will design and begin development of the electronic process for receiving the re-determination information from the counties during FFY 2011.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination.</p> <p>Annual Performance Objective for FFY 2012: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination.</p> <p>The state will design and begin development of the electronic process for receiving the re-determination information from the counties during FFY 2011.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Increase by 2% each FFY the number of applications forwarded from Medicaid to CHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination.</p> <p>Annual Performance Objective for FFY 2013: Increase by 2% each FFY the number of applications forwarded from Medicaid to CHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination. The state anticipates the completion of the development phase of the electronic process for receiving the re-determination information from the counties during FFY 2012.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>Annual Performance Objective for FFY 2012: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual redetermination. The State anticipates the completion of the development phase of the electronic process for receiving the re-determination information from the counties during FFY 2012.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2013: Increase by 2% each FFY the number of applications forwarded from Medicaid to SCHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination.</p> <p>The State anticipates the completion of the development phase of the electronic process for receiving the re-determination information from the counties during FFY 2012.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2014: Increase by 2% each FFY the number of applications forwarded from Medicaid to CHIP for children that no longer qualify for no-cost Medicaid during their annual re-determination.</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure: In FFY 2007, state legislation required counties to forward annual re-determination information of enrollees to CHIP when children no longer qualify for no-cost Medi-Cal. Continuing improvements to simplify eligibility and enrollment processes led to increased numbers of monthly referrals from Medicaid to CHIP; however, last year a decrease of 1,604 was reported, possibly due to the state's economic downturn.</p> | <p>Other Comments on Measure: In FFY 2007, state legislation required counties to forward annual redetermination information of enrollees to CHIP when children no longer qualify for no-cost Medi-Cal. Continuing improvements to simplify eligibility and enrollment processes led to increased numbers of monthly referrals from Medicaid to CHIP.</p> |

Objectives Related to Medicaid Enrollment

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Goal #1 (Describe) Increase the percentage of Medi-Cal eligible children who are enrolled in the Medi-Cal Program.</p> | <p>Goal #1 (Describe) Increase the average monthly number of Medi-Cal applications submitted online via county consortia systems by 1%.</p> | <p>Goal #1 (Describe) Increase the average monthly number of Medi-Cal applications submitted online via county consortia systems by 1 percent.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Prior goal was not quantifiable.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> California Dept. of Health Care Services.</p> | <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Department of Health Care Services.</p> | <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Reported by the consortia systems.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Difference between the number of children enrolled in Medicaid expansion and one-month bridge program from June 2008-June 2009. Definition of numerator: Number of children enrolled in Medicaid expansion and one month bridge program in June 2008.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of current online applications submitted. Definition of numerator: Number of online applications the state expects to increase by.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of the average monthly current online applications submitted for Medi-Cal only in FFY 2011 through the county consortia. 13,216. We have decided to use this figure for FFY 2011 as our base line. Definition of numerator: Increase in the number of the average monthly online Medi-Cal applications that the state expects to increase in FFY 2012 by the county consortia systems is 661.</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Performance Measurement Data: Described what is being measured: Increase in number of children enrolled in Medicaid expansion and one-month bridge programs from June 2008-June 2009 expressed as a percentage.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerator: Difference between the number of children enrolled in Medicaid expansion and one-month bridge program from June 2008 – June 2009. Denominator: Number of children enrolled in Medicaid expansion and one-month bridge program in June 2008. California will work to supply numbers for this information in the future.</p> | <p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate: 1</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Number of the average monthly current online applications submitted for Medi-Cal only in FFY 2011 through the county consortia. 13,216. We have decided to use this figure for FFY 2011 as our base line because systems were still in development in 2010. The increase of Medi-Cal applications submitted on-line through the county consortia systems for FFY 2011.</p> <p>Numerator: 661 Denominator: 13216 Rate: 5</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? •One-month bridge caseload decreased from 10,791 children in 6/08 to 8,299 in 6/09. •Medicaid expansion caseload increased from 148,121 children in 6/08 to 173,229 in 6/09. •Total Title XXI caseload increased from 158,912 children in 6/08 to 181,528 in 6/09 (14.23%). •Regular Medicaid caseload under Title XIX increased from 3,189,183 in 6/08 to 3,341,906 in 6/09 (4.79%). The % of children covered under Title XXI Medi-Cal programs to the total number of children enrolled in both Title XXI and Title XIX also increased slightly from 6/08 to 6/09. Children in Medi-Cal Title XXI programs were 4.75% of the total number of children covered under both Title XXI and Title XIX. In 6/09, the percentage of children in Medi-Cal Title XXI programs to total was 5.15%. The decrease in the one-month bridge caseload and increase in Medi-Cal expansion and Medi-Cal Title XIX caseload are attributable to increased enrollment due to high unemployment and the continued depressed economy.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? N/A</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The increase of 8,191 average monthly applications received through the consortia’s on-line applications far exceeded our goal of 50 apps (1 percent). We have decided to use the monthly current online applications submitted through the county consortia for Medi-Cal only in FFY 2011, as our base line. The average number of monthly online applications is 13,216.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HFP and Medicaid programs have continuously worked together to assist children to retain health coverage when there was a change in circumstances at the annual renewal (e.g. income, family size, or aged out of FPL) by referring cases to the other program and providing temporary bridge coverage during enrollment in the other program. This has policy has been instrumental in making progress to increase enrollment in Medicaid and prevents children from becoming uninsured.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? County systems have expanded their online application. This expansion of access to on-line applications for all of the counties in the state is the contributing factor to the increase.</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Achieve 2% improvement in enrolling eligible children.</p> <p>Annual Performance Objective for FFY 2011: Achieve 2% improvement in enrolling eligible children.</p> <p>Annual Performance Objective for FFY 2012: Achieve 2% improvement in enrolling eligible children.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 1% increase.</p> <p>Annual Performance Objective for FFY 2012: 1% increase.</p> <p>Annual Performance Objective for FFY 2013: 1% increase.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Increase the average monthly number of Medi-Cal only applications submitted online via county consortia systems relative to the base year of FFY 2011 by 5 percent.</p> <p>Annual Performance Objective for FFY 2013: Increase the average monthly number of Medi-Cal only applications submitted online via county consortia systems relative to the base year of FFY 2011 by 7 percent.</p> <p>Annual Performance Objective for FFY 2014: Increase the average monthly number of Medi-Cal only applications submitted online via county consortia systems relative to the base year of FFY 2011 by 9 percent.</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| 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 |
|--|--|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| 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 |
|--|--|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| <p>Goal #1 (Describe) Provide each family with two or more health plan choices for their children.</p> | <p>Goal #1 (Describe) Provide each family with two or more health plan choices for their children.</p> | <p>Goal #1 (Describe) Provide each family with two or more health plan choices for their children.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Number of health plans in each county.</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of HFP subscribers that have a choice of at least 2 plans.</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of HFP subscribers that have a choice of at least 2 plans.</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Enrollment data from the HFP Administrative Vendor, MAXIMUS.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Enrollment data from the HFP Administrative Vendor, MAXIMUS.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Monthly enrollment data from the HFP Administrative Vendor, MAXIMUS, for October 2010.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of HFP subscribers in those counties with 1 HFP health plan.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: The number of HFP subscribers that have at least two (2) plans available. Denominator: The total number of HFP subscribers. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: The number of HFP subscribers that have at least two (2) plans available. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The total number of HFP subscribers.</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data: 2009</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Denominator: Rate: Additional notes on measure: | Denominator: Rate: Additional notes on measure: | Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 21083 Denominator: 882431 Rate: 2.4 Additional notes on measure: MRMIB’s ability to sustain plan choice will be related to funding provided to plans which is unknown at this time. | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 21063 Denominator: 882431 Rate: 2.4 Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 4499 Denominator: 872498 Rate: 0.5 Additional notes on measure: MRMIB’s ability to sustain plan choice is related to funding. |
| Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? A total of 24 health plans participated in the program during the reporting period. 99.976% of subscribers had a choice of at least two health plans from which to select. The 0.24% of subscribers only having one health plan reside in 8 rural counties of the state where access to health care services are limited and where health plans typically do not have networks. What quality improvement activities that involve the | Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? A total of twenty-four (24) health plans participated in the program in 2009. Over 96 % (96.61%) of subscribers had a choice of at least two (2) health plans. Less than 3 % (2.39%) of subscribers had access to only one health plan. These subscribers reside in 8 rural counties where health care services are limited and where health plans have difficulty establishing provider networks. In 2008, 2.43% of HFP children had only one health plan choice. | Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? A total of 25 health plans participated in the program in 2010. More that 99 percent of subscribers had a choice of at least two health plans. Subscribers with access to only one health plan (0.52%) reside in seven rural counties where health care services are limited and where health plans have difficulty establishing provider networks. In 2009, 2.4 percent of HFP children had only one health plan choice. |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>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? Ensuring that subscribers are aware of the health plan choices in their county through the use of an annual handbook that is mailed to subscribers and through the use of information on the MRMIB website.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: At least 95% of HFP subscribers will have a choice of two or more health plans.</p> <p>Annual Performance Objective for FFY 2011: At least 95% of HFP subscribers will have a choice of two or more health plans.</p> <p>Annual Performance Objective for FFY 2012: At least 95% of HFP subscribers will have a choice of two or more health plans.</p> <p><i>Explain how these objectives were set:</i> This was an original and is an ongoing objective of the HFP program.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Plan choice is directly related to the rate paid to plans and their ability to offer coverage in rural and non-competitive counties. Without increased resources, MRMIB expects plan choice to continue to decrease. MRMIB is beginning discussions, which will result in entering into an inter-agency agreement with the Department of Health Care Services that will allow HFP subscribers to access the Medi-Cal Fee-For-Service (FFS) Provider Network in counties that have only one health plan choice beginning in 2012.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: At least 95% of HFP subscribers will have a choice of two (2) or more health plans.</p> <p>Annual Performance Objective for FFY 2012: At least 95% of HFP subscribers will have a choice of two (2) or more health plans. The Medi-Cal FFS Provider Network will be available to HFP subscribers in counties that have a single health plan choice.</p> <p>Annual Performance Objective for FFY 2013: At least 95% of HFP subscribers will have a choice of two (2) or more health plans. The Medi-Cal FFS Provider Network will be available to HFP subscribers in counties that have a single health plan choice.</p> <p><i>Explain how these objectives were set:</i> Choice of more than one plan/network is in compliance with CHIPRA of 2009 (Sec 403).</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Plan choice is directly related to the rate paid to plans and their ability to offer coverage in rural and non-competitive counties. MRMIB is beginning discussions, which will result in entering into an inter-agency agreement with the Department of Health Care Services that will allow HFP subscribers to access the Medi-Cal Fee-For-Service (FFS) Provider Network in counties that have only one health plan choice beginning in 2012.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: At least 95 percent of HFP subscribers will have a choice of two or more health plans.</p> <p>Annual Performance Objective for FFY 2013: At least 95 percent of HFP subscribers will have a choice of two or more health plans. The Medi-Cal FFSProvider Network will be available to HFP subscribers in counties that have a single health plan choice.</p> <p>Annual Performance Objective for FFY 2014: At least 95 percent of HFP subscribers will have a choice of two or more health plans. The Medi-Cal FFSProvider Network will be available to HFP subscribers in counties that have a single health plan choice.</p> <p><i>Explain how these objectives were set:</i> Choice of more than one plan/network is in compliance with CHIPRA of 2009 (Sec 403).</p> |
| <p>Other Comments on Measure: Increase FMAP to help MRMIB increase plan funding and thus allow the opportunity for more than one plan choice in counties that currently have only one health plan.</p> | <p>Other Comments on Measure: CMS can assist by providing additional federal funds for rate increases so that plans are able to provide coverage in rural and underserved areas.</p> | <p>Other Comments on Measure: CMS can assist by providing additional federal funds for rate increases so that plans are able to provide coverage in rural and underserved areas.</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Goal #2 (Describe) Increase the number of children that choose a Traditional & Safety Net (T&SN) provider or are assigned a T&SN provider as their primary care physician (PCP)</p> | <p>Goal #2 (Describe) Ensure availability of Traditional & Safety Net (T&SN) providers for families to choose as their primary care providers.</p> | <p>Goal #2 (Describe) Realize a five percent improvement each year for the number of subscribers 13-17 years old who receive services for substance use problems and disorders.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> According to the National Survey on Drug Use and Health, in California about 5 percent of 12-17 year olds report needing, but not receiving, help for alcohol and drug use.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Members established with T&SN provider</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Members established with T&SN providers as primary care providers.</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Participating HFP plans.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Participating HFP plans</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All Data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: 13-17 year olds who receive this service (HEDIS 2011 IAD). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Member months for ages 13 to 17 year olds divided by 12.</p> |
| <p>Year of Data:</p> | <p>Year of Data: 2009</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 2479 Denominator: 262224 Rate: 0.9</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 370724 Denominator: 578903 Rate: 64</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 388496 Denominator: 758948 Rate: 51.2</p> <p>Additional notes on measure: Describe what is being measured: The percentage of children who selected or were assigned to a T&SN provider as their PCP.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The percentage of members who either selected or were assigned to a T&SN primary care physician increased by 7% from 2007 and meets the Annual Performance Objective. MRMIB will discontinue this goal for the 2010 FFY.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? For 2009, HFP participating plans continue to include T&SN providers in their networks. During 2009, 51% of HFP members either selected or were assigned to a T&SN as their PCP. This represents a 13% decrease from 2008.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? HFP participating plans improved by 14 percent for access to services for alcohol and drug use in the 13-17 year old age group for the 2011 reporting year compared to 2010.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>For 2008, HFP participating health plans continue to include T&SN providers in their network and compete to be designated as the plan in each county that is offered at a discount to members. During 2008, 64% of HFP members either selected or were assigned to a T&SN as their PCP. This represents a 7% increase from the rate of 57% reported in 2007. The 2008 T&SN report is contained at http://mrmib.ca.gov/MRMIB/HFP/TSN_PCPRpt2008.pdf.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Public reporting of plan performance.</p> <p>T&SN providers are providers who belong to at least one of three categories of providers who have historically served low income and uninsured children:</p> <p>1) Providers, participating in the Child Health Disability Prevention (CHDP) Program</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?MRMIB designates a Community Provider Plan (CPP) annually in each county each year based on the plan with the largest percentage of T&SN providers in a given county. Plans compete for this designation because the CPP is offered to subscribers at a discounted premium rate.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Continue to provide subscribers with a wide range of providers in each county.</p> <p>Annual Performance Objective for FFY 2012: Continue to provide subscribers with a wide range of providers in each county.</p> | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?MRMIB has begun collecting encounter data from its plans, highlighting the need for plans to request mental health and substance use services data from their behavioral health partners. We expect reporting to improve each year for the next several years.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: A 5 percent improvement in the IAD measure over the previous year.</p> <p>Annual Performance Objective for FFY 2013: A 5 percent improvement in the IAD measure over the previous year.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>2) Clinics 3) Hospitals designated by the Department of Health Services Each year MRMIB generates a list of T&SN providers to designate a Community Provider Plan (CPP) in each county. The CPP is the health plan in each county that has the most T&SN providers in its provider network. Subscribers who select the CPP are offered a premium discount of \$3 per child per month. MRMIB is undertaking a study to determine whether to change the basis on which the premium discount is awarded. With support from a private philanthropic foundation, a consultant is interviewing stakeholders to identify elements of quality performance that could be incorporated into the awarding of the premium discount.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Continue to encourage HFP members' use of T&SN providers.</p> <p>Annual Performance Objective for FFY 2011: Continue to encourage HFP members' use of T&SN providers.</p> <p>Annual Performance Objective for FFY 2012: Continue to encourage HFP members' use of T&SN providers.</p> <p><i>Explain how these objectives were set:</i> This is an original and on-going objective of the HFP program.</p> | <p>Annual Performance Objective for FFY 2013: Continue to provide subscribers with a wide range of providers in each county.</p> <p><i>Explain how these objectives were set:</i> This is an ongoing objective of the program.</p> | <p>Annual Performance Objective for FFY 2014: A 5 percent improvement in the IAD measure over the previous year.</p> <p><i>Explain how these objectives were set:</i> This goal is set higher than other goals because there will be improvement in services provided as well as improvement in reporting.</p> |
| <p>Other Comments on Measure: Increased FMAP for more positions to reach out to the plans to encourage the increased use of T&SN providers.</p> | <p>Other Comments on Measure: Under CHIPRA, Federally Qualified Health Centers and Rural Health Clinics will receive more funding and potentially more capacity to serve more HFP members. Because of the state's financial situation, some plans have stopped competing for CPP because they do not want the additional enrollment. Being the CPP is a less effective incentive for contracting with T&SN providers because rates are static. A federal funding increase would help states make the CPP designation more desirable.</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>Goal #3 (Describe) Increase subscriber access to specialized services to treat children with serious emotional disturbances (SED).</p> | <p>Goal #3 (Describe) Increase subscriber access to mental health services with an emphasis on children who need Serious Emotional Disturbances (SED) services.</p> | <p>Goal #3 (Describe) Improve Subscriber access to mental health services by 5 percent over the previous year's rate.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal has been changed from the number of children accessing SED services to the percent of referrals accepted by County Mental Health Departments because the county's capacity to serve HFP children with SED impacts the health plans.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MRMIB implemented mental health parity in its CHIP program effective October 1, 2010. Plans are required provide mental health services without day or visit limits, including those HFP-covered services typically served through a carve-out when the county mental health departments do not provide the services to children with a serious emotional disturbance.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MRMIB implemented mental health parity in its CHIP program effective October 1, 2010. Plans are required to provide mental health services without day or visit limits, including those HFP-covered services typically served through a carve-out when the county mental health departments do not provide the services to children with a serious emotional disturbance.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Plan data on the number of children referred to counties and county data on the number of children accepted by the county for treatment.</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Plan data on the number of children referred to counties and county data on the number of children accepted by the county for treatment.</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> HFP enrollment County Mental Health Data.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> participating HFP plans, County Mental Health Data, HFP enrollment.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrolled.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Number of HFP children who received SED services. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: As in MPT HEDIS, for 13 to 17 year olds. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| | | please further define the Denominator, please indicate the number of children excluded: Member months for ages 13 to 17 year olds divided by 12. |
| Year of Data: 2007 | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 10100 Denominator: 262225 Rate: 3.9</p> <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data:</p> <p>Numerator: 937 Denominator: 1484 Rate: 63.1</p> <p>Additional notes on measure: Numerator: Number of children accepted by County Mental Health Departments Denominator: Total number of children referred to County Mental Health Departments</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: County mental health departments provide services and treatment for HFP children with severe emotional disturbance or SED. Under this carve-out, HFP plans refer a child suspected of SED to county mental health. Once diagnosed, it is expected that related services and care be provided by the county rather than HFP. It is HFP's responsibility to provide SED services to the child if they are not provided by the county and also for health and mental health services for non-SED conditions.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? This year's goal was different than last year. The change in the goal enables Healthy Families to better monitor the percentage of children with identified needs who are able to get services through the county carve-out.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB conducts an ongoing workgroup with county mental health departments and contracted health plans.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Maintain or increase the percentage of referrals accepted by county mental health department to treat children with SED. MRMIB will continue to monitor rates of children receiving these services. MRMIB will also hold quarterly meetings between State, health, dental and vision plans and the County Mental Health Departments regarding barriers to access referral issues, subscriber complaints and treatment/payment coverage. One objective of these meetings will be to identify and resolve at least two issues per year.</p> <p>Annual Performance Objective for FFY 2011: Maintain or increase the percentage of referrals accepted by county mental health department to treat children with SED. MRMIB will continue to monitor rates of children receiving these services. MRMIB will also hold quarterly meetings between State, health, dental and vision plans and the County Mental Health Departments regarding barriers to access referral issues, subscriber complaints and treatment/payment coverage. One objective of these</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Data for 2008, 2009 and 2010 have been collected, but due to a lack of staff resources, the data has not been analyzed.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In 2010, MRMIB's contractor, APS, completed an evaluation of Mental Health/Substance Abuse services (MH/SA) provided by HFP health plans, which included the following recommendations: improve screening, access and treatment engagement; improve interface between primary care and mental health providers; improve tracking of outcome data; implement targeted outreach strategies; increase parent support and education; improve provision and documentation of substance abuse services. To increase parent education, MRMIB has proposed contract changes to require health plans to submit a plan to provide outreach to parents of children with behavioral health issues.</p> <p>MRMIB conducts a quarterly workgroup with county mental health departments and contracted health plans to coordinate services and resolve HFP subscriber issues.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase subscriber access to mental health services. Annual Performance Objective for FFY 2012: Increase subscriber access to mental health services.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? HFP's new performance objective, Mental Health Utilization, improved by 6 percent over last year, from 3.64 percent in 2009 to 3.85 percent in 2010.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB publicly reports plan performance relative to state and national benchmarks. HFP subscribers may use this data during open enrollment to assist them in choosing a plan. In addition, MRMIB conducts a quarterly workgroup with county mental health departments and contracted health plans to coordinate services and resolve HFP subscriber issues.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Improve subscriber access to mental health services by more than 5 percent over last years rate of 3.85. Annual Performance Objective for FFY 2013: Improve subscriber access to mental health services by 5 percent over the previous year's rate.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>meetings will be to identify and resolve at least two issues per year.</p> <p>Annual Performance Objective for FFY 2012: Maintain or increase the percentage of referrals accepted by county mental health department to treat children with SED. MRMIB will continue to monitor rates of children receiving these services. MRMIB will also hold quarterly meetings between State, health, dental and vision plans and the County Mental Health Departments regarding barriers to access referral issues, subscriber complaints and treatment/payment coverage. One objective of these meetings will be to identify and resolve at least two issues per year.</p> <p><i>Explain how these objectives were set:</i> MRMIB is concerned about the low rates of utilization of basic mental health services provided by HFP plans as well as the low number of HFP children receiving SED services.</p> | <p>Annual Performance Objective for FFY 2013: Increase subscriber access to mental health services.</p> <p><i>Explain how these objectives were set:</i> MRMIB is concerned about the low rates of utilization of basic mental health services provided by HFP plans as well as the low number of HFP children receiving SED services.</p> | <p>Annual Performance Objective for FFY 2014: Improve subscriber access to mental health services by 5 percent over the previous year's rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB expects a 5-10 percent improvement each year over the previous year's rate.</p> |
| <p>Other Comments on Measure: County Mental Health Depts provide mental health svcs and treatment for HFP children with SED, the SED carve-out. If the county is unable to provide SED svcs, the plan must do so. Under the carve out, county capacity to serve HFP children with SED impacts the health plans and whether or not they will have to provide services versus the counties.</p> | <p>Other Comments on Measure: Due to the state's dire financial situation, some counties are not providing services to treat children with SED because they do not have the funds to do so. This may be causing problems for the plans who must provide the services even though MRMIB has not been able to raise rates. CMS could provide additional federal funds to assist with organization research on how to best provide MH/SA treatment services to as diverse a population as California's.</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Goal #1 (Describe) Ensure all HFP children receive an annual dental visit.</p> | <p>Goal #1 (Describe) Ensure all HFP Children receive an annual dental visit</p> | <p>Goal #1 (Describe) Increase by one percent per year the number of oral health exams provided to HFP subscribers.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> <p>Oral Health Exams (OHE) are recommended every 6 to 12 months by the American Academy of Pediatric Dentistry, and only half our members receive such an exam.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009 HEDIS</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure has been collected by HFP since 2008.</p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Participating HFP plans</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrolled.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HFP members who received an annual dental visit.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Members enrolled at least 11 months who received an oral health exam (D0120, D0150 or D0145). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members enrolled in a dental plan for at least 11 months during 2010.</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 344516 Denominator: 611366 Rate: 56.4</p> <p>Additional notes on measure: Primary Care Model Numerator: 123,658 Denominator: 295,011 Rate: 41.92%</p> <p>Open Network Model Numerator: 220,858 Denominator: 316,355 Rate: 69.8%</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 365796 Denominator: 618215 Rate: 59.2</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 325780 Denominator: 593851 Rate: 54.9</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2008 rate did not meet the Annual Performance Objective of a 2% increase each year. The percentage of children going to the dentist each year has declined for the last 3 years. In 2008, approximately 56% of HFP enrollees had a visit with a dentist. This is essentially the same number of members that had a visit with a dentist in 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? For the 2008 measurement year, MRMIB collected data on 7 new dental quality measures. The revised results will be reported in the 2010 Federal Annual Report, show the need for future improvement in the number of children receiving dental services. In particular, the results indicate that there are significant differences in the performance of “capitated” plans compared to “open network” plans with children in the “open network” plans receiving dental services at a significantly higher rate. MRMIB will work with a consultant in the coming year to identify mechanisms to improve the quality of care in the low performing plans. The results of the 2008 Dental Quality Report can be found at: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_111809/Agenda_Item_8.h_2008_Dental_Quality_Report.pdf</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: A 2% increase in each of the dental quality measures, including Annual Dental Visit. Annual Performance Objective for FFY 2011: A 2% increase in each of the dental quality measures, including Annual Dental Visit. Annual Performance Objective for FFY 2012: A 2% increase in each of the dental quality measures, including Annual Dental Visit.</p> <p><i>Explain how these objectives were set:</i> MRMIB wants to ensure that HFP children receive an annual dental visit to help reduce caries and other dental conditions.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The 2009 rate for HFP represents a 3 % increase from 2008, with nearly 60 % (59%) of members receiving an annual dental visit. The HFP achieved its objective to increase the percent of members receiving an annual dental visit by 2%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Public reporting of plan results. Results are provided to HFP subscribers during annual open enrollment to help them choose a dental plan.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? HFP’s rate for this new goal in 2011 (54.9%) improved over last year (54.2).</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB is working on increasing oral health exams for children 0-7 years of age, with help from a grant received from the DentaQuest Foundation.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Realize an additional 2% increase over the current annual dental visit rate.</p> <p>Annual Performance Objective for FFY 2012: Realize an additional 2% increase from the prior year rate.</p> <p>Annual Performance Objective for FFY 2013: Realize an additional 2% increase from the prior year rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB wants to ensure that all HFP children receive annual dental visits to reduce caries and other dental conditions.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: The overall rate will increase by .5 percent over the previous year's rate of 54.9.</p> <p>Annual Performance Objective for FFY 2013: Realize a .5 percent increase from the prior year rate.</p> <p>Annual Performance Objective for FFY 2014: Realize a .5 percent increase from the prior year rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB expects a 5-10 percent improvement each year over the previous year's rate.</p> |
| <p>Other Comments on Measure: It would be helpful to establish national dental quality standards and including NCQA HEDIS measure "Annual Dental Visit".</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>Goal #2 (Describe) Ensure all HFP children receive recommended immunizations.</p> | <p>Goal #2 (Describe) Ensure all HFP children receive treatment for caries or a caries preventive procedure.</p> | <p>Goal #2 (Describe) Ensure all HFP children who have had a tooth filled in the measurement year receive a caries preventive procedure.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> MRMIB is no longer reporting combo 2. MRMIB is continuing to report combo 3.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Fillings to Preventive Services Ratio (FSPR) specifically measures a preventive service recommended for a subset of</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| | | our members who are at high risk for disease. |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009 HEDIS | Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> percentage of members enrolled for at least 11 months of the measurement year, who received a treatment for caries or a caries preventative procedure. | Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percentage of members enrolled for at least 11 months of the measurement year who had a filling in the measurement year, and who received a caries preventative procedure. |
| Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans used hybrid data, while others used administrative data and some plans had sample sizes that were too small to report. | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> All data from eligible enrolled. |
| Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HFP members who received all of the recommended immunizations. | Definition of Population Included in the Measure: Definition of numerator: HFP members who received treatment for dental caries in the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). | Definition of Population Included in the Measure: Definition of numerator: HFP members who received a caries preventive procedure (D1203, D1204, D1206, D1351 or D1352). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children enrolled at least 11 months in a dental plan, who received a filling (D200-D2999) in the measurement year. |
| Year of Data: 2008 | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Rate: 67</p> <p>Additional notes on measure: The rate reported for 2008 is a weighted average. The weighted average was calculated using the predicted number of children who received a Combo 3 vaccination based on the eligible population provided by the health plans.</p> | <p>Rate:</p> <p>Additional notes on measure:</p> | <p>Rate:</p> <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 309242 Denominator: 619285 Rate: 49.9</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 113885 Denominator: 148403 Rate: 76.7</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2008 Childhood Immunization Status rate did not meet the Annual Performance Objective of a 2% increase each year and in fact declined by 6%. Approximately 67% of HFP children received all of the Combination 3 vaccines. This is a 6% decrease from 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The 2008 rate, reported in 2009, declined as a result of a significant decrease by one of the largest participating health plans. MRMIB</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The HFP increased the rate of children receiving treatment or prevention of dental caries by 3% from the 2008 measurement year (47%).</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB publicly reports plan performance rates, and makes this information available to HFP subscribers during annual open enrollment to assist them in choosing a dental plan.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? HFP's rate for this new goal in 2011 was slightly lower than last year.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? One of HFP's dental plans saw a significant decrease in this measure. When contacted by MRMIB, this plan reported that they are aware of this drop, and that they are making efforts toward rectifying this problem, including consideration of changes to their pay structure for general dentists.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>has discussed the performance issues with the plan, who is working to identify the cause of the decline in immunizations rates and ways to improve immunization rates in the 2009 measurement year. The plan was asked to submit a correction plan to MRMIB.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: To restore prior years rate. Annual Performance Objective for FFY 2011: 2% increase each year in the number of HFP children receiving all of the recommended immunizations. Annual Performance Objective for FFY 2012: 2% increase each year in the number of HFP children receiving all of the recommended immunizations.</p> <p><i>Explain how these objectives were set:</i> MRMIB has reported an increase of 6% or more each year for Combination 3. However, this is the first year this rate has declined. MRMIB's goal is to achieve the National Commercial HMO 25th percentile which in 2008 was 71.3% for Combination 3.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Realize a 3% increase from the 2009 rate. Annual Performance Objective for FFY 2012: Realize an additional 3% increase from prior year rate</p> <p>Annual Performance Objective for FFY 2013: Realize an additional 3% increase from prior year rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB feels a 3% increase is realistic given that plans have not received any rate increases for several years due to the state's financial situation.</p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Realize an improvement of 0.5 percent over the previous year. Annual Performance Objective for FFY 2013: Realize an improvement of 0.5 percent over the previous year. Annual Performance Objective for FFY 2014: Realize an improvement of 0.5 percent over the previous year.</p> <p><i>Explain how these objectives were set:</i> This goal has been in place for three years and is being stably reported.</p> |
| <p>Other Comments on Measure: Increased FMAP for more positions to reach out to the plans and to HFP members to encourage increased use of the Combo 3 vaccination.</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>Goal #3 (Describe) Ensure all HFP adolescents receive an annual well-care visit</p> | <p>Goal #3 (Describe) Ensure all HFP children who had a filling in the past year receive a topical fluoride or sealant application.</p> | <p>Goal #3 (Describe) Ensure all HFP children who had a filling in the past year receive a topical fluoride or sealant application.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Moved to Goal #2</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Status of Data Reported:</p> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | <p>Status of Data Reported:</p> <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | <p>Status of Data Reported:</p> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| <p>Measurement Specification:</p> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> | <p>Measurement Specification:</p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of HFP subscribers enrolled for 11 out of 12 months with one or more fillings in the past year who received a topical fluoride or sealant application. | <p>Measurement Specification:</p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> |
| <p>Data Source:</p> <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Some plans used hybrid data, while others used administrative data and some plans had sample sizes that were too small to report. | <p>Data Source:</p> <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | <p>Data Source:</p> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HFP members ages 12 to 18 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: HFP members who had one or more fillings in the measurement year and received a topical fluoride or sealant application. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data: 2009</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate: 44</p> <p>Additional notes on measure: The rate reported for CY 2008 is a weighted average.</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i></p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| | | <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 118255 Denominator: 153793 Rate: 76.9</p> <p>Additional notes on measure: Percentage of members enrolled at least 11 of the prior 12 months who received a comprehensive or periodic oral evaluation, or, for members under three years of age, those who received an oral evaluation and counseling with the primary caregiver in the past year.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2008 rate did not meet the 44% Annual Performance Objective of a 2% increase each year, however, the rate was comparable to the commercial insurance and Medicaid mean.</p> <p>Approximately 44% of HFP adolescents received a well-care visit during the measurement year. This is the same as the previous year.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB continues to publicly report plan performance and comparisons to state and national benchmarks. In addition, the Advisory Committee on Quality Co-chair facilitated calls with the health plans that had the highest rates for HEDIS measures related to adolescents and high ratings on the Young Adult Health Care Survey (YAHCS) to learn best practices and strategies for addressing the unique health care needs of adolescents. These best</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? More than three-quarters (77%) of children with fillings received a preventive service in 2009. The HFP rate for this measure increased 2% from the 2008 rate (75%).</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? MRMIB publicly reports plan performance rates makes them available to subscribers during open enrollment to assist them in choosing a dental plan.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase rate 3% from current level. Annual Performance Objective for FFY 2012: Realize an additional 2% increase from prior year rate.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>practices were then shared with the health plans with the lowest rates on the adolescent measures. MRMIB will follow-up with the low performing plans in the first quarter of 2010 to discuss the progress they have made and any new activities they have implemented to improve access for adolescents.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: A 2% increase in HFP adolescents receiving an Adolescent Well-Care Visit each year.</p> <p>Annual Performance Objective for FFY 2011: A 2% increase in HFP adolescents receiving an Adolescent Well-Care Visit each year.</p> <p>Annual Performance Objective for FFY 2012: A 2% increase in HFP adolescents receiving an Adolescent Well-Care Visit each year.</p> <p><i>Explain how these objectives were set:</i> MRMIB wants at least 50% of adolescents to receive well-care visits.</p> | <p>Annual Performance Objective for FFY 2013: Realize an additional 2 % increase from prior year rate.</p> <p><i>Explain how these objectives were set:</i> MRMIB believes this is a realistic goal given that plans have not received any rate increases for several years due to the state's financial situation.</p> | <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure: MRMIB continues to publicly report plan performance and comparisons to state and national benchmarks. In addition, the Advisory Committee on Quality Co-chair facilitated calls with the health plans that had the highest rates for HEDIS measures related to adolescents and YAHCS to learn best practices. These best practices were then shared with the plans with the lowest rates on the adolescent measures. MRMIB will follow-up with the low performing plans in April 2010 to discuss their progress.</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

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]**

Health Plan Quality Reporting: Health plans submit annual HEDIS data to MRMIB that measure their provision of preventive care, health care effectiveness and access. The health care measures are based on HEDIS. California's CHIP, the Healthy Families Program, currently collects 17 measures.

In general, the HFP HEDIS scores are higher than national averages for Medicaid and are comparable to national commercial plan rates for most measures.

Subscriber Services: MRMIB receives direct inquiries and complaints. In 2010, MRMIB addressed approximately 600 inquiries and complaints, including improper billing of subscribers and difficulty accessing benefits and providers.

Advisory Committee on Quality: In 2008, MRMIB established a multi-stakeholder committee to advise staff on strategies and methods to monitor and improve the quality of care provided to CHIP. The committee includes six health policy experts, four California university professors, four representatives from MRMIB health plans, five provider representatives, five representatives from other State departments in health care, and one subscriber parent. The group continues to meet quarterly.

Rural Health Demonstration Projects (RHDP): RHDP improves access to health care services for medically underserved and uninsured populations in rural areas and for special populations who have rural occupations (e.g., farm workers, loggers). Sixteen other projects were closed out in 2011. The current RHDP projects and contracts ended June 30, 2011. A total of 26 or 43 percent of RHDP projects have been sustained beyond the end of state funding.

Dental Quality Measures: Dental plans report annual performance measures on access, preventive services, and treatment. Overall, dental plan performance improved in 2010 compared to 2009.

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]**

Encounter/Claims Data: MRMIB continues to develop an encounter/claims database for health and dental plan data. This data will enable MRMIB to better understand the scope and depth of service utilization and quality of care provided by the plans. Complete encounter data from January 2008 is due to be submitted by April 1, 2012.

Implementation of CHIPRA Quality Assurance Standards: MRMIB has contracted with an external quality review organization (EQRO) to assist with implementation of CHIPRA required quality assurance standards, including the development of a quality assessment and improvement strategy. This year, the EQRO will meet with all health plans to explain EQR activities, validate quality improvement projects, conduct a compliance review, validate encounter data, develop a health plan report card and provide a technical report. To reduce duplication of efforts this year, the EQRO will not conduct validation of performance measures since the Healthy Families Program currently requires Plans to submit audited 2012 performance measure data.

Oral Health Improvement Project: MRMIB is in the concluding stages of the Healthy Families – Healthy Smiles improvement project which entailed an 18-month multi-stakeholder rapid learning initiative to achieve sustainable improvements in oral health care services for young children enrolled in California's Healthy Families Program (HFP). The Healthy Families – Healthy Smiles improvement project, begun in

July 2010, and is funded by the California HealthCare Foundation (CHCF) and the Managed Risk Medical Insurance Board. The multi-stakeholder group includes the Center for Health Care Strategies, MRMIB's HFP dental plans, California dental champions, the National Oral Health Policy Center, members of MRMIB's Dental Quality Advisory Committee, the California Dental Association, the Dental Advisory Leadership Group, and key community stakeholders.

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

Mental Health Workgroup: MRMIB facilitates quarterly Mental Health workgroup meetings with HFP plans, county mental health departments and the State Department of Mental Health. The workgroup identifies best practices in the coordination and provision of care to children with serious emotional disturbances (SED), as well as issues concerning basic mental health and substance abuse services provided by HFP health plans.

Workgroup findings include:

- Some HFP members self-refer to county mental health departments without informing their health plan, thus they are not identified by the plans as being treated for mental health conditions. We believe this results in a lower utilization rate than is actually the case.
- Certain counties provide SED services better than other counties.
- There is inconsistency between the counties and HFP plans in how HFP members receive their medications to treat SED. This, we believe, results in confusion for the family and ineffective data collection regarding the use of mental health medications.

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]**

Out of Pocket Expenditures: Federal law (Title XXI) limits the sum of premiums plus out-of-pocket medical expenses to no more than five percent of annual household income for children enrolled in the State Children's Health Insurance Program (SCHIP). In benefit year 2009-10, no families reached the five percent threshold. The most recent report can be found at:

http://www.mrmib.ca.gov/MRMIB/Copayments_Rpts.html

Grievance Report: The 2010 report shows that subscribers filed grievances with their health plans at a rate of 37 per 10,000, which is a 10 percent decrease from last year (41 per 10,000 members). The most recent report can be found at:

http://www.mrmib.ca.gov/MRMIB/Greivance_Report_2010.pdf

California Children's Services Report: Services to children with certain conditions are "carved out" of the health plans and are provided through the California Children's Services (CCS) program. The results of the 2009-10 CCS report can be found at: http://www.mrmib.ca.gov/MRMIB/Calif_CCS_Rpts.html.

Mental Health Utilization Report: Each benefit year, all HFP-contracted health plans are required

to report the number of children who received mental health services from the health plans and the number of children referred by their health plans to county mental health departments for

SED assessment, the status of those referrals and the number of HFP children receiving SED services through the counties. The 2011 Mental Health Utilization Report covering benefit years 2007-08 through 2009-10 is currently being prepared. The most recent completed report can be found at: http://www.mrmib.ca.gov/MRMIB/Mental_Hlth_Rpts.html

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]**

During FFY 2009, the California Legislature and Governor adopted a proposal to eliminate funding for application assistance. The proposal saved the state approximately \$2.7 million dollars in General Funds for the upcoming fiscal year. On June 26, 2009, MRMIB announced that Enrollment Entity (EE) reimbursements would be eliminated for all assisted Medicaid and Healthy Families Program applications and Annual Eligibility Reviews (AERs).

EE reimbursements were eliminated for all assisted applications and AERs received and processed after July 31, 2009. Assisted applications and AERs received or processed after that date were denied payment due to elimination of state funding for application assistance. EEs received the final payment(s) in September 2009.

On June 26, 2009, MRMIB sent a letter to all EEs who have been active within the last 12 months. This letter informed the EEs of the elimination of application assistance funding, provided details on the process, and directed that they inform their Certified Application Assistants (CAAs) of the elimination of the application assistance funding. HFP and MRMIB recognize the contributions of EEs and CAAs in identifying and continuing to assist families with uninsured children of California to access health, dental, and vision coverage.

Even with the elimination of the application assistance reimbursement, CAAs continued to provide outreach and enrollment. During the FFY 2011, CAA assisted initial applications resulted in 97,867 children being eligible and enrolled in the HFP. This was an average of 29% of all applications during the FFY 2011. In addition, CAAs assisted with 99,648 Annual Eligibility Renewals (AERs) during the reporting period. A total of 91,361 children re-qualified for the HFP with the assistance of CAAs.

The state has now adopted a "stone soup" approach to outreach. Efforts have been concentrated on existing resources such as the Request for Information (RFI) flyers for school-based outreach through the Outreach Work Group, presentations to stakeholders and social media to support outreach efforts.

The RFI Flyers are sent home with students and provide information about access to health care through the Healthy Families and Medicaid for Families Programs. The parents can provide their contact information and return it to the school coordinator if they are interested in receiving an application for health care coverage. The RFI Flyers also provide parents with direct contact information if they choose to apply for health coverage for their children by telephone. MRMIB developed and implemented a customized online RFI process for the HFP website during FFY 2009. During FFY 2009, a total of 199,000 RFIs were printed and distributed by school-based organizations

during the reporting period. In addition, MRMIB continues to provide updates and presentations to various EE and CAA organizations throughout the state. During FFY 2011, a total of 1,141,033 RFIs were produced and distributed to school-based organizations. This is a 272 percent increase over the previous reporting period.

MRMIB continues to work closely with active plan partners and stakeholders during the quarterly Outreach Work Group meeting. The group is a sub-committee of the HFP Advisory Panel meeting. During these sessions, various organizations, plan partners, stakeholders and advocates share information on the various outreach activities they conducted in their respective areas or regions. MRMIB facilitates these meetings to coordinate outreach efforts and to avoid duplication of outreach efforts.

During the reporting period, the two State departments (that administer the CHIP and Medicaid Programs) coordinated with the four California Cycle I CHIPRA Grantees. The grantees received funds to provide outreach and enrollment assistance to uninsured families eligible for Healthy Families and Medi-Cal Programs. The Cycle I CHIPRA Grant period was from September 30, 2009 through September 30, 2011. During this period, the State entered into data sharing Memorandum of Understandings (MOUs) with each grantee to provide CHIP and Medicaid application and enrollment data. The data supported the grantee's reporting requirements as required under the CHIPRA Grant(s). The State also provided consultation and technical support to each of the grantees.

During the reporting period, MRMIB partnered with several foundations to develop and launch an outreach campaign to promote the Health-e-App Public Access online application which was launched in December 2010. MRMIB worked with a Communications firm to develop an Outreach Plan starting in November 2010. The campaign launched in June 2011 and was completed in January 2012. The campaign included various outreach approaches, including social media, print ads, Spanish periodicals, paid media, ethnic media partnerships, and online ads. During this period, the State noted an increase in the number of online application which appeared to be attributed to the various outreach activities.

The leveling off in the number of assisted applications can be attributed, in part, to the elimination of EE reimbursement.

On July 20, 2010, the Healthy Families and Access to Infants and Mothers (AIM) Programs launched social media to help promote the programs. This included Facebook and Twitter pages. The programs continue to see a steady increase in the number of followers. At the end of FFY 2011, the HFP had 826 followers on Facebook and 160 followers on Twitter. The AIM program had 177 followers on Facebook and 69 followers on Twitter.

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]**

The state considers that outreach and application assistance through local community based organizations (i.e., EEs and CAAs) as the most effective and important way to reach uninsured

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children and to promote program retention and submission of initial applications. These organizations represent many community partners (e.g., schools, faith-based organizations, social services agencies, health care providers, community clinics, etc.) and they are well placed in the community to establish and maintain relationships with families, promote program awareness and provide application assistance to apply for the programs.

Since the last reporting period, a total of 313,965 completed applications were processed at the Single Point of Entry (SPE). Of those, a total of 77,419 were assisted by CAAs. This represents a 3.4% increase from the previous reporting period during which only 74,849 of all applications processed at SPE were assisted by a CAA.

In addition, a total of 99,648 annual eligibility review forms received were assisted by CAAs. This is a 5.6% decrease from the 105,552 annual eligibility review forms assisted by CAAs in the previous reporting period.

During FFY 2011, a total of 96,355 online applications were submitted to SPE, a monthly average of 8,030 online applications. For the FFY 2011, 313,965 applications were processed at SPE. Therefore, 30.7% of them were submitted via the Health-e-App, a 71.5% increase from the previous reporting period.

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

The state still considers outreach and application assistance through local community based organizations (i.e., EEs and CAAs) as the most effective and important way to reach uninsured children and to promote program retention and submission of initial applications. These organizations represent many community partners (e.g., schools, faith-based organizations, social services agencies, health care providers, community clinics, etc.) and they are well placed in the community to establish and maintain relationships with families, promote program awareness and provide application assistance to apply for the programs.

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]**

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] 88.6

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

The state relies on data from the California Health Interview Survey (CHIS), conducted by the Center for Health Policy Research at the University of California, Los Angeles, to determine the number of uninsured and insured children based on age and income levels. CHIS reports are produced bi-CHIP Annual Report Template – FFY 2011

annually for odd numbered years. The most recent data available is for 2009. Based on the 2009 CHIS data, 88.6% of children below 200 percent of the federal poverty level who are eligible for Medicaid or CHIP have been enrolled in those programs.

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]**

Coverage substitution is monitored through the eligibility determination process and the collection of information regarding employer-sponsored insurance at the time of application data. Applicants are required to answer questions about each child's previous and current health coverage. The state also monitors this process through plan partners who report and forward information back to the state when a child is enrolled in CHIP and has had employer-sponsored insurance (ESI) within the last three months. If the state receives this information, a formal ESI review and assessment is conducted. Children who received ESI within the three months prior to application are not eligible for the HFP, unless they qualify for specific exemptions. These exemptions include the following items listed below.

- The person or parent providing health coverage lost or changed jobs;
- The family moved into an area where employer-sponsored coverage is not available;
- The employer discontinued health benefits to all employees;
- Coverage was lost because the individual providing the coverage died, legally separated or divorced;
- COBRA coverage ended; or
- The child reached the maximum benefits allowed in current insurance in which the child is enrolled.

An independent assessment was conducted by University of California, San Francisco in August 2002 to identify whether crowd-out existed in the program. The study's major finding was that crowd-out was minimal (up to 8%) and that crowd-out occurred because of the unaffordability of employer-sponsored coverage for families. The report indicated that current program policies were effective in preventing substitution of coverage in the program.

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]**

HFP generally precludes enrollment within three months of a child having Employer Sponsored Insurance (ESI). For each person for whom application or annual eligibility review is being made, CHIP requests information for each child about whether there is current ESI coverage or if ESI was terminated in the last three months, including the reason for and date of termination. In addition, participating plans communicate to CHIP when they discover that a child is covered by ESI or has

been covered by ESI within the prior three months. The state makes an initial assessment and determines whether or not to refer to Audits and Investigations for a formal investigation.

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]** 3.7
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 0.3
Provide a combined percent if you cannot calculate separate percentages. **[5]** 4

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 0.3
- 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]**

5.5

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]**

In Medicaid, if a subscriber is determined to be ineligible due to income (being too high) at the redetermination process, the county forwards an application to CHIP if the applicant has provided consent to forward the form. To improve the coordination between the two programs and ensure continuity of care, the state grants an additional one month of Medicaid coverage while the application is being processed for CHIP eligibility. MRMIB is also working to make the process electronic. In CHIP, if HFP determines that a subscriber is ineligible due to income (too low) at Annual Eligibility Review (AER), the AER application is forwarded to the County Welfare Department (CWD) in the county of the applicant's residence and the subscriber is granted

Presumptive Eligibility (PE) into Medicaid, if eligible. The Medicaid PE places subscribers in temporary Medicaid until an eligibility determination is made by the CWD.

The CHIP AER form does not require families to opt-in to Medicaid in order for the form to be forwarded to the CWD. Instead, children who appear to qualify for Medicaid are automatically forwarded to the CWD. In these cases, coordination between the two programs and continuity of care are ensured by the state granting presumptive eligibility into Medicaid while the application is being processed for Medicaid eligibility by the CWD when the subscriber qualifies for PE. The revised AER form does not require the applicant to provide consent to forward the information to Medicaid. This prevents children from experiencing a break in coverage between CHIP and Medicaid.

CHIP uses a detailed transmittal sheet which accompanies each application forwarded to the CWD. This sheet provides detailed subscriber information such as the income determination used to calculate whether the subscriber's income is below CHIP guidelines, the household composition and family relationships, and the unique identification number assigned to each child on the state's Medicaid Eligibility Data System (MEDS). The unique Client Index Number (CIN) provides California the ability to track CHIP and Medicaid applications, enrollment, and eligibility status of children in either program or those being transferred between programs. If the CWD determines that a child is not eligible for no-cost Medicaid and may be eligible for the CHIP, the transmittal sheet is returned to CHIP. The transmittal sheet is accompanied by the application and all documentation for a CHIP eligibility determination.

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 both managed care plans and fee-for-service providers, whereas CHIP utilizes only a managed care system. There is a significant overlap in the managed care networks between Medicaid and CHIP.

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] 0.0
- 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] 0.0

**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 | <p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p> | <p>In accordance with section 1902(e)(12) of the Act</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Liberalization of Asset (or Resource Test) Requirements | 2. Does the State have an assets test? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 3. If there is an assets test, does the State allow administrative verification of assets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Elimination of In-Person Interview | 4. Does the State require an in-person interview to apply? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <i>establishing</i> eligibility for Medicaid and CHIP? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No | If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Presumptive Eligibility | 10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Express Lane Eligibility | 11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | If yes, which Express Lane Agencies are you using? <input checked="" type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input checked="" type="checkbox"/> Women, Infants, and Children (WIC) <input checked="" type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program |

| | | | |
|--------------------|--|--|---|
| | | | <input type="checkbox"/> Other, please explain. [7500] |
| | | | If yes, what information is the Express Lane Agency providing? <input checked="" type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input checked="" type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500] |
| Premium Assistance | 12. Has the State implemented premium assistance as added or modified by CHIPRA? | In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Section IIIC: Subpart C: Eligibility Renewal and Retention

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

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]

At least 3 notifications are sent to the families for the Annual Eligibility Review (AER) process. If families provide insufficient information in order to determine if their children continue to qualify, then letters (in addition to those noted in the bullet below) are mailed to the families, informing them about what other information is needed. In these circumstances, up to five telephone calls are also made to families to get needed information.

- 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]**

AER packets are sent 60 days before the due date, a 30-day reminder is sent, courtesy calls are made 30 days prior to the due date, and a pending disenrollment letter is sent 15 days prior to the disenrollment date. The pending disenrollment letter includes a Continued Enrollment (CE) form. Duplicate AER packets are sent 30 days after disenrollment to encourage reapplication. In addition, CHIP conducts surveys of families that were disenrolled.

Other, *please explain*: **[500]**

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]**

Although the state considers reminder notices to be the most effective of the above strategies, outreach and application assistance through local community-based organizations are still considered to be the most effective and important strategies. It should also be noted that California also uses a pre-printed AER form. The applicant need only confirm existing information on the AER form or make necessary changes. A total of 99,648 AER forms received during the reporting period were assisted by Certified Application Assistants (CAAs). This is a 5.6% decrease from the 105,552 assisted AER

forms received in the previous reporting period. The decrease is attributed to the fact that the State ceased payments for application assistance in July 2009 due to the State's dire fiscal condition. The number of children that continued to qualify at AER with the help of CAAs totaled 91,361. This represents a 5.2% decrease from the 96,382 CHIP eligible children that were assisted at AER in the previous reporting period.

CHIP has shown significant retention of eligible children. One of the contributors to retention success is the increased the level of customer service. This includes an increase in the number of telephone calls to subscribers in order to obtain necessary information and extensive follow-up. In addition, the Center for Health Literacy's (CHL) review of program materials and letters has assisted families with a better understanding of the AER materials. The CHL also ensures program materials reflect simplicity and clarity and by being at the appropriate reading level. In addition, the state conducts quarterly focus groups to test program materials in various languages with CAAs and community based organizations. California also tracks retention annually and re-assesses efforts based on those results to improve retention and/or improve policies.

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 | 479336 | 100 |
| 2. Total number of application denials | 248903 | 51.9 |
| a. Total number of procedural denials | 206649 | 43.1 |
| b. Total number of eligibility denials | 22310 | 4.7 |
| i. Total number of applicants denied for title XXI and enrolled in title XIX | 9204 | 1.9 |
| c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/>) | 19944 | 4.2 |

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] The State will be prepared to report this data in the 2012 Federal Annual Report.

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 | | 100% | | | |
| 2. Total number of children screened for redetermination | | | 100% | | |
| 3. Total number of children retained after the redetermination process | | | | | |
| 4. Total number of children disenrolled from title XXI after the redetermination process | | | | 100% | |
| a. Total number of children disenrolled from title XXI for failure to comply with procedures | | | | | |
| b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria | | | | | 100% |
| i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>) | | | | | |
| ii. Disenrolled from title XXI because | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>) | | | | | |
| iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/>) | | | | | |
| iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>) | | | | | |
| c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/>) | | | | | |

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any State policies or procedures that may have impacted the redetermination outcomes data.

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in Federal Fiscal Year (FFY) 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 <input type="checkbox"/>) | | | | | | | | | | |
| 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 <input type="checkbox"/>) | | | | | | | | | | |
| Enrollment Status 12 months later | | | | | | | | | | |
| 5. Total number of children continuously enrolled in title XXI | | | | | | | | | | |
| 6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI | | | | | | | | | | |
| 6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |
| 7. Total number of children disenrolled from title XXI | | | | | | | | | | |
| 7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>) | | | | | | | | | | |

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

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 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]**
Both the member handbook and the member evidence of coverage booklet contain information concerning the out-of-pocket copayment maximum that members will pay. Plans are required by contract to report the families that reach the \$250 co-payment threshold.
 - 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]**

HFP plans notify providers that they stop collecting copayments when a family reaches the annual \$250 copayment maximum. In addition, each health plan reports annually on the number of HFP families that incurred at least \$250 in co-payments in each benefit year. MRMIB also requires dental plans to report the amount of co-payments incurred for dental services by those HFP members that incurred \$250 in health services co-payments. Co-payments and premiums paid by families that reach the \$250 health co-payment maximum are added together to determine each family's total out-of-pocket expenditures. Total expenditures are then compared to household income to determine if the total out-of-pocket expenditures exceed 5 percent of household income. MRMIB reviews this data annually to ensure compliance with federal law.
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]**

One family exceeded the 5 percent cap in 2009-10, and was reimbursed by the plan prior to the reporting period. Data for 2010-11 is not yet available.
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]**

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]**

MRMIB staff conducts an initial review and assessment of reported fraud or abuse and makes a recommendation to MRMIB management. MRMIB determines whether to refer the reported fraud or abuse to the Department of Health Care Services' Audits and Investigations Division for a formal investigation. In the event plan partners, government entities or the general public alleges that fraud or abuse is being committed, the procedure is to report the information directly to the MRMIB.

Most situations where fraud allegations are made occur in circumstances where a child is currently enrolled in HFP and also allegedly has employer-sponsored insurance or when a non-custodial parent (as indicated on the application) indicates that the child actually resides with them. The state requires that the entity or individual reporting the fraud provide the information in writing and include documentation to substantiate the allegations. The state reviews the allegations, conducts a formal investigation and contacts (by telephone and/or in writing) the individual who is allegedly committing the fraud or abuse.

In 2002, the state conducted an independent fraud risk assessment for HFP. The assessment concluded that existing HFP rules and procedures are effective in deterring, detecting and controlling fraud and abuse among applicants. The analysis determined that the eligibility determination process includes safeguards that preserve program integrity. Findings indicated that the applicant income verification and documentation process reduced the likelihood of inappropriate enrollment.

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

Yes

No

Please Explain: **[500]**

The state contracts with the various health, dental and vision plans that provide services to subscribers through a managed health care model. Each plan has established safeguards for deterring, detecting and monitoring provider credentialing, fraud and abuse in accordance with state plan licensing statutes.

2. For the reporting period, please report the

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

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

a. Provider Credentialing

0 Number of cases investigated
 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

0 Number of cases investigated
 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

0 Number of cases investigated
 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

The state contracts with various health, dental and vision plans that provide services to subscribers through a managed health care model. Each plan establishes safeguards for deterring, detecting and monitoring provider credentialing, fraud and abuse in accordance with state plan licensing statutes. The state pays the plans monthly capitation for each enrolled subscriber. Therefore, state oversight is provided through the plans' licensing agency, either Department of Managed Health Care or Department of Insurance. In addition, the state agencies also conduct an initial assessment and provide the information to MRMIB. MRMIB determines whether to refer to DHCS' Audits and Investigations Division, with which MRMIB contracts to perform fraud and abuse investigations.

The State does provide oversight to our contractors that perform reviews of program issues. The state contracts with various health, dental and vision plans that provide services to subscribers through a managed health care model. Each plan establishes safeguards for deterring, detecting and monitoring provider credentialing, fraud and abuse in accordance with state plan licensing statutes. The state pays the plans monthly capitation for each enrolled subscriber. Therefore, state oversight is provided through the plans' licensing agency, either the Department of Managed Health Care or the Department of Insurance. In addition, the state agencies will also do an initial assessment and provide the information to MRMIB. MRMIB determines whether to refer to DHCS's Audits and Investigations Division.

In addition, the State's Healthy Families Program (HFP) administrative vendor also performs the initial review of written appeals in which the applicant does not agree with a program enrollment and/or eligibility decision. The HFP administrative vendor conducts a review of first level appeals that are related to eligibility requirements, effective date of coverage, and/or program requirements. A first level appeal must be filed within 60 days of the date of the decision notification. If the applicant does not agree with the decision, they must file a second level appeal to MRMIB. If the applicant does not agree with the second level appeal decision, they can request a fair hearing from an administrative law judge (ALJ) within 30 days of the second level decision. If the applicant's concern does not meet the criteria for an appeal or it is not filed within the required timeframe, the HFP administrative vendor will conduct a Program Review. However, Program Review decisions are considered to be final and there are no subsequent appeal options.

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

Yes

No

Please explain: [500]

Each plan establishes safeguards for deterring, detecting and monitoring provider credentialing, fraud and abuse in accordance with state plan licensing statutes. The state pays the plans monthly capitation for each enrolled subscriber. Therefore, state oversight is provided through the plans' licensing agency, either Department of Managed Health Care or Department of Insurance.

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: CA | Age Group | | | | | | | |
|---|-----------|-------|------|-------|-------|--------|-------|-------|
| | FFY: CA | Total | < 1 | 1-2* | 3-5 | 6-9 | 10-14 | 15-18 |
| Total Enrollees Receiving Any Dental Services ¹ | 355750 | 3 | 4846 | 45865 | 96800 | 124218 | 84018 | |
| Total Enrollees Receiving Preventive Dental Services ² | 328509 | 1 | 3834 | 41487 | 90708 | 117138 | 75341 | |
| Total Enrollees Receiving Dental Treatment Services ³ | 188556 | 3 | 1085 | 19719 | 56918 | 63618 | 47213 | |

*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 D0100 - D9999 (CDT codes D0100 - D9999).

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 tooth⁴? [7]**

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

| | 2011 | 2012 | 2013 |
|--|---------------|---------------|---------------|
| Benefit Costs | | | |
| Insurance payments | | | |
| Managed Care | 1262777067 | 1219559901 | 490259905 |
| Fee for Service | 872397383 | 889306462 | 1378441135 |
| Total Benefit Costs | 2135174450 | 2108866363 | 1868701040 |
| (Offsetting beneficiary cost sharing payments) | -120157787 | -124456529 | -121596795 |
| Net Benefit Costs | \$ 2015016663 | \$ 1984409834 | \$ 1747104245 |

Administration Costs

| | | | |
|---|-----------|-----------|-----------|
| Personnel | | | |
| General Administration | 104150241 | 201566498 | 120594713 |
| Contractors/Brokers (e.g., enrollment contractors) | | | |
| Claims Processing | | | |
| Outreach/Marketing costs | | | |
| Other (e.g., indirect costs) | | | |
| Health Services Initiatives | | | |
| Total Administration Costs | 104150241 | 201566498 | 120594713 |
| 10% Administrative Cap (net benefit costs ÷ 9) | 223890740 | 220489982 | 194122694 |

| | | | |
|--------------------------------|------------|------------|------------|
| Federal Title XXI Share | 1377458488 | 1420884616 | 1214004323 |
| State Share | 741708416 | 765091716 | 653694635 |

| | | | |
|--|------------|------------|------------|
| TOTAL COSTS OF APPROVED CHIP PLAN | 2119166904 | 2185976332 | 1867698958 |
|--|------------|------------|------------|

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]** Proposition 10 and Proposition 99 (The Tobacco Tax)

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 | 10518167 | \$ 145 | 10541686 | \$ 138 | 3760875 | \$ 130 |
| Fee for Service | 3115776 | \$ 72699782 | 4664892 | \$ 74108872 | 8793516 | \$ 11487009 |

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

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

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

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

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

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

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

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

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 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]**

California continued to endure its budget challenges in 2011 despite anticipated increase in revenues. While the enactment of the Maintenance of Effort (MOE) in the Affordable Care Act (ACA) provides protections to the program and consumers in that rules associated with or that impact eligibility cannot be changed, the state must make difficult decisions related to the public programs it funds. As a result, the Administration proposed to eliminate the MRMIB and transition all of its programs to the Department of Health Care Services (DHCS) beginning with the HFP. While the HFP continues to have broad bipartisan support, the legislature had to decide whether to support the proposal or make other budgetary decisions. They made other budgetary decisions.

Other proposals in the Governor's Proposed Budget for 2011/2012, released in January 2011, included:

- Extension of the 2.35% gross premium tax to the Medi-Cal Managed Care plans to provide interim funding for HFP and Medi-Cal Programs. This was later enacted for a one year period ending June 30, 2012. For the 2010-11 state fiscal year, MRMIB received up to \$118.4 million from this tax revenue.
- Elimination of vision benefits which would result in a General Fund savings of \$11 million. The legislature later accepted a modification of vision benefits for a reduced savings of \$3.3 million in General Fund.
- Increase premiums for families with incomes above 150 percent FPL for a General Fund savings of \$22 million. There is a pending state plan amendment to implement this.
- Increased co-payments for emergency room visits from \$15 to \$50 and inpatient stays from \$0 to \$100 (maximum of \$200 per stay) for a General Fund savings of \$5.5 million. This was a conforming proposal that would be implemented "only" if the Department of Health Care Services received federal approval to implement the same.

In addition, HFP received a grant of \$81.4 million from First 5 California Children and Families Commission (CCFC) to support HFP.

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

The states ongoing fiscal challenges at the same time continuing to pursue quality initiatives with the health and dental plans. Many of the HFP plans also contract with the Medi-Cal Program and while they have existing contractual obligations with HFP, they are being asked to do a series of other tasks associated with a pending proposal. As the legislature conducted budget hearings on the proposal it

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became evident that providers, plans, and stakeholders presented enough concerns that they did not take action to forward it to the Governor.

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

- Health-e-App the on-line application is now available publicly to individuals. This has increased electronic applications to more than 40 percent of all applications received at Single Point of Entry.
- HFP retention rate increased 3% from 73% to 76% retention. HFP also has a 18% retention of children from July 1998, program inception.
- During the reporting period, MRMIB negotiated agreements with all 23 health plans and 5 dental plans to submit encounter data for HFP members. Half of these plans, representing 40 percent of HFP members, are now submitting data. In addition, all plans will be required to provide historical data back to January 2008. This data will allow MRMIB to compare current data with historical data to view trends and to research areas where MRMIB needs to glean information.
- Overall, in the past three years, HFP health and dental plans have considerably improved on Health Effectiveness Data and Information Set (HEDIS) and dental performance measures. In some measures, plans have demonstrated significant improvement in the 3-5 percent range. Notably, this improvement was achieved in the absence of established minimum performance level measures.
- For the first time in three years, MRMIB conducted the Consumer Assessment of Health Plan Survey (CAHPS), Dental Consumer Assessment of Health Plan Survey (D-CAHPS) and Young Adult Health Care Surveys (YAHCS). Data from these surveys will allow MRMIB to evaluate plan performance based on subjective evaluation.
- MRMIB launched its Oral Health Quality Improvement Project in July 2009. This project focuses on increasing the provision of oral health services to children under the age of seven years through a pilot project underway in southern California. This pilot is testing strategies in medical and dental integration, community engagement, family education and provider initiatives supported by foundation funding, the project is scheduled to conclude in January 2012.
- MRMIB contracted with Health Services Advisory Group (HSAG), an external quality review organization (EQRO), in November 2011. The EQRO will help MRMIB validate quality improvement and compliance review projects.

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]**

- The launch of an automated Deficit Reduction Act process to verify citizenship and identity via the state's Medicaid system, called MEDS.
- Modifications to Health-e-App, the on-line electronic application. Changes to include the functionalities of Annual Eligibility Reviews, Add-A-Person, Continued Enrollment and Program Reviews.
- Reporting encounter level data for HFP subscribers.
- The implementation of the 5010 HIPAA compliance transactions.
- Publicly recognizing dental plans by MRMIB for quality improvement and performance.

- Use of \$100,000 grant from the DentaQuest Foundation as part of HFP's 2014 Oral Health Initiative. MRMIB will further leverage its Oral Health Quality Improvement Project by developing a multi-stakeholder strategy to improve oral health services for subscribers.
- Effective October 1, 2011, MRMIB removed the \$1500 cap on dental benefits, ensuring member access to necessary dental services.
- Effective August 1, 2010, HFP reduced the vision benefits available through non-participating providers. The restructuring of vision benefits was needed in order to reduce costs for the HFP due to the state budget crisis.
- Legislation expanded eligibility for the Children's Health Initiative Matching Fund (CHIM) from 300 percent to 400 percent of FPL for counties willing to provide funds for the additional population. SB 36 (Chapter 416, Statutes of 2011), allows CHIM to draw down federal funds for eligible children with family incomes below 400 percent of FPL.

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