

# **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.



## 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>										
<b>Gross or Net Income: ALL Age Groups as indicated below</b>										
		Is income calculated as gross or net income?	<input checked="" type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>		Gross Income		
						<input checked="" type="checkbox"/>		Income Net of Disregards		
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	186	% of FPL for infants	350	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	134	% of FPL for children ages 1 through 5	350	% of FPL *
	From	100	% of FPL for children ages 6 through 16	133	% of FPL *	From	134	% of FPL for children ages 6 through 16	350	% of FPL *
	From	100	% of FPL for children ages 17 and 18	133	% of FPL *	From	134	% of FPL for children ages 17 and 18	350	% of FPL *
					From	186	% of FPL for pregnant women ages 19 and above	200	% of FPL *	

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Presumptive Eligibility is available to children up to the age of 19 years old, whose family income is at or below 133% of the FPL.</p>	<input checked="" type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) <b>[1000]</b>  Presumptive Eligibility is available to children up to the age of 19 years old, whose family income is 134% to 350% of the FPL.</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  The average number of presumptive eligibility periods granted per individual is one (1) during any 12-month period. The average duration of a PE period is 4 months; that includes up to three (3) possible eligibility extensions.</p> <p>Brief description of your presumptive eligibility policies <b>[1000]</b>  Presumptive eligibility is based on a preliminary and unverified eligibility screening done by a qualified provider. Using the information provided by the child or the child's parent, guardian or caretaker, a qualified provider makes a determination of eligibility.</p> <p>Qualified providers must be Medicaid participating providers and must be a hospital-based clinic, federally qualified health center, or local health department that provides primary care services.</p> <p>During the PE period, children are eligible to receive all Medicaid and NJ FamilyCare services available under the NJ FamilyCare Plan in which it is anticipated they will become eligible.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b> For children in families with income at or below 133% FPL, eligibility is applied back to the first day of the month of application. Retroactive eligibility is available to cover unpaid medical bills from as far back as three months prior to the month of application, from Medicaid approved providers only, if the requirements for eligibility are met in each of the three months.	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>
	<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 type="checkbox"/>	Phoned-in application	<input 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 type="checkbox"/>	Signature page must be printed and mailed in	<input 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	<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 3	

period)?			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
			The uninsured period applies to children from 134% FPL up to and including 350% FPL.	
		List all exemptions to imposing the period of uninsurance <b>[1000]</b>		
		<ul style="list-style-type: none"> <li>- Children/parents at or below 133% FPL are exempt;</li> <li>- Regardless of income, if prior health coverage was lost through no fault of their own (i.e. employer went out of business, employee was laid off or changed jobs*) they are exempt from the waiting period;</li> <li>- Children in a household from 201% to 350% FPL are exempt from the waiting period if their COBRA expires;</li> <li>- Children in a household &lt;200% FPL are exempt from the waiting period if they are paying for private insurance or COBRA.</li> </ul>		
		*For families changing jobs, available insurance at the new employer must be more expensive than NJ FamilyCare in order to qualify.		
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b> Our TPL contractor (HMS) does electronic matches of enrolled clients to see if they have other insurance. This match is done after they are determined eligible and enrolled. When someone applies to our vendor, they check the eligibility system to see if the applicant has other insurance but if they have never been enrolled before they will not be able to tell if they have other private insurance.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<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 <b>[1000]</b>			Explain circumstances when a child would lose eligibility during the time period in the box below <b>[1000]</b>		
	Aged out of program or moved out of state.			Aged out of program, moved out of state, obtained other insurance, or did not pay premiums.		
<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							
	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	Range from	Range to	From	To		
	\$	\$	% of FPL	% of FPL	\$40	\$	% of FPL 201	% of FPL 250	\$	\$	% of FPL 251	% of FPL 300		
	\$	\$	% of FPL	% of FPL	\$79	\$	% of FPL 301	% of FPL 350	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$133	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	If premiums are tiered by FPL, please breakout by FPL						If premiums are tiered by FPL, please breakout by FPL							
	Yearly Maximum Premium Amount per family			\$			Yearly Maximum Premium Amount per family			\$				
	Range from	Range to	From	To	Range from	Range to	From	To	Range from	Range to	From	To		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL		
	If yes, briefly explain fee structure in the box below <b>[500]</b>						If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) <b>[500]</b>							
							Up to 5% of the family's annual income can be spent on premiums/co pays for this program. If/when the cap is reached, any further premium/co pays are suspended for the family until the next year of coverage.							
<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 <b>[500]</b>		If Yes, please describe below <b>[500]</b>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		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? <b>(Note: if you checked off net income in the eligibility question, you must complete this question)</b>	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below <b>[1000]</b>		If Yes, please describe below <b>[1000]</b>	
	Standard Medicaid disregards apply to determine eligibility for Medicaid.		The amount of gross income between 201% FPL but less than 350% FPL shall be subject to disregard for Plan D.	
	<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 <b>[500]</b> New Jersey Medicaid began moving Medicaid clients from a traditional fee-for-service health insurance program, into managed care in 1995. Under managed care, clients enroll in one of four HMOs, which manage their healthcare and offer special services in addition to the benefits that Medicaid clients are entitled.		Please describe which groups receive which delivery system <b>[500]</b> Everyone must enroll in managed care, although certain carved out services are FFS.	

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their	<input type="checkbox"/>	We send out form to family

	information pre-completed and ask for confirmation		with their information pre-completed and ask for confirmation	
	<input checked="" type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insured Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Income Disregards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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x) Other – please specify

a.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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b.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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c.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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	<p>We did have funds from our CHIPRA Outreach &amp; Enrollment Cycle I grant to pilot a Free and Reduced Price Lunch Express Enrollment project in the schools, which went Statewide for the 2011 school year. The CHIPRA Outreach and Enrollment grant Cycle I began September 2009 and ended December 2011.</p> <p>We did have funds from our CHIPRA Outreach &amp; Enrollment Cycle I grant to pilot a Free and Reduced Price Lunch Express Enrollment project in the schools, which went Statewide for the 2011 school year. The CHIPRA Outreach and Enrollment grant Cycle I began September 2009 and ended December 2011.</p>
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

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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 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> 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"> <li>• Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year</li> <li>• 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</li> </ul>	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><b>Reporting Required in 2013</b></p> <p>Title XXI programs are <u>required</u><sup>1</sup> 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 <b>Agency for Healthcare Research and Quality (AHRQ)</b> 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.

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<sup>1</sup> 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]**

DMAHS is responsible for ensuring that Medicaid HMOs meet quality and compliance standards. As part of this process, DMAHS contracts with an EQRO to perform activities on their behalf. The Michigan Peer Review Organization (MPRO) EQRO contract ended with DMAHS effective 12/19/11, while the new contractor, Island Peer Review Organization (IPRO), commenced activity on 4/25/11.

The 2010 Annual Assessment of HMO Operations is attached for review. This report, prepared by MPRO, includes a review of policies and procedures, along with their implementation, to determine HMO compliance with State and federal Medicaid managed care regulations, including adherence to and effectiveness of individual HMO Quality Assurance Programs. Due to the change in contractor, the 2011 Annual Assessment of HMO Operations was completed late in 2011 and reports are in development.

Focused Quality Studies were completed by MPRO in 2011 that provide detailed review and assessment of aspects of healthcare for defined clinical areas with the intent to improve quality of care and outcomes. The studies, which address Early and Periodic Screening, Diagnostic and Treatment and Children with Special Health Care Needs for calendar year 2009, utilize medical records, care/case management notes and administrative data for evaluation of care.

The effectiveness of each HMO's contractually-required care management and lead case management programs was evaluated by MPRO in 2011. A representative sample of files are selected for review in the areas of outreach, preventive services, continuity of care and coordination of services for members under the Division of Developmental Disabilities, Division of Youth and Family Services and those who are lead-burdened.

**If the State is not submitting an EQRO report as an attachment to the 2011 CARTS, please explain. [7500]**

CHIP Annual Report Template – FFY 2011



**Category I - PREVENTION AND HEALTH PROMOTION**

**Prenatal/Perinatal**

**MEASURE 1: Timeliness of prenatal care**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <input checked="" 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></p>	<p><b>Data Source:</b>  <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></p>
<p><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number 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.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</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 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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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: 1960 Denominator: 2710 Rate: 72.3	Numerator: 1226 Denominator: 1461 Rate: 83.9
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: 4 HMOs used the hybrid method and 1 used the administrative method. The reported rate reflects the weighted average from all 5 HMOs.	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: All 4 HMOs used Hybrid method. This reported rate reflects the weighted measure of all 4 HMOs.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The Timeliness of Prenatal Care measure 2011 performance exceeded DMAHS' Annual Objective for 2011.</p> <p><b>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?</b> The HMOs are required to have in place a quality improvement project (QIP) pertaining to prenatal care and birth outcomes. The EQRO evaluates the HMO's quality improvement project proposal and provides guidance on its final development.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Increase the rate by at least 2-percentage points from the prior year's rate.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Increase the rate by at least 2-percentage points from the prior year's rate.</p> <p><b>Annual Performance Objective for FFY 2014:</b> Increase the rate by at least 2-percentage points from the prior year's rate.</p> <p><i>Explain how these objectives were set:</i> Using measurement period CY 2010 as the baseline rate, an incremental yearly 2 percentage point increase is our performance objective.</p>		
<p><b>Other Comments on Measure:</b></p>		

**MEASURE 2: Frequency of Ongoing Prenatal Care**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Explanation of Progress:</b>  <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><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**Immunizations**

**MEASURE 5: Childhood Immunization Status**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                  2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Definition of Population Included in the Measure:</b>            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><b>Definition of Population Included in the Measure:</b>            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><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Number of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>
<p><b>HEDIS Performance Measurement Data:</b>            Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p><b>HEDIS Performance Measurement Data:</b>            Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p><b>HEDIS Performance Measurement Data:</b>            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: 988 Denominator: 1251 Rate: 79	Combo 2 Numerator: 905 Denominator: 1251 Rate: 72.3
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: 1105 Denominator: 1251 Rate: 88.3	Combo 3 Numerator: 853 Denominator: 1316 Rate: 64.8
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 1138 Denominator: 1251 Rate: 91	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: 1147 Denominator: 1251 Rate: 91.7	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: 1138 Denominator: 1251 Rate: 91	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: 1145 Denominator: 1251 Rate: 91.5	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: 938 Denominator: 1251 Rate: 75	Combo 8 Numerator: Denominator: Rate:
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: 385 Denominator: 1251 Rate: 30.8	

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: 695 Denominator: 1251 Rate: 55.6	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: 635 Denominator: 1251 Rate: 50.8	Combo 10 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: The rates above reflect the weighted average of 3 of the 4 HMOs for Combo 2 and the weighted average of all 4 HMOs for Combo 3. One HMO rotated the measure for 2011.	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The 2011 aggregate rate for 3 of the 4 HMOs for Combo 2 was 72.34%. The 2011 aggregate rate for Combo 3 for all 4 HMOs was 64.82%.</p> <p><b>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?</b> HMOs are required to implement quality improvement projects (QIPs) that are focused on achieving the 80% EPSDT performance standard. DMAHS works closely with HMOs and providers to promote the regular preventive services and adherence to the immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP).</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Achieve an increase of 2 percentage points from previous year for combination 2.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Achieve an increase of 2 percentage points from previous year for combination 2.</p> <p><b>Annual Performance Objective for FFY 2014:</b> Achieve an increase of 2 percentage points from previous year for combination 2.</p> <p><i>Explain how these objectives were set:</i> Based on past rates and the rate of improvement in the current report year, a 2 percentage point increase each year is our performance objective.</p>		
<p><b>Other Comments on Measure:</b></p>		

**MEASURE 6: Immunizations for Adolescents**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>HEDIS Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>HEDIS Performance Measurement Data:</b> 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: 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**Screening**

**MEASURE 7: BMI Assessment for Children/Adolescents**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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:	
<b>Year of Data:</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		<b>HEDIS Performance Measurement Data:</b> Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		<b>HEDIS Performance Measurement Data:</b> 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>	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	

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

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CAHMI/NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CAHMI/NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Year of Data:</b></p>	<p><b>Date Range:</b></p>	<p><b>Date Range:</b></p>

FFY 2009	FFY 2010	FFY 2011
	<b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life
Children screened by 12 months of age Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**MEASURE 9: Chlamydia Screening 16-20 females**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2009</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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>                      4 HMOs used hybrid method, 1 HMO used administrative method.</p>	<p><b>Data Source:</b>  <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>                      4 HMOs used hybrid and 1 used administrative</p>	<p><b>Data Source:</b>  <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></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator: Denominator: A systematic sample of children who were 15 months old during the measurement year</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of members in the denominator who had the indicated number of well-child visits with a PCP during their first 15 months of life. Seven separate numerators are calculated, corresponding to the number of members who received zero, one, two, three, four, five, and six or more visits with a PCP.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number 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.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2009		FFY 2010		FFY 2011	
<p>who were continuously enrolled from 31 days to 15 months of age and had no more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p> <p>Numerator: Seven separate numerators are calculated, corresponding to the number of members who received zero, one, two, three, four, five and six or more well visits with a primary care practitioner during their first 15 months of life.</p>		<p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>		<p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: See Additional Notes on Measure (below).</p>	
<b>Year of Data:</b> 2008		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	
<b>HEDIS Performance Measurement Data:</b> 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		<b>HEDIS Performance Measurement Data:</b> 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		<b>HEDIS Performance Measurement Data:</b> 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: 85 Denominator: 2922 Rate: 2.9  <u>1 visits</u> Numerator: 78 Denominator: 2922 Rate: 2.7  <u>2 visits</u> Numerator: 131 Denominator: 2922 Rate: 4.5  <u>3 visits</u> Numerator: 228 Denominator: 2922 Rate: 7.8	<u>4 visits</u> Numerator: 315 Denominator: 2922 Rate: 10.8  <u>5 visits</u> Numerator: 494 Denominator: 2922 Rate: 16.9  <u>6+ visits</u> Numerator: 1591 Denominator: 2922 Rate: 54.4	<u>0 visits</u> Numerator: 32 Denominator: 1580 Rate: 2  <u>1 visits</u> Numerator: 27 Denominator: 1580 Rate: 1.7  <u>2 visits</u> Numerator: 35 Denominator: 1580 Rate: 2.2  <u>3 visits</u> Numerator: 79 Denominator: 1580 Rate: 5	<u>4 visits</u> Numerator: 137 Denominator: 1580 Rate: 8.7  <u>5 visits</u> Numerator: 209 Denominator: 1580 Rate: 13.2  <u>6+ visits</u> Numerator: 1061 Denominator: 1580 Rate: 67.2	<u>0 visits</u> Numerator: 25 Denominator: 1234 Rate: 2  <u>1 visits</u> Numerator: 23 Denominator: 1234 Rate: 1.9  <u>2 visits</u> Numerator: 35 Denominator: 1234 Rate: 2.8  <u>3 visits</u> Numerator: 69 Denominator: 1234 Rate: 5.6	<u>4 visits</u> Numerator: 103 Denominator: 1234 Rate: 8.3  <u>5 visits</u> Numerator: 138 Denominator: 1234 Rate: 11.2  <u>6+ visits</u> Numerator: 855 Denominator: 1253 Rate: 68.2

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on measure: There were 5 participating HMOs for the reporting year. The numerators and denominators represent the sums of the numerators/denominators reported by the five HMOs.</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 figures above represent the 4 HMOs that used the hybrid method and excludes the one HMO which used the administrative method. The rates for all 5 HMOs for 0 - 6+ visits were 3.1,2.5,3.8,6.9,11.5,16.3,and 56. The rates reflecting the 4 HMOs that used hybrid methodology for 0-6+ visits 1.66, 1.90, 3.00, 5.46, 8.03, 14.96, and 64.99.</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 figures reflect the data from 3 out of 4 HMOs that submitted seven separate numerators/denominators, corresponding to the number of members who received zero, one, two, three, four, five and 6+ visits with a PCP. One of the 4 HMOs submitted the rate for children receiving 6 or more visits only. Therefore, the 6+ visits measure is the only measure that reflects the performance of all 4 HMOs (this measure has a larger denominator).</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <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?** Using the aggregate rate from the 4 HMOs, the rate for measurement period CY 2011 for 6 or more visits reflects a slightly greater than 1 percentage point increase from the prior year (from 67.2% to 68.24%).

**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?** HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.

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

**Annual Performance Objective for FFY 2012:** At least 70% of children will have at least six or more visits with their primary care practitioner during their first six months of life.

**Annual Performance Objective for FFY 2013:** At least 72% of children will have at least six or more visits with their primary care practitioner during their first six months of life.

**Annual Performance Objective for FFY 2014:** At least 74% of children will have at least six or more visits with their primary care practitioner during their first six months of life.

*Explain how these objectives were set:* The performance objectives for forthcoming years were for an annual increase of 2 percentage points.

**Other Comments on Measure:**

**MEASURE 11: Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2009</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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>                      4 HMOs used hybrid method, 1 HMO used administrative method.</p>	<p><b>Data Source:</b>  <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></p>	<p><b>Data Source:</b>  <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></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator: Denominator: A systematic sample of children 3-6 years of age as of December 31 of the measurement year who had no more than one gap in enrollment of up to 45 days during the measurement year.                      Numerator: At least one well-child visit with a primary care</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: At least one well-child visit with a primary care practitioner during the measurement year.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: At least one well-child visit with a primary care practitioner during the measurement year.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If 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
practitioner during the measurement year.		
<b>Year of Data:</b> 2008	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> 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.	<b>HEDIS Performance Measurement Data:</b> 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.	<b>HEDIS Performance Measurement Data:</b> 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: 5742 Denominator: 8323 Rate: 69	<u>1+ visits</u> Numerator: 994 Denominator: 1284 Rate: 77.4	<u>1+ visits</u> Numerator: 1129 Denominator: 1389 Rate: 81.3
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: These figures represent the total for the 4 HMOs that used the hybrid method and excludes the one HMO which used the administrative method. (5156/7705 or a rate of 66.9 was the total for all 5 HMOs.) The rate based on the 4 HMOs that used the hybrid method is 77.41%.	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: All four of the contracted HMOs reported the data for this measure. One HMO rotated the measure for 2011.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Using the aggregate rate from the 4 HMOs, the rate for measurement period CY 2011 well child visits in the 3rd, 4th and 5th years of life, reflects a slightly greater than 2 percentage point increase from the prior year (from 77.41% to 79.84%).</p> <p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 83% of children 3-6 years of age will receive at least one well-child visit with a primary care practitioner during the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 85% of children 3-6 years of age will receive at least one well-child visit with a primary care practitioner during the measurement year.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 87% of children 3-6 years of age will receive at least one well-child visit with a primary care practitioner during the measurement year.</p> <p><i>Explain how these objectives were set:</i> Using the aggregate rate from the 4 HMOs and in light of the greater than 2 percentage point increase in rate between 2009 and 2010 and again between 2010 and 2011, the performance objective is to achieve a 2 percentage point increase annually.</p>		
<p><b>Other Comments on Measure:</b></p>		

**MEASURE 12: Adolescent Well-Care Visits**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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></p>	<p><b>Data Source:</b>  <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></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Definition of Population Included in the Measure:</b>            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><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Number of members in the denominator who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.             Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Number of members in the denominator who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>
<p><b>HEDIS Performance Measurement Data:</b>            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.</p>	<p><b>HEDIS Performance Measurement Data:</b>            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.</p>	<p><b>HEDIS Performance Measurement Data:</b>            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.</p>
<p>Numerator:            Denominator:            Rate:</p>	<p>Numerator: 955            Denominator: 1661            Rate: 57.5</p>	<p>Numerator: 1036            Denominator: 1646            Rate: 62.9</p>
<p>Additional notes on measure:</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>             Additional notes on measure: These numbers represent the total for all 4 HMOs that used the hybrid method and excludes the one HMO which used the administrative method. (The rate for all 5 HMOs is 45.1%.)</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>             Additional notes on measure: One HMO rotated the measure for 2011.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:</p>

FFY 2009	FFY 2010	FFY 2011
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Using the aggregate rate from the 4 HMOs, for measurement period CY 2011 adolescent well care visits, the rate reflects a greater than 5 percentage point increase from the prior year (from 57.5% to 62.9%).</p> <p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 65% of members age 12 through 21 years will have at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 67% of members age 12 through 21 years will have at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 69% of members age 12 through 21 years will have at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p> <p><i>Explain how these objectives were set:</i> Using CY 2010 as a baseline, an incremental increase of at least 2 percentage points is our goal.</p>		
<p><b>Other Comments on Measure:</b></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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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>                      See Section IIC, goal 3, and focused studies.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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>                      See Section IIC, goal 3, and focused studies.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

Access

**MEASURE 14: Children and Adolescents' Access to Primary Care**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2009</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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>                      Definition of denominator: Children 12 months to 19 years as of 12/31 of the measurement year. Four age stratifications:                      12-24 months Include all children who are at least 12 months old but younger than 25 months old and continuously enrolled in the measurement year, allowing no more than one gap in enrollment of up to 45 days during the measurement year;                      25 months to 6 years;? 7-11 years; 12-19 years</p>	<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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>

FFY 2009		FFY 2010		FFY 2011	
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Numerator: For children 12-24 months and 25 months-6 years, the number of children who had a visit with a PCP during the measurement year. For children 7-11 years and adolescents 12-19 years, the number of children who had a visit with a PCP during the measurement year or the year prior to the measurement year.		<b>Definition of Population Included in the Measure:</b> Definition of numerator: For children 12-24 months and 25 months-6 years, the number of children who had a visit with a PCP during the measurement year. For children 7-11 years and adolescents 12-19 years, the number of children who had a visit with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		<b>Definition of Population Included in the Measure:</b> Definition of numerator: For children 12-24 months and 25 months-6 years, the number of children who had a visit with a PCP during the measurement year. For children 7-11 years and adolescents 12-19 years, the number of children who had a visit with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
<b>Year of Data:</b> 2008		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2011</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner		<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner		<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner	
<u>12-24 months</u> Numerator: 24483 Denominator: 27790 Rate: 88.1  <u>25 months-6 years</u> Numerator: 102106 Denominator: 127556 Rate: 80	<u>7-11 years</u> Numerator: 68650 Denominator: 82947 Rate: 82.8  <u>12-19 years</u> Numerator: 78415 Denominator: 98616 Rate: 79.5	<u>12-24 months</u> Numerator: 24733 Denominator: 28875 Rate: 85.7  <u>25 months-6 years</u> Numerator: 110202 Denominator: 136345 Rate: 80.8	<u>7-11 years</u> Numerator: 94631 Denominator: 112374 Rate: 84.2  <u>12-19 years</u> Numerator: 107709 Denominator: 132664 Rate: 81.2	<u>12-24 months</u> Numerator: 22530 Denominator: 25896 Rate: 87  <u>25 months-6 years</u> Numerator: 99435 Denominator: 121262 Rate: 82	<u>7-11 years</u> Numerator: 85759 Denominator: 99720 Rate: 86  <u>12-19 years</u> Numerator: 97125 Denominator: 117018 Rate: 83
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: Rates calculated from encounter data from 3 of the 5 HMOs.	

FFY 2009	FFY 2010	FFY 2011
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The data used is from the revised 2009 EPSDT focused study.</p> <p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Achieve at least 2 percentage points for each of the reported age categories.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Achieve at least 2 percentage points for each of the reported age categories.</p> <p><b>Annual Performance Objective for FFY 2014:</b> Achieve at least 2 percentage points for each of the reported age categories.</p> <p><i>Explain how these objectives were set:</i> Due to the rate improvements of approximately 2 percentage points between each of the age groups, the performance objective was set for at least 2 percentage points increase in each successive year.</p>		
<b>Other Comments on Measure:</b>		

**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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</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:	<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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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: 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> AMA/PCPI  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	<b>Performance Measurement Data:</b> Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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</p>	<p><b>Definition of Population Included in the Measure:</b>                      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</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**Emergency Department**

**MEASURE 18: Ambulatory Care: Emergency Department Visits**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>   <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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</p>	<p><b>Definition of Population Included in the Measure:</b>                      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</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

**Inpatient**

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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</p>	<p><b>Definition of Population Included in the Measure:</b>                      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</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> Alabama Medicaid  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> Alabama Medicaid  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<p><b>HEDIS Performance Measurement Data:</b> 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&amp;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><b>HEDIS Performance Measurement Data:</b> 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&amp;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><b>HEDIS Performance Measurement Data:</b> 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&amp;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&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;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>
<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>

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

**Diabetes**

**MEASURE 22: Annual pediatric hemoglobin A1C testing**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	<b>Performance Measurement Data:</b> Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	<b>Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

Mental Health

**MEASURE 23: Follow-up after hospitalization for mental illness**

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" 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>                      Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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:
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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	<b>HEDIS Performance Measurement Data:</b> 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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</b>  <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><b>If Data Not Reported, Please Explain Why:</b>  <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><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</b>  <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><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Data for this measure is not currently being collected by DMAHS and the HMOs are not required to report this measure.  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
	<p><b>Definition of Population Included in the Measure:</b>            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><b>Definition of Population Included in the Measure:</b>            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
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>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?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></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 4<sup>th</sup> 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	75195	80386	6.9
Separate Child Health Program	112016	117897	5.25

- 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	166	24.1	8.0	1.2
1998 - 2000	98	18.4	4.5	.8
2000 - 2002	113	17.2	5.5	.8
2002 - 2004	121	17.7	5.3	.8
2003 - 2005	125	18.8	5.5	.8
2004 - 2006	119	19.0	5.3	.8
2005 - 2007	146	21.0	6.6	.9

2006 - 2008	151	22.0	7.0	1.0
2007 - 2009	140	21.0	6.4	.9
2008 - 2010	112	12.0	5.2	.5
Percent change 1996-1998 vs. 2008-2010	-32.5%	NA	-35.0%	NA

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

New Jersey's Public Law 2008, Chapter 38 mandated that all children 18 and younger should have health insurance. Although Outreach dollars have been eliminated, the passage of CHIPRA allowed us to institute an Express Lane enrollment project using Taxation records, and we also have begun working with the schools to identify and outreach their uninsured students. With the institution of administrative renewals beginning in March 2009, retention results have improved, as have initial eligibility results with the use of available databases. The current recession has certainly contributed to increased enrollment as well.

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

New Jersey covers children up to 350% FPL, while the CPS data is for those up to 200% FPL.

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)	Rutgers Center for State Health Policy (CSHP)
Reporting period (2 or more points in time)	Jan 2006 – Dec 2007
Methodology	<p>The Rutgers Center for State Health Policy (CSHP) calculated an estimate of the number of uninsured children in New Jersey who are both eligible for NJ FamilyCare (up to 350% FPL) and whose parents are likely to be willing to enroll them in the program.</p> <p>CSHP drew from two sources of data for this analysis: (1) pooled data from two years of the Current Population Survey (CPS), March Annual Social and Economic Supplement, and (2) the 2001-02 New Jersey Family Health Survey (NJFHS). Our estimates combine CPS data about individuals' health insurance status in calendar years 2006 and 2007. The CPS is conducted by the U.S. Census Bureau and Department of Labor and the NJFHS was designed and conducted by Rutgers Center for State Health Policy, with funding from The Robert</p>

Wood Johnson Foundation.

CSHP estimates that there are 101,245 children who are uninsured and eligible for NJ FamilyCare and whose parents are likely to enroll them in the program given the opportunity. The estimates and assumptions underlying the numbers in each category are provided below.

Population (under age 19) Source	Estimated Number	
1. CPS estimate of uninsured children in NJ (pooled 2006-07 data)	293,790	CPS
2. Children over 350% FPL	60,370	CPS
2a. In waiting period	4,300	NJFHS
2b. Eligible for NJ FamilyCare Advantage(Buy-In) 2 less line 2a	56,070	Line 2 less line 2a
3. Children 350% FPL or less	233,420	CPS
3a. In waiting period	9,700	NJFHS
3b. Eligible for NJ FamilyCare	223,720	Line 3 less line 3a
3c. Total less likely to enroll below	122,475	See notes below
3d. Total more likely to enroll below	101,245	See notes below
4. Total eligible children	279,790	Line 2b plus line 3b

Explanation of Estimates and Assumptions for Children

Line 1: Estimated number of uninsured children in New Jersey. Estimates begin with the CPS Annual Social and Economic Supplement is an annual survey that asks about each source of coverage in the prior calendar year (i.e., the 2008 CPS contains information about 2007). The number of uninsured theoretically includes only those who were without any source of coverage for the full year. However, most analysts believe that for methodological reasons, the CPS more closely reflects the number of uninsured at a point in time. We have thus assumed that the CPS estimate counts the number of children uninsured at a point in time.

Line 2: Estimated number of children over 350% FPL. The CPS provides an accurate measure of family income. However, in some instances the family unit whose income is used to determine eligibility for NJ FamilyCare is different from the CPS family unit. The CPS family definition may include extended families living in the same household, while the NJ FamilyCare eligibility unit includes parents (or guardians) and children only. In addition, the CPS income data do not permit us to adjust for income disregards that are permitted in the NJ FamilyCare eligibility determination. The lack of adjustment for income disregards will tend to lead to income estimates that are slightly higher, on average, than the program income definition. On the other hand, the larger family size used by the CPS in determining federal poverty level will tend to reduce estimates of eligible children.

Line 2a: Children in the waiting period for NJ FamilyCare Advantage. Children who had private insurance within three months are not eligible to enroll in NJ FamilyCare Advantage. The CPS does not provide data on insurance history. Thus, we use CSHP's NJ Family Health Survey to calculate the proportion of children at or above 350% of the FPL who had coverage within the last six months and multiply this proportion by the CPS-based estimate of the number of children. Data on coverage within the past three months are

	<p>unavailable; however, we believe the difference between a three and six-month look-back is unlikely to have a large impact on the number of eligible individuals.</p> <p>Line 2b. Number of uninsured children eligible for NJ FamilyCare Advantage. The difference of line 2 less 2a.</p> <p>Line 3. Number of children in families at 350% FPL or less. See also Line 2 notes.</p> <p>Line 3a. Number of children between 133% and 350% FPL who are in the waiting period. Children below 133% FPL are not subject to the waiting period. See also Line 2a notes.</p> <p>Line 3b. Number of uninsured children eligible for NJ FamilyCare. The difference of line 3 less 3a.</p> <p>Line 3c: Less likely to enroll. New Jersey has a higher proportion of immigrant families than most other states. Some immigrant children are not eligible to enroll in NJ FamilyCare (see discussion above), but research has documented that eligible non-citizens are reluctant to enroll in public programs. The number on this line reflects our estimate of the number of children who will be hard to reach and enroll. Of the total, 109,165 live in families with at least one non-citizen adult and the remaining 13,310 do not live with non-citizens but a responsible adult in the household expressed attitudes that would make them reluctant to enroll their children. Specifically, we use responses to two attitudinal questions from the NJFHS to estimate the size of the eligible-but-reluctant population. Specifically, NJFHS respondents were asked whether they ‘strongly agreed’, ‘somewhat agreed’, ‘somewhat disagreed’, or ‘strongly disagreed’ with these statements:          “If you are healthy, having health insurance is still a necessity”          “I am a lot more likely to take risks than the average person”          Any respondent who said that they disagreed (somewhat or strongly) with the first statement or who agreed (somewhat or strongly) with the second statement was considered less likely to be willing to enroll their children. Our estimates of the proportion of children who live in families that are reluctant to enroll in public coverage are similar to the national studies US citizens published by the Congressional Budget Office.</p> <p>Line 3d: More likely to enroll. This is the count of children who we estimate to be eligible (Line 3b) but not “less likely to enroll” (Line 3c).</p> <p>Line 4: Total eligible children. This is the sum of children we estimate to be eligible for NJ FamilyCare (Line 3b) or NJ FamilyCare Advantage (Line 2b).</p> <p>Congressional Budget Office, 2003. “How Many People Lack Health Insurance and for How Long?” Congress of the United States, Washington, DC.</p>
Population (Please include ages and income levels)	see above
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

- A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**  
 We cover children up to 350% FPL. CPS data does not tell a complete story for New Jersey.
- 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]**  
 Estimate is prior to the economic downturn, therefore we do not know how many more children became uninsured as a result.

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

The data is no longer current.

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

It is helping us to establish goals.

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]**

97,449 children were enrolled in Medicaid as a result of CHIP outreach activities this reporting period. The data source is an Extract from the New Jersey Medicaid Management Information System (NJMMIS) Eligibility File. The count includes all Title XIX recipients under age 21 who were not enrolled as of 9/30/09, and enrolled between 10/1/09 and 9/30/10. There are many variables that contribute to Medicaid enrollment; however, outreach activities, advertising, and enrollment and retention simplifications can share in this effort collectively.

## 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 13<sup>th</sup> 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><b>Goal #1 (Describe)</b> Reduce percentage of uninsured children by an average of 5% each of the next 3 years</p>	<p><b>Goal #1 (Describe)</b> Goal #1 Reduce percentage of uninsured children by an average of 5% each of the next 3 years</p>	<p><b>Goal #1 (Describe)</b> Reduce percentage of uninsured children by an average of 10% each of the next 3 years.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      As per CMS suggestion, we are setting more specific goals for each year.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      We increased our goal as per last year's Annual Report.</p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Eligibility/Enrollment data is being used for our projections. Data on uninsured is from the Rutgers Center for State Health Policy (CSHP), cited above; CHIP and Medicaid Enrollment data is as of 9/30/039</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Eligibility/enrollment date is being used for our projections. Data on uninsured is from the Rutgers CSHP, cited above; CHIP and Medicaid Enrollment data as of 9/30/10</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Eligibility/enrollment data is being used for our projections. Data on uninsured is from the Rutgers CSHP, cited above; CHIP and Medicaid Enrollment data as of 9/30/11.</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of uninsured children under 19 under 350% FPL from the Rutgers CSHP report using CPS pooled 2006-07 data.                       Definition of numerator: Growth in enrollment in CHIP and Medicaid from FFY 2008 to FFY 2009.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of uninsured children under 19 under 350% FPL from the Rutgers CSHP report using CPS pooled 2006-07 data minus the growth in enrollment as of FFY 2009. (293,790 - 55,015 = 238,775)                       Definition of numerator: Growth in enrollment in CHIP and Medicaid from FFY 2009 to FFY 2010.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of uninsured children under 19 under 350% FPL from the Rutgers CSHP report using CPS pooled 2006-07 data minus the growth in enrollment as of FFY 2010. (238,775 - 49,230 = 189,545).                       Definition of numerator: Growth in enrollment in CHIP and Medicaid from FFY 2010 to FFY 2011.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2010 <b>To: (mm/yyyy)</b> 09/2011</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent reduction in number of uninsured from FFY2008 to FFY 2009</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent reduction in number of uninsured from FFY2008 to FFY 2009                       Numerator: 49230                      Denominator: 238775</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent reduction in number of uninsured from FFY2010 to FFY 2011.                       Numerator: 23473                      Denominator: 189545</p>

FFY 2009	FFY 2010	FFY 2011
<p>Numerator: 55015 Denominator: 293790 Rate: 18.7</p> <p>Additional notes on measure: There is a 18.7% reduction in the number of uninsured children based on the original uninsured number reported in the Rutgers study. We realize that there is probably a much greater number of uninsured due to the current recession, but we have no more current data for uninsured New Jersey children up to 350% FPL on which to base a comparison.</p>	<p>Rate: 20.6</p> <p>Additional notes on measure: There is a 20.6% reduction in the number of uninsured children based on the original uninsured number reported in the Rutgers study minus the number enrolled last year. This is an estimate and does not take churning or the current recession into account.</p>	<p>Rate: 12.4</p> <p>Additional notes on measure: There is a 12.4% reduction in the number of uninsured children based on the original uninsured number reported in the Rutgers study minus the number enrolled last year. This is an estimate and does not take churning or the current recession into account.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> We greatly exceeded last year's goal of reducing the number of uninsured children by 3.6%.</p> <p><b>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?</b> New Jersey now does administrative renewals for those beneficiaries for whom we can find sufficient data. (Approximately 25%.) We were again this year able to engage in an advertising campaign, for which we had no funds for several prior years. We also identified uninsured children through the NJ State tax return form, and mailed applications to their households, resulting in approximately 5000 enrollments. Also, the public schools are beginning to disseminate the information about the mandate passed in July 2008 that all children 18 and younger have health insurance.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> We greatly exceeded our goal of decreasing the number of uninsured children by 5%.</p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> We met our goal again, but by a slightly smaller percentage than last year.</p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> 5% annual decrease in total uninsured children <b>Annual Performance Objective for FFY 2011:</b> 5% decrease in uninsured children from prior year</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> 10% decrease in total uninsured children <b>Annual Performance Objective for FFY 2012:</b> 10% decrease in total uninsured children</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> A 10% decrease in total uninsured children. <b>Annual Performance Objective for FFY 2013:</b> A 10% decrease in total uninsured children.</p>

<b>FFY 2009</b>	<b>FFY 2010</b>	<b>FFY 2011</b>
<p><b>Annual Performance Objective for FFY 2012:</b> 5% decrease in uninsured children from prior year</p> <p><i>Explain how these objectives were set:</i> We used both current and projected enrollment figures and the number of uninsured as stated in the Rutgers report. We are unable to take into account the increase in the number of uninsured due to the recession, since we have no more recent measure of uninsured children.</p>	<p><b>Annual Performance Objective for FFY 2013:</b> 10% decrease in total uninsured children</p> <p><i>Explain how these objectives were set:</i> Based on our success in the prior 2 years, the passage of Health Reform and NJ's 2008 legislation requiring children to be insured, we have increased our objective.</p>	<p><b>Annual Performance Objective for FFY 2014:</b> A 10% decrease in total uninsured children.</p> <p><i>Explain how these objectives were set:</i> Based on our success in the prior 2 years, we had increased our objective for this year's report, and see no reason to change it going forward.</p>
<p><b>Other Comments on Measure:</b> Data is based on children at or below 350% of the Federal Poverty Level.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></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
<p><b>Goal #2 (Describe)</b> Maintain the availability of Community Based and Public Health Organizations volunteering as Application Assistance sites.</p>	<p><b>Goal #2 (Describe)</b> Maintain the availability of Community Based and Public Health Organizations volunteering as Application Assistance sites.</p>	<p><b>Goal #2 (Describe)</b> Maintain the availability of Community Based and Public Health Organizations volunteering as Application Assistance sites.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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: 2009</i></p>	<p><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Internal database that includes name, address, telephone number, and contact person from community and public health agencies that volunteer as application assistance sites, Presumptive Eligibility (PE) sites, and referral agencies.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Internal database that includes name, address, telephone number, and contact person from community and public health agencies that volunteer as application assistance sites, Presumptive Eligibility (PE) sites, and referral agencies.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Internal database that includes name, address, telephone number, and contact person from community and public health agencies that volunteer as application assistance sites, Presumptive Eligibility (PE) sites, and referral agencies.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of community based and public health organizations that appear on the internal database at the Office of NJ FamilyCare for the previous FFY, 2008.</p> <p>Definition of numerator: The number of community based and public health organizations that appear on the internal database at the Office of NJ FamilyCare for the current reporting FFY, 2009.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of community based and public health organizations that appear on the internal database at the Office of NJ FamilyCare for the previous FFY, 2009.</p> <p>Definition of numerator: The number of community based and public health organizations that appear on the internal database at the Office of NJ for the current reporting year, FFY 2010.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of community based and public health organizations that appear on the internal database at the Office of NJ FamilyCare for the previous FFY, 2010.</p> <p>Definition of numerator: The number of community based and public health organizations that appear on the internal database at the Office of NJ for the current reporting year, FFY 2011.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2010 <b>To: (mm/yyyy)</b> 09/2011</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Increase in the number of application assistance sites. They consist of FQHC's, hospitals, clinics, WIC Programs, Local Health Departments, Special Child Health Services, Maternal Child Health Consortia, CBOs, schools, Head</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Increase in number of Application Assistance sites.                       Numerator: 628                      Denominator: 605</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      A change in the number of application assistance sites. They consist of FQHC's, hospitals, clinics, WIC Programs, Local Health Departments, Special Child Health Services, Maternal Child Health Consortia, CBOs, schools, Head</p>

FFY 2009	FFY 2010	FFY 2011
<p>Starts, day care centers, and government agencies. Participation ranges from simply disseminating NJ FamilyCare information to personally assisting families with completing the NJ FamilyCare application.</p> <p>Numerator: 605 Denominator: 573 Rate: 105.6</p> <p>Additional notes on measure:</p>	<p>Rate: 103.8</p> <p>Additional notes on measure: We continued to increase the number of sites.</p>	<p>Starts, day care centers, and government agencies. Participation ranges from simply disseminating NJ FamilyCare information to personally assisting families with completing the NJ FamilyCare application.</p> <p>Numerator: 184 Denominator: 628 Rate: 29.3</p> <p>Additional notes on measure: We now have about 30% of Assistance Sites remaining from last fiscal year. See below.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> We have increased the number of sites by adding additional legislative offices, schools, CBO's hospitals, and clinics.</p> <p><b>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?</b> We offered statewide trainings on NJ FamilyCare/Medicaid to interested agencies, resulting in additional assistance sites.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> We not only maintained, but increased, the number of sites, although the rate of increase was slightly less than in the prior year.</p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Each Application Assistance Site was surveyed to discern their continued interest and their need to now sign a HIPAA compliance form.</p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><b>Annual Performance Objective for FFY 2011:</b> Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><b>Annual Performance Objective for FFY 2012:</b> Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Maintain cooperative, HIPAA compliant Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Maintain cooperative, HIPAA compliant Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Annual Performance Objective for FFY 2012:</b>  Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2013:</b>  Maintain the existing number of Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b>  Maintain cooperative, HIPAA compliant Application Assistance sites. Keep the existing sites updated and interested in the progress of NJ FamilyCare by sending the most current program material as it becomes available.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> Agencies that no longer want to volunteer their services have resigned. Those agencies that do not agree to maintain HIPAA compliant files can no longer participate as an Application Assistance Site providing direct application assistance (collecting family data, making copies, maintaining locked files, etc.).</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
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

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>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to CHIP Enrollment**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in SCHIP by 8% per year</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in CHIP by 8% per year</p>	<p><b>Goal #1 (Describe)</b> Increase the number of children enrolled in CHIP by 8% per year.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Our enrollment goals have increased due to increased use of available databases to determine eligibility and renewal.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Extract from the New Jersey Medicaid Management Information System (NJMMIS) Eligibility File</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Extract from the NJ Medicaid Managed Information System (MMIS)</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Extract from the NJ Medicaid Managed Information System (MMIS).</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Number of SCHIP children reported on the system on September 30, 2009</p> <p>Definition of numerator: The number of children enrolled in SCHIP on the last day of the previous FFY, 2008.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of children enrolled in CHIP on the last day of the previous FFY, 2009.</p> <p>Definition of numerator: The number of children enrolled in CHIP on the last day of the current FFY, 2010.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of children enrolled in CHIP on the last day of the previous FFY, 2010.</p> <p>Definition of numerator: The number of children enrolled in CHIP on the last day of the current FFY, 2011.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2010 <b>To: (mm/yyyy)</b> 09/2011</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The number or percent change from the previous FFY, 2008.</p> <p>Numerator: 140059                      Denominator: 122268                      Rate: 114.6</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      the percentage increase in CHIP enrollment from the previous year.</p> <p>Numerator: 157321                      Denominator: 140059                      Rate: 112.3</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage increase in CHIP enrollment from the previous year.</p> <p>Numerator: 165980                      Denominator: 157321                      Rate: 105.5</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> In our 2008 Annual Report, New Jersey projected 130,261 children would be enrolled in SCHIP in FFY 2009. The 2009 FFY number of children enrolled in SCHIP (140,059) greatly exceeded last year's objective..</p> <p><b>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?</b> Public Law 2008, c. 38. mandated health insurance be obtained for all children under the age of 19. Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases, improved retention due to administrative renewals of those who can be renewed in this fashion; Express application for those indicating no insurance on their NJ tax return resulting in 5000 enrollments; reporting of incorrectly terminated recipients who are then reinstated manually. Also, hospitals must enroll newborns, and any eligible uninsured child that comes into the ER must be presumed eligible. Hospitals can no longer claim Charity Care dollars for those patients.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> In our 2009 Annual Report, New Jersey projected 152,446 children would be enrolled in CHIP in FFY 2010. The 2010 FFY number of children enrolled in CHIP (157,321) exceeded last year's objective.</p> <p><b>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?</b> Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases; improved retention due to administrative renewals of those who can be renewed in this fashion; Express application for those indicating no insurance on their NJ tax return; Federally Qualified Health Centers must enroll eligible children or be penalized monetarily; hospitals must enroll newborns and presume eligible any uninsured child that comes into the ER who appears to be eligible - they can no longer claim Charity Care dollars for those patients.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> We did not meet our objective as it was set in the previous Annual Report, however we did have a 5.5% increase in enrollment.</p> <p><b>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?</b> Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases; improved retention due to administrative renewals of those who can be renewed in this fashion; Express application for those indicating no insurance on their NJ tax return; Federally Qualified Health Centers must enroll eligible children or be penalized monetarily; hospitals must enroll newborns and presume eligible any uninsured child that comes into the ER who appears to be eligible - they can no longer claim Charity Care dollars for those patients.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> 152,446 projected to be enrolled in CHIP <b>Annual Performance Objective for FFY 2011:</b> 168,337 projected to be enrolled in CHIP</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> 175,825 projected to be enrolled in CHIP <b>Annual Performance Objective for FFY 2012:</b> 187,732 projected to be enrolled in CHIP</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 183,707 projected to be enrolled in CHIP. <b>Annual Performance Objective for FFY 2013:</b> 191,468 projected to be enrolled in CHIP.</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Annual Performance Objective for FFY 2012:</b> 184,228 projected to be enrolled in CHIP</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>	<p><b>Annual Performance Objective for FFY 2013:</b> 200,872 projected to be enrolled in CHIP</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>	<p><b>Annual Performance Objective for FFY 2014:</b> 199,037 projected to be enrolled in CHIP.</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to CHIP Enrollment (Continued)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #2 (Describe)</b> Maintain at least a 90% approval rating of the SCHIP enrollment process.</p>	<p><b>Goal #2 (Describe)</b> Maintain at least a 90% approval rating of the SCHIP enrollment process</p>	<p><b>Goal #2 (Describe)</b> Maintain at least a 90% approval rating of the SCHIP enrollment process.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Our approval rating has been above 90% and we would hope to keep it that way.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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> 2008</p>	<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The NJ FamilyCare Customer Satisfaction Survey administered by the eligibility vendor. It is a voluntary survey mailed to all beneficiaries after being enrolled in SCHIP for 6 months.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The NJ FamilyCare Customer Satisfaction survey administered by the eligibility vendor.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      NJ FamilyCare Customer Satisfaction Survey</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: total # of respondents to question                       Definition of numerator: # of respondents answering "very easy" or "easy"</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: total # of respondents to question                       Definition of numerator: # of respondents answering "very easy" or "easy"</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of responses reported as being "Satisfied" or "Very Satisfied" with their coverage.                       Definition of numerator: Number of survey responses.</p>
<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2010 <b>To: (mm/yyyy)</b> 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Performance Measurement Data:</b> Described what is being measured: 95% of respondents rated the One-page Paper Application “Easy” or “Very Easy” to complete(n=674);93% of respondents rated the One-page Paper Application’s Instructions “Easy,” or “Very Easy” to follow(n=668);100% of respondents rated the Online Application “Easy” or “Very Easy” to complete(n=191) (continued below)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: 86% of respondents remembered receiving letters from NJ FamilyCare further explaining the program and/or enrollment process(n=1035);95% of respondents plan to renew their SCHIP coverage(n=1072);98% of respondents reported being “Very Satisfied” or “Satisfied” with their coverage(n=1072)</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The Customer Satisfaction Survey is a voluntary survey mailed to all beneficiaries after being enrolled in SCHIP for 6 months. 97% of respondents rated the one page paper application “Easy” or “Very Easy” to complete.(n=750); 95% of respondents rated the One-page Paper Application’s instructions “Easy,” or “Very Easy” to follow.(n=750); (continued below)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: 100% of respondents rated the Online Application “Easy” or “Very Easy” to complete.(n=170); 91% of respondents remembered receiving letters from NJ FamilyCare further explaining the program and/or enrollment process.(n=1057); 96% of respondents plan to renew their SCHIP coverage.(n=1067); 95% of respondents reported being “Very Satisfied” or “Satisfied” with their coverage. (n=1067)</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The Customer Satisfaction Survey is mailed to all beneficiaries after they have been enrolled in NJ FamilyCare for at least 6 months for them to voluntarily complete and return. 95% of respondents rated the one-page paper application “Easy” or “Very Easy” to complete (n=403); 94% of respondents rated the one-page paper application’s instructions “Easy or Very Easy” to follow (n=403); 100% of respondents rated the Online application Easy or “Very Easy” to complete (n=191).</p> <p>Numerator: 669 Denominator: 692 Rate: 96.7</p> <p>Additional notes on measure: 100% of respondents rated the Online Application “Easy” or “Very Easy” to complete (n=140); 90% of respondents remembered receiving letters from NJ FamilyCare further explaining the program and/or enrollment process(n=692); 95% of respondents plan to renew their SCHIP coverage (n=692); 97% of respondents reported being “Very Satisfied” or “Satisfied” with their coverage (n=692).</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Performance improved by a few percentage points in every area. (FFY 2008 number remembering receiving explanatory letters should have been 81%, not 96%.)</p> <p><b>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?</b> Increased use of available data bases is making enrollment an easier process. We have statewide Regional NJ FamilyCare Offices to provide direct assistance in addition to the toll free number. Several successful program initiatives helped foster working relationship between schools and their respective local Regional Office.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Scores remained the same in one measure (100%) and increased in all but one other measure.</p> <p><b>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?</b> Increased use of available data bases is making enrollment an easier process. We have statewide Regional NJ FamilyCare Offices to provide direct assistance in addition to the toll free number.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> There were no significant changes in the customer satisfaction rating from the last Annual report.</p> <p><b>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?</b> Increased use of available data bases is making enrollment an easier process. We have statewide Regional NJ FamilyCare Offices to provide direct assistance in addition to the toll free number. The online application and follow up notices was modified to clarify information being requested.</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2011:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2012:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2012:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><b>Annual Performance Objective for FFY 2014:</b> Over 90% of SCHIP beneficiaries will be satisfied with the enrollment process and will plan to renew their coverage.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to CHIP Enrollment (Continued)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #3 (Describe)</b> Goal #3 Reduce the number of complaints and grievances by 5%</p>	<p><b>Goal #3 (Describe)</b> Reduce the number of complaints and grievances by 5%</p>	<p><b>Goal #3 (Describe)</b> Reduce the number of complaints and grievances by 5%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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: 2009</i></p>	<p><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            Annual CHIP grievance report compiled by the eligibility vendor. The percent change from FFY 2008 to FFY 2009 in number of grievances received.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            Annual CHIP grievance report compiled by the eligibility vendor.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>            Annual CHIP grievance report compiled by the eligibility vendor.</p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: number of grievances received in the FFY 2008.             Definition of numerator: number of grievances received in FFY 2009</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: The number of grievances received in the previous FFY, 2009.             Definition of numerator: Number of grievances received in FFY 2010.</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: The number of grievances received in the previous FFY, 2010.             Definition of numerator: The number of grievances received in FFY 2011.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 10/2010 <b>To: (mm/yyyy)</b> 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: 2743 Denominator: 3822 Rate: 71.8</p> <p>Additional notes on measure: Last year's number of grievances was much greater than normal due to the fact that there was a mass disenrollment that occurred at the beginning of the FFY 2008. We expected the number of grievances this year to decline dramatically.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percent change from FFY 2009 to FFY 2010 in amount of grievances received. The Eligibility Vendor has systems in place to address all inquiries, complaints and grievances through their Grievance Unit. The State evaluates complaints and grievances, monitors incoming calls, and makes procedural changes when necessary.</p> <p>Numerator: 3297 Denominator: 2743 Rate: 120.2</p> <p>Additional notes on measure: This year there was a mass disenrollment of immigrant parents (covered by state only dollars) who according to our records did not reside in the US as an LPR for at least 5 years. They were responsible for many of the grievances. In addition, we closed parent enrollment to those who could not be determined eligible for Medicaid using an enhanced income disregard, also resulting in many grievances.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percent change from FFY 2009 to FFY 2010 in amount of grievances received. The Eligibility Vendor has systems in place to address all inquiries, complaints and grievances through their Grievance Unit. The State evaluates complaints and grievances, monitors incoming calls, and makes procedural changes when necessary.</p> <p>Numerator: 4706 Denominator: 3297 Rate: 142.7</p> <p>Additional notes on measure: In 2010 we saw a spike in Grievances because we changed the regulation regarding parent eligibility and how parent income is counted. The Governor decided to take steps to freeze State spending and parents requesting coverage for themselves must have had an earned income at or below 133% FPL to be considered for eligibility, a reduction from the prior level of 200% FPL. (Continued in "Other Comments on Measure", below)</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> This years' grievances were 72% of what was received last year, or a decline of 28%.The annual performance objective for FFY 2009 predicted a decrease of 5% in the number of grievances. It apparently did not take into account the unusual events of FFY 2008, which caused a great number of grievances that year.</p> <p><b>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?</b> Our results should continue to improve as we are able to enroll and renew more beneficiaries administratively using existing data bases.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Instead of decreasing, grievances increased by 20% from the prior year. (See additional notes on measure above.)</p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Instead of decreasing, grievances increased by 42% from the prior year (see Additional notes on measure) due to a freeze to a program.</p> <p><b>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?</b></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> We anticipate a 5% decrease in the number of grievances and complaints.</p> <p><b>Annual Performance Objective for FFY 2011:</b> We anticipate a 5% decrease in the number of grievances and complaints.</p> <p><b>Annual Performance Objective for FFY 2012:</b> We anticipate a 5% decrease in the number of grievances and complaints.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> We hope for a 20% decrease in the number of grievances and complaints, if no more cuts are made to the program.</p> <p><b>Annual Performance Objective for FFY 2012:</b> We hope for a 5% decrease in the number of grievances and complaints</p> <p><b>Annual Performance Objective for FFY 2013:</b> We hope for a 5% decrease in the number of grievances and complaints</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> We hope for a 42% decrease in the number of grievances and complaints, if no more cuts are made to the program.</p> <p><b>Annual Performance Objective for FFY 2013:</b> We hope for a 5% decrease in the number of grievances and complaints.</p> <p><b>Annual Performance Objective for FFY 2014:</b> We hope for a 5% decrease in the number of grievances and complaints.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> Each grievance is monitored until a resolution is reached. Written grievances from families questioning their eligibility determination go directly to the State eligibility vendor, who contacts the family and reviews and evaluates the grievance. The Grievance Unit is responsible for sending written correspondence in response to each grievance. For families that are not satisfied with the grievance determination, they can request their application be reviewed by the State Grievance Board.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> (Continued from "Additional Notes on Measure", above) Those current parent enrollees that did not comply with the annual renewal process or pay their premiums timely were disenrolled and then considered to be no longer eligible for reinstatement. This caused a spike in grievances in 2010 and continues into 2011 as parents renew and are no longer found eligible.</p>

**Objectives Related to Medicaid Enrollment**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase Medicaid enrollment by 4% per year</p>	<p><b>Goal #1 (Describe)</b> Goal #1 Increase Medicaid enrollment by 4% per year</p>	<p><b>Goal #1 (Describe)</b> Increase Medicaid enrollment by 4% per year.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Our enrollment goals have increased due to increased use of available databases to determine initial eligibility and renewal</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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: 2009</i></p>	<p><b>Status of Data Reported:</b>  <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><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Extract from the Recipient History Master file: New Jersey Medicaid Management Information System (NJMMIS)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Extract from the Recipient History Master file: New Jersey Medicaid Management Information System (NJMMIS)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Extract from the Recipient History Master file: New Jersey Medicaid Management Information System (NJMMIS).</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children enrolled in Title XIX, not including Foster children or the Aged, Blind, and Disabled (ABD) population.                       Definition of numerator: The number of children enrolled in Title XIX on the last day of the current FFY, 2009.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of children enrolled in Title XIX on the last day of the previous FFY, 2009.                       Definition of numerator: The number of children enrolled in Title XIX on the last day of the current FFY, 2010.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of children enrolled in Title XIX on the last day of the previous FFY, 2010.                       Definition of numerator: The number of children enrolled in Title XIX on the last day of the current FFY, 2011.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</b></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Performance Measurement Data:</b> Described what is being measured: The number of children enrolled in Title XIX on the last day of FFY 2008.</p> <p>Numerator: 457462 Denominator: 420238 Rate: 108.9</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The number or percent change in Medicaid enrollment from the previous FFY (2009) to the current FFY (2010).</p> <p>Numerator: 489430 Denominator: 457462 Rate: 107</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The number or percent change in Medicaid enrollment from the previous FFY (2010) to the current FFY (2011).</p> <p>Numerator: 504244 Denominator: 489430 Rate: 103</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> In our 2008 Annual Report New Jersey projected that 421,972 children would be enrolled in Medicaid by the end of FFY 2009. The actual amount of 457,462 greatly exceeds our performance objective from last year..</p> <p><b>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?</b> Public Law 2008, c. 38. mandated health insurance be obtained for all children under the age of 19. The outreach, enrollment, and retention work group charged with developing a plan to maximize enrollment in NJ FamilyCare enabled us to strengthen our relationship with the schools, who are now collecting information on the insurance status of their students and giving us data on the uninsured for direct outreach.</p> <p>New Jersey is doing Administrative Renewal for NJ FamilyCare/Medicaid. Families will no longer need to send in a Renewal Application if no changes in the household have occurred. Available databases are used to verify the family's most current household income.</p> <p>Effective tax season 2009, New Jersey's tax return forms asked the person filing if they and their dependents have health insurance. If someone listed does not have health insurance, an NJ FamilyCare application is sent to the address that appears on the tax return. 5,000 children were enrolled via this initiative.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> In our 2009 Annual Report New Jersey projected that 467,476 children would be enrolled in Medicaid by the end of FFY 2009. The actual amount of 489,430 greatly exceeds our performance objective from last year.</p> <p><b>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?</b> We continue to strengthen our relationship with the schools, who are collecting information on the insurance status of their students, and giving us data on the uninsured for direct outreach.</p> <p>New Jersey is doing Administrative Renewal for NJ FamilyCare/Medicaid. Families will no longer need to send in a Renewal Application if no changes in the household have occurred. Available databases are used to verify the family's most current household income.</p> <p>Effective tax season 2009, New Jersey's tax return forms asked the person filing if they and their dependents have health insurance. If someone listed does not have health insurance, an NJ FamilyCare application kit is sent to the address that appears on the tax return.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> We did not meet our enrollment goal as set in the previous Annual Report, but did enroll 3% more than the previous FFY.</p> <p><b>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?</b></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> 467,476 are projected to be enrolled in Medicaid</p> <p><b>Annual Performance Objective for FFY 2011:</b> 493,615 are projected to be enrolled in Medicaid</p> <p><b>Annual Performance Objective for FFY 2012:</b> 519,754 are projected to be enrolled in Medicaid</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> 511,254 are projected to be enrolled in Medicaid</p> <p><b>Annual Performance Objective for FFY 2012:</b> 532,899 are projected to be enrolled in Medicaid</p> <p><b>Annual Performance Objective for FFY 2013:</b> 557,844 are projected to be enrolled in Medicaid</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 515,046 projected to be enrolled in Medicaid.</p> <p><b>Annual Performance Objective for FFY 2013:</b> 523,663 projected to be enrolled in Medicaid.</p> <p><b>Annual Performance Objective for FFY 2014:</b> 532,549 projected to be enrolled in Medicaid.</p> <p><i>Explain how these objectives were set:</i> The source of this is the Monthly Public Stat Reports put out by the Office of Research from which it is trended forward.</p>
<p><b>Other Comments on Measure:</b> Applications for children who are members of a family already receiving Title XIX benefits through the County Board of Social Services, or applications for children who are eligible for a Medicaid program which can only be evaluated by the county agency are forwarded to the County Boards of Social Services for an eligibility determination. Online applications sent to the State, with income below 133% FPL, are automatically submitted to the county of supervision for processing.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2009	FFY 2010	FFY 2011
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

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

**Objectives Related to Medicaid Enrollment (Continued)**

FFY 2009	FFY 2010	FFY 2011
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

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

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase the percentage of respondents who respond that they “Always” get care as soon as they thought their child needed care by at least one percentage point yearly.</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of respondents who respond that they “Always” get care as soon as they thought their child needed care by at least one percentage point yearly.</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of respondents who respond that they “Always” get care as soon as they thought their child needed care by at least one percentage point yearly.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      This new goal replaces the previous goal and provides a direction and target. Access is the “timely use of personal health services to achieve the best possible health outcomes” (Institute of Medicine). Using CAHPS, respondents are surveyed to determine if they are able to access services when they thought their child needed it.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <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>                      CAHPS (Consumer Assessment of Health Providers and Systems).</p>	<p><b>Measurement Specification:</b>  <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>                      CAHPS</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS Health Plan Survey Version 4.0</p> <p>Definition of Denominator: The CAHPS sample groups of children included individuals 17 years or younger who have been enrolled in a Medicaid plan for six months or longer with no more than one 30-day break in enrollment during the six-months.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS Health Plan Survey Version 4.0</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS Health Plan Survey Version 4.0</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of respondents who</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of respondents who responded “Always” to survey question #4 (“In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of respondents who responded “Always” to survey question #4 (“In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she</p>

FFY 2009	FFY 2010	FFY 2011
<p>responded “Always” to survey question #4(“In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?”).</p>	<p>needed?”).            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>needed?”).            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 01/2010 <b>To: (mm/yyyy)</b> 12/2010</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <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>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 373            Denominator: 485            Rate: 76.9</p> <p>Additional notes on measure: Also measured was the percentage of respondents who responded “Always” to survey question #6: “In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for healthcare at a doctor’s office or clinic as soon as you thought your child needed?”</p> <p>Numerator: 504            Denominator: 776            Rate: 65%</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 275            Denominator: 377            Rate: 72.9</p> <p>Additional notes on measure: The percentage of respondents who responded “Always” to survey question #6: “In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for healthcare at a doctor’s office or clinic as soon as you thought your child needed?”</p> <p>Numerator: 488            Denominator: 774            Rate: 63%</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator: 275            Denominator: 377            Rate: 72.9</p> <p>Additional notes on measure: The percentage of respondents who responded “Always” to survey question #6: “In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for healthcare at a doctor’s office or clinic as soon as you thought your child needed?”</p> <p>Numerator: 488            Denominator: 774            Rate: 63%</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> This is a new goal for FFY 2009 and the reported rates will serve as a baseline</p> <p><b>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?</b> DMAHS monitors provider networks and other aspects of HMO operations and provides feedback to the HMOs to ensure that members have adequate access.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> The percentage of respondents who respond "always" will increase by at least 1 percentage point each year.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of respondents who respond "always" will increase by at least 1 percentage point each year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of respondents who respond "always" will increase by at least 1 percentage point each year.</p> <p><i>Explain how these objectives were set:</i> Using the 2009 as the baseline year, a 1 percentage point increase each year is aimed for.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> For the survey question “The percentage of respondents who responded “Always” to survey question #4: “In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?”, the rate decreased by 4 percentage point from 77% in CY 2009 to 73% in 2010.</p> <p>For the survey question “The percentage of respondents who responded “Always” to survey question #6: “In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for healthcare at a doctor’s office or clinic as soon as you thought your child needed?”, the rate decreased by 2 percentage points from 65% in CY 2009 to 63% in 2010.</p> <p>The performance objective was to increase the percentage of respondents who respond “always” by at least 1 percentage point each year. The current rate(s) fell short of the objective as they decreased in the current year.</p> <p><b>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?</b> DMAHS monitors provider networks and other aspects of HMO operations and provides feedback to the HMOs to ensure that members have adequate access. HMOs are also asked to identify and address areas of opportunity to improve enrollee satisfaction.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Same data as reported in previous year.</p> <p><b>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?</b> DMAHS monitors provider networks and other aspects of HMO operations and provides feedback to the HMOs to ensure that members have adequate access. HMOs are also asked to identify and address areas of opportunity to improve enrollee satisfaction.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p>

FFY 2009	FFY 2010	FFY 2011
	<p><b>Annual Performance Objective for FFY 2013:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p> <p><i>Explain how these objectives were set:</i> Based on the rates for the recent two years, a 1 percentage point increase each year is aimed for.</p>	<p><b>Annual Performance Objective for FFY 2014:</b> The percentage of respondents who respond “always” will increase by at least 1 percentage point each year.</p> <p><i>Explain how these objectives were set:</i> Based on the rates for the most recent two years, a 1 percentage point increase each year is our goal.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #2 (Describe)</b> Increase the percentage of children between 3 and 20 years old who receive a dental service by at least one percentage point yearly.</p>	<p><b>Goal #2 (Describe)</b> Increase the percentage of children between 3 and 20 years old who receive a dental service by at least one percentage point yearly. Formerly Goal 4 in Report Year 2009</p>	<p><b>Goal #2 (Describe)</b> Increase the percentage of children between 3 and 20 years old who receive a dental service by at least one percentage point yearly.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>            This new goal replaces the previous goal and provides a direction and target for access to dental services.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <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>            EQRO calculates a rate based on encounter data.</p>	<p><b>Measurement Specification:</b>  <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>            EQRO calculates a rate based on encounter data.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>            Rates calculated using administrative data from 3 of the 5 contracted HMOs.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            Definition of denominator: Children who were between 3 and 20 years of age as of 12/31/08 who were continuously</p>	<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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>

FFY 2009	FFY 2010	FFY 2011
enrolled in the same HMO in CY 2008, allowing one gap in enrollment up to 45 days, and enrolled in the HMO as of 12/31/08.		
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of children who received any dental service in CY 2008.	<b>Definition of Population Included in the Measure:</b> Definition of numerator: The number of children who received any dental service in CY 2009. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	<b>Definition of Population Included in the Measure:</b> Definition of numerator: The number of children who received any dental service in CY 2010. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Year of Data:</b> 2008	<b>Year of Data:</b> 2009	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:  Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 160059 Denominator: 333457 Rate: 48  Additional notes on measure: (If reporting with another methodology) Describe what is being measured: Unduplicated count of dental health provider types. For children in Plan D, dental coverage is limited to preventive dental services for children under the age of 12.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 198135 Denominator: 350947 Rate: 56.5  Additional notes on measure: For children in Plan D, dental coverage was limited to preventive dental services for children under the age of 12. (This changed to full dental, as in Plans A, B, and C on July 1, 2010.)	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 179291 Denominator: 310633 Rate: 57.7  Additional notes on measure: For children in Plan D, dental coverage was limited to preventive dental services for children under the age of 12. (This changed to full dental, as in Plans A, B, and C on July 1, 2010.)

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> This is a new indicator for FFY 2009 and the reported rate will serve as a baseline.</p> <p><b>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?</b> DMAHS requires HMOs to implement quality improvement projects to promote the use of dental services. The managed care contract also requires the HMOs to have a Dental Service Coordinator for monitoring activities to review the performance of dental providers in their provision of health care to enrollees.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><i>Explain how these objectives were set:</i> A minimum of one percentage point increase yearly is aimed with CY 2008 as baseline.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The current performance exceeded the performance objective.</p> <p><b>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?</b>DMAHS requires HMOs to implement quality improvement projects to promote the use of dental services. The managed care contract also requires the HMOs to have a Dental Service Coordinator for monitoring activities to review the performance of dental providers in their provision of health care to enrollees.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly</p> <p><i>Explain how these objectives were set:</i> With measurement year CY 2008 as baseline, a minimum of 1-percentage point increased yearly is aimed for.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The figures listed above reflect the revised 2009 EPSDT focused study findings using the data from 3 of the 5 contracted HMOs.</p> <p><b>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?</b>DMAHS requires HMOs to implement quality improvement projects to promote the use of dental services. The managed care contract also requires the HMOs to have a Dental Service Coordinator for monitoring activities to review the performance of dental providers in their provision of health care to enrollees.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of children receiving any dental service will increase by at least one percentage point yearly.</p> <p><i>Explain how these objectives were set:</i> A minimum of 1-percentage point increased yearly is our goal.</p>
<p><b>Other Comments on Measure:</b> For children in Plan D, dental coverage is limited to preventive dental services for children under the age of 12.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #3 (Describe)</b></p>	<p><b>Goal #3 (Describe)</b> The percentage of children 3-20 who received preventive dental service will increase by 2-3 percentage points yearly.</p>	<p><b>Goal #3 (Describe)</b> The percentage of children 3 to 20 who received preventive dental service will increase by 2-3 percentage points yearly.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <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 type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <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>                      EQRO calculates the rate based on encounter data.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Rates calculated using encounter data using data from 3 of the 5 contracted HMOs.</p>
<p><b>Data Source:</b>  <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>	<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of children who received a preventive dental service.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of children who received a preventive dental service.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	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:
<b>Other Performance Measurement Data:</b>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: 51  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 162648 Denominator: 310633 Rate: 52.4  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>  <b>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?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2010:</b> <b>Annual Performance Objective for FFY 2011:</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>  <b>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?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The figures listed above reflect the revised 2009 EPSDT focused study findings using the data from 3 of the 5 contracted HMOs.  <b>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?</b> DMAHS requires HMOs to implement quality improvement projects to promote the use of dental services. The managed care contract also requires the HMOs to have a Dental Service Coordinator for monitoring activities to review the performance of dental providers in their provision of health care to enrollees.

FFY 2009	FFY 2010	FFY 2011
<p><b>Annual Performance Objective for FFY 2012:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> <b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of children receiving preventive dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of children receiving preventive dental service will increase by at least one percentage point yearly.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of children receiving preventive dental service will increase by at least one percentage point yearly.</p> <p><i>Explain how these objectives were set:</i> A minimum of 1-percentage point increase yearly is our goal.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase the percentage of children 3 months to 2 years who receive at least one well visit by two percentage points yearly.</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of children 3 months to 2 years who receive at least one well visit by one percentage point yearly.</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of children 3 months to 2 years who receive at least one well visit by one percentage point yearly.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The goal was re-stated to provide a direction and target. The measurement specification is unchanged.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <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>                      A focused study was done using the calendar year as the measurement period to examine the access to care and quality of well care received by children continuously enrolled in the New Jersey managed care program during the CY including those enrolled in the SCHIP program.</p>	<p><b>Measurement Specification:</b>  <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>                      A focused study was done using the calendar year as the measurement period to examine the access to care and quality of well care received by children continuously enrolled in the New Jersey managed care program during the CY including those enrolled in the SCHIP program.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      A focused study was done using the calendar year as the measurement period to examine the access to care and quality of well care received by children continuously enrolled in the New Jersey managed care program during the CY 2009 including those enrolled in the SCHIP program. Rates were calculated using encounter data from 3 of the 5 contracted HMOs.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Definition of denominator: The focused study includes children enrolled in the New Jersey managed care program (SCHIP and other waiver programs) who meet the criteria of continuous enrollment in an HMO for 12 months during the review period, allowing for one break in service not to exceed 45 days and enrolled as of December 31st of the measurement year.</p>	<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of children who received at least one well visit in the measurement year.                      Definition of denominator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of children who received at least one well visit in the measurement year.                      Definition of denominator:</p>

FFY 2009	FFY 2010	FFY 2011
Definition of numerator: The number of children who received at least one well visit in the measurement year.	<input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	<input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Year of Data: 2009	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:  Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 59147 Denominator: 67771 Rate: 87.3  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 60848 Denominator: 70941 Rate: 85.8  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 52925 Denominator: 63766 Rate: 83  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> The rate increased by 6 percentage points in CY 2008. The rate exceeded the objective.	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The performance objective was 89% and the current rate is 3 percentage points short of the target.	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The figures listed above reflect the revised 2009 EPSDT focused study findings using the data from 3 of the 5 contracted HMOs.

FFY 2009	FFY 2010	FFY 2011
<p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> At least 89% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 91% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 93% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> With rates steadily increasing, the performance objective was for a yearly 2 percentage point increase.</p>	<p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 87% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 88% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 89% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> Based on the decline in the current year's rate, the objectives were scaled back and a minimum of 1-percentage point yearly increase is being aimed for.</p>	<p><b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of the children in this age group will have an increase of at least 1 percentage point for a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of the children in this age group will have an increase of at least 1 percentage point for a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of the children in this age group will have an increase of at least 1 percentage point for a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> A minimum of 1-percentage point yearly increase is our goal.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #2 (Describe)</b> Goal #2 The percentage of children 3 to 14 years old who had at least one well visit will increase by two percentage points yearly.</p>	<p><b>Goal #2 (Describe)</b> The percentage of children 3 to 14 years old who had at least one well visit will increase by two percentage points yearly.</p>	<p><b>Goal #2 (Describe)</b> The percentage of children 3 to 14 years old who had at least one well visit will increase by two percentage points yearly.</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>            The goal was re-stated to provide a direction and target. The measurement specification is unchanged.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Status of Data Reported:</b>  <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><b>Measurement Specification:</b>  <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>            A focused study was done based on the calendar year to examine the access to care and quality of well care received by children in the 3 to 14 years age group who were continuously enrolled in the New Jersey managed care program.</p>	<p><b>Measurement Specification:</b>  <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>            A focused study was done based on the calendar year to examine the access to care and quality of well care received by children in the 3 to 14 years age group who were continuously enrolled in the New Jersey managed care program.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>            A focused study was done based on the CY 2009 to examine the access to care and quality of well care received by children in the 3 to 14 years age group who were continuously enrolled in the New Jersey managed care program. The rates are calculated using encounter data from 3 of the 5 contracted HMOs.</p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            Definition of numerator: Numerator: Children with one or more well visits in the measurement year based on encounter data.            Denominator: Children continuously enrolled in an HMO for 12 months during the review period, allowing for one break in service not to exceed 45 days and enrolled as of December 31st of the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Children with one or more well visits in the measurement year based on encounter data.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Children with one or more well visits in the measurement year based on encounter data.            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 01/2009 <b>To: (mm/yyyy)</b> 12/2009</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator:            Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator:            Denominator:</p>

FFY 2009	FFY 2010	FFY 2011
Rate:  Additional notes on measure:	Rate:  Additional notes on measure:	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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 155046 Denominator: 264586 Rate: 58.6  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 176655 Denominator: 278527 Rate: 63.4  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 192696 Denominator: 247047 Rate: 78  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> The rate increased by 5 percentage points in CY 2008. The rate for CY 2008 met the objective.  <b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The rate for CY 2009 met the objective.  <b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> The figures listed above reflect the revised 2009 EPSDT focused study findings using the data from 3 of the 5 contracted HMOs.  <b>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?</b> HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.

FFY 2009	FFY 2010	FFY 2011
<p>services.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2010:</b> At least 61% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 63% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 65% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> Based on rates from prior years, a two percentage point increase is aimed for in succeeding years.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 65% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 67% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 69% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> Based on the current year's rate, the 2-percentage point yearly increase established in the prior reporting year is aimed for in succeeding years.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 80% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 82% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 84% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> Based on the current year's rate, the 2-percentage point yearly increase established in the prior reporting year is aimed for in succeeding years.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #3 (Describe)</b> The percentage of children 15 to 20 years who receive at least one well visit will increase by 2 percentage points yearly.</p>	<p><b>Goal #3 (Describe)</b> The percentage of children 15 to 20 years who receive at least one well visit will increase by 2 percentage points yearly.</p>	<p><b>Goal #3 (Describe)</b> The percentage of children 15 to 20 years who receive at least one well visit will increase by 2 percentage points yearly.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>            The goal was re-stated to provide a direction and target. The measurement specification is unchanged.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <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</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously</i></p>	<p><b>Status of Data Reported:</b>  <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.</p>

FFY 2009	FFY 2010	FFY 2011
<i>reported:</i>	<i>reported:</i>	<i>Specify year of annual report in which data previously reported:</i>
<p><b>Measurement Specification:</b>  <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>  A focused study was done by the EQRO based on the Calendar Year period to examine the access to care and quality of well care received by children who meet a continuous eligibility requirement in managed care. The sample of children selected for the study may include children covered by SCHIP and other Medicaid programs.</p>	<p><b>Measurement Specification:</b>  <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>  A focused study was done by the EQRO based on the Calendar Year period to examine the access to care and quality of well care received by children who meet a continuous eligibility requirement in managed care. The sample of children selected for the study may include children covered by SCHIP and other Medicaid programs.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>  A focused study was done by the EQRO based on the Calendar Year period to examine the access to care and quality of well care received by children who meet a continuous eligibility requirement in managed care. The sample of children selected for the study may include children covered by SCHIP and other Medicaid programs. This is a revision of the 2009 focused study. The rates were calculated from 3 of the 5 contracted HMOs.</p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  Definition of numerator: Numerator: The number of children who received at least one well visit in the CY. Denominator: The focused study includes a sample of children enrolled in the New Jersey managed care program (SCHIP and other waiver programs) who meet the criteria of continuous enrollment in a HMO for 12 months during the CY allowing for one break in services not to exceed 45 days and enrolled without a break during December of the CY.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of children who received at least one well visit in the CY.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of children who received at least one well visit in the CY.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 01/2009 <b>To: (mm/yyyy)</b> 12/2009</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <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></p>

FFY 2009	FFY 2010	FFY 2011
		<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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 33764 Denominator: 77108 Rate: 43.8  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 37787 Denominator: 80274 Rate: 47.1  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 47326 Denominator: 70637 Rate: 67  Additional notes on measure:
<b>Explanation of Progress:</b>  <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The rate increased by 3 percentage points in CY 2008. The CY 2008 rate met the objective.</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? HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2010:</b> At least 46% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The CY 2009 rate met the objective.</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? HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 49% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 51% of the children in this age group will have a well visit in the measurement year.</p>	<b>Explanation of Progress:</b>  <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The figures listed above reflect the revised 2009 EPSDT focused study findings using the data from 3 of the 5 contracted HMOs.</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? HMOs are required to implement annually quality improvement projects (QIPs) to promote regular use of EPSDT services. DMAHS also collaborates with HMOs, providers, state agencies and community-based groups to promote and implement efforts that will increase use of preventive services.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 69% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 71% of the children in this age group will have a well visit in the measurement year.</p>

FFY 2009	FFY 2010	FFY 2011
<p>least 48% of the children in this age group will have a well visit in the measurement year.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 50% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> Based on rates from prior years, a two percentage point increase is aimed for succeeding years.</p>	<p><b>Annual Performance Objective for FFY 2013:</b> At least 53% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b> At least 73% of the children in this age group will have a well visit in the measurement year.</p> <p><i>Explain how these objectives were set:</i> The goal is a 2 percentage point increase each year.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> New Jersey has a 4th goal: The percentage of children who turned 2 years old in the measurement year who receive a blood lead screening will increase by at least one percentage point yearly (Formerly goal #6): Continuing, final, HEDIS, Hybrid, denominator includes CHIP and Medicaid, numerator=children who had one or more capillary or venous blood tests for lead poisoning by their second birthday,data year 2009, rate 75.23%, (n=8908, d=11841, met the objective, increase rate to 76%, 77%, 78%</p>	<p><b>Other Comments on Measure:</b></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]**

DMAHS, through the Office of Quality Assurance (OQA), performs various quality monitoring/quality assurance activities to assess the care and services delivered through the managed care program. Enrollees in the managed care program may be covered through various eligibility categories such as NJ FamilyCare, ABD, DDD, DYFS, etc. Hence, the strategies do not focus on a particular group of individuals but on different aspects of performance of the HMOs participating in the managed care program. The state-contracted external quality review organization (EQRO), MPRO through December 19, 2011 and currently IPRO effective April 25, 2011, performs the mandatory EQRO activities and a few optional activities such as focused studies, care/case management audits and individual quality concern reviews. Other monitoring activities such as the review of managed care provider networks, contractually-required HMO reports, and other tracking activities are performed by OQA staff or other DMAHS units.

From July 1, 2011 through October 1, 2011, DMAHS transitioned approximately 150,000 Fee-for-Service beneficiaries into the Managed Care program. These include the ABD/DDD population and the dual eligible not already enrolled, individuals who were previously exempted from managed care and those in Waiver programs. OQA planned and implemented a Blueprint that was used as a means of written communication between DMAHS and each of the HMOs to discuss DMAHS' expectations of the HMOs and their plans for providing accessible, appropriate, and timely quality health care to the members impacted by the transition. The OQA existing complaints and inquiry phone line is available for any member or advocate who has an issue with access or quality of care. The HMO is notified to resolve the issue, and if a recurring issue is identified, the OQA works with the HMO to identify and correct the root cause. A member tracking grid is currently in development whereby OQA monitoring will ensure that a transitioned member receives an assessment before any existing services are reduced or terminated.

MPRO conducted a detailed review of each HMO's compliance with contractual, federal and State operational and quality requirements through a review of documentation, files and discussions with key HMO staff. The Annual Assessment of HMO Operations performed by the EQRO in 2010 for AmeriChoice of New Jersey Inc., AMERIGROUP New Jersey, Inc., Healthfirst Health Plan of New Jersey and Horizon NJ Health resulted in compliance ratings between 78% and 92%. During the later part of 2011, IPRO conducted the Annual Assessment of HMO Operations for AMERIGROUP New Jersey, Inc., Healthfirst Health Plan of New Jersey, Horizon NJ Health and UnitedHealthcare Community Plan, where results are still under review.

MPRO reviewed the HMOs' HEDIS performance using the CMS protocol, Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities. Validation activities included: 1) review of the data management processes; 2) evaluation of algorithmic compliance; and 3) verification that the reported results are based on accurate sources of information. MPRO's validation showed that the HMOs demonstrated the ability to calculate and report accurate performance measures as required by the State. IPROs 2011 review of the HMOs' HEDIS performance is based on the same protocol and validation is pending.

The OQA monitors the HMOs care/case management through focused chart audits conducted by the EQRO on behalf of OQA. The records are evaluated for timely outreach, documentation of preventive services and age-appropriate EPSDT services, continuity of care and coordination of services. Populations for the audit include enrollees under the Division of Developmental Disabilities, the Division of Youth and Family Services, as well as lead-burdened children. Benchmarks have been established to determine the HMOs' compliance with the NJ Medicaid/FamilyCare Contract care management requirements, where a Performance Standard of 60-80% is required. MPRO's audit results for 2010 ranged from 49% to 100% for all populations across the four audit categories, with preventive services and continuity of care presenting the greatest challenge.

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]**  
CHIP Annual Report Template – FFY 2011

In the July 2011 Managed Care Contract, DMAHS added the following HEDIS measures for reporting: Immunizations for Adolescents, Appropriate Testing for Children with Pharyngitis, Frequency of Ongoing Prenatal Care, Chlamydia Screening, BMI Assessment for Children/Adolescents, Follow-up Care for Children Prescribed ADHD Medication (Initial Phase Only) and Follow-up after Hospitalization for Mental Illness (Clients of DDD only). HMOs will begin reporting these measures to DMAHS in June 2013.

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

The latest focused studies completed by the EQRO, MPRO, on behalf of DMAHS are for CY 2009. The first study, EPSDT Focused Study Report, provides results of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) study for services provided in calendar year 2009 related to utilization of primary care, quality of care, immunizations, utilization of dental services, blood lead screening, and follow-up care for lead-burdened children.

The Children and Adolescents' Access to Primary Care Practitioner (CAP) HEDIS rates were at or greater than 80%. The youngest enrollees had the highest rates of utilization of primary care. Quality of care noted that the youngest enrollees were most likely to receive developmental assessment and anticipatory guidance. Childhood immunization rates for Combination 2 and 3 were 77% and 68%, respectively. Dental utilization rates for any type of dental service increased from 48% in 2008 to 58% in 2009 for children ages 3 to 20 years old. The percentage of children aged 9-72 months with continuous eligibility in the same HMO who had at least one blood lead screening in their lifetime was 81%.

The second focused study, Children with Special Health Care Needs (CSHCN), examines utilization of primary care, quality of care, utilization of dental services, blood lead screening, hospital emergency room and inpatient utilization data, and HMO care management for CSHCN provided in calendar year 2009.

The study showed that children with special needs have a high rate of utilization of primary care services. Primary care providers (PCPs) saw 78% of CSHCN at least once in 2009. CSHCN aged 3 months-2 years had the highest rates for all of the physical exam components with the exception of vision screening and neck. Rates for most physical exam components for enrollees aged 3-14 years were similar to rates for enrollees aged 15-18 years, with the exception of genitourinary and oral screening. At least one component of developmental assessment was completed for 78% of enrollees aged 15-18 years, 83% of enrollees aged 3-14 years and 92% of CSHCN aged 3 months-2 years. The annual use of any dental service increased from 2006 through 2009. The rate of CSHCN aged 9-72 months with continuous enrollment in the same HMO who had at least one blood lead screening in their lifetime was 83% in 2009. The youngest age group (3 months-2 years) had the highest emergency room visit rates and the highest inpatient admission rates over the four-year period. Care management records indicate documentation of a high percentage of Complex Needs Assessment components. Acuity level documentation increased to 93% in 2009.

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]**

New Jersey conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This standardized survey allows beneficiaries to evaluate their experience with healthcare. The survey asks enrollees about their recent experience with health plans and covers topics such as provider communication skills and the ease of access to healthcare. This supplies valuable information to aid in improving the quality of care offered to NJ FamilyCare beneficiaries.

The 2010 survey indicates that the respondents are satisfied with the New Jersey Medicaid managed care programs. General ratings of healthcare services are high, and most respondents feel that they usually or always access services when needed. Their responses indicate an overall satisfaction with healthcare providers and access to care.

In fact, 75% of the adult enrollees surveyed rated their overall healthcare with high standards and 88% rated their child's healthcare highly (rated a 7 or above on a 10 point scale). In addition, most of the respondents had high opinions of their own health plans. For both adults and children, the responses reveal a high rating of each health plan with very few complaints. In 2009, more than 77% of the recipients rated their own and 84% rated their child's health plan on the high end of the spectrum. In 2010, more than 74% of the recipients rated their own health plan and 80% rated their child's health plan on the high end of the spectrum. Thus, the respondents still feel that their healthcare is satisfactory and most respondents still feel that the managed care health plans meet their needs, even though there was a slight drop in percentage of respondents who rated their health plans highly.

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

## **SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION**

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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]**

Following The New Jersey Health Care Reform Act of 2008, signed into law on July 7, 2008, and the CHIPRA reauthorization in February 2009, New Jersey was primed and positioned to continue the implementation of simplification efforts. Our efforts did not change but the legislation helped to strengthen our efforts.

CHIPRA provided for Express Lane Eligibility (ELE) in which states can accept income eligibility for children for Medicaid or NJ FamilyCare based on another government agency's eligibility/income determination. ELE Taxation and ELE Free and Reduced Lunch are two current projects. New Jersey's income tax form asks whether dependents have health insurance. While those answering "no" are sent an express application, CHIPRA allows us to use a family's latest tax return for income verification, alleviating the need to submit income information. The ELE Taxation process is statewide.

New Jersey has also implemented, through receipt of a CHIPRA grant, an Express Lane Eligibility process to enroll uninsured children who are receiving Free or Reduced Price Lunch. In pilot districts, those uninsured students determined to be eligible for free lunch (up to 130% FPL) will receive Plan A benefit package (Medicaid), and those uninsured students determined eligible for reduced price lunch (up to 185% FPL), will receive Plan B benefit package through CHIP. The regular CHIP eligibility procedure provides Plan A (Medicaid) for just families up to 133% FPL, and Plan B to families up to just 150% FPL.

Our CHIPRA grant project stipulates that NJ FamilyCare school facilitators hired by the districts must help with retaining as well as obtaining health insurance benefits. With grant funds, NJ FamilyCare developed a web-based portal that is being used to capture the school district's information on uninsured students whom they have identified in a uniform database. With the help of this new web-based system, the school districts continue to submit names of uninsured children; they can track their eligibility outcome, and follow up with families when it is time to renew. As schools continue to report the uninsured students, NJ FamilyCare will continue to send applications to uninsured families.

This year NJ's State Plan Amendment for Express Lane School Lunch Program was approved dating back to October 2010. We are now using the Express Lane Eligibility process state wide for those uninsured students participating in the school lunch program.

Utilizing the skills and abilities of our third party liability vendor, we have also recently incorporated data matching using their files and our student data bases to help identify the uninsured school aged children. Mail files of uninsured students with a free or reduced price lunch indicator are used to send

out either express or regular applications depending on the child's participation in the lunch program. In addition, all those identified as uninsured and not on the lunch program are outreached and offered direct assistance in completing their applications.

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]

Outreach through clinics, hospitals, and schools has proven to be most successful. We support hospitals in holding open registration events at their facilities. We have worked extensively with the NJ Department of Health and Senior Services to make sure that the Federally Qualified Health Centers (FQHCs) use our combined Presumptive Eligibility (PE)/NJ FamilyCare application to enroll the uninsured as they present for care. Since all PE sites have their own designated PE enrollment number, we are able to count the number of PE applications submitted to track successes.

We also continue to work with hospitals to make sure they apply for Presumptive Eligibility for uninsured children and pregnant women who could be presumed eligible for Medicaid/NJ FamilyCare. This is a more appropriate use of funding as opposed to charity care or uncompensated care funds.

Having professional staff complete an online application that serves as both Presumptive Eligibility and Medicaid/NJ FamilyCare has been effective in reaching low-income uninsured people.

Regarding school outreach, we requested the CHIPRA grant because we realized the population that needed to be enrolled was basically in school all day. We strongly feel that schools should inquire about the health insurance status of their students and take an active role in getting kids enrolled. Schools who identify their uninsured and indicate their level of school lunch participation allow their students access to a simplified and fast NJ FamilyCare enrollment process.

A Memorandum of Agreement was signed between the Department of Human Services, Agriculture and Education which helps to facilitate data sharing.

Here is a brief synopsis of our ongoing statewide outreach initiatives:

#### Schools and Child Care

NJ FamilyCare is working in conjunction with the Department of Education and individual school districts' student rosters to help identify and outreach the uninsured. New Jersey schools incorporated the new requirement to inquire about health insurance into their existing forms and shared the information with NJ FamilyCare for follow up and outreach. School districts were given until October 30th to send an electronic mail file of their uninsured students with an indicator for their participation in the School Lunch program in a prescribed file layout so the parents could be sent an application for their completion and return. In addition, the school districts send us those children with unknown health insurance status and we use a sophisticated data matching process to identify the highly probably uninsured families for outreach.

The Head Starts and child care centers ask the health insurance status of the students enrolled in their schools and regional NJ FamilyCare staff is available to provide outreach, enrollment and follow up.

We continue to use the Free and Reduced Price School Lunch application to inform families about NJ FamilyCare. An authorization form was included which gives families an opportunity to “opt out” of having their information shared.

#### Hospital and FQHC

Hospitals continue to be reminded on the availability of presumptive eligibility for children and appropriate utilization of available state funds for the uninsured.

Hospital personnel complete the combined Presumptive Eligibility/NJ FamilyCare application to apply for Presumptive Eligibility for Children up to 350% FPL and Presumptive Eligibility for Pregnant Women up to 200% FPL.

We again worked on making sure that the hospitals in our state were helping uninsured families get insured by informing them about NJ FamilyCare and completing an NJ FamilyCare application for any uninsured child they identified through hosting of Hospital Open Enrollment Days.

NJ FamilyCare continues to partner with the FQHCs which are focusing on helping eligible families apply for NJ FamilyCare instead of relying on Uncompensated Care for their uninsured populations.

#### Taxation

Any individual who files a NJ Gross Income Tax Return must indicate on the form whether or not the taxpayer’s dependent(s), if applicable, has health insurance. Treasury transmits a mail file monthly to NJ FamilyCare on those tax filers who identified their dependents as being uninsured. Targeted mailings begin with each calendar year. The NJ Tax 1040 form and the instruction booklet define the health insurance question. An advertisement about NJ FamilyCare continues to be included in the NJ 1040 instruction booklet where it speaks about the Earned Income Tax Credit.

## Ongoing Outreach

The Insure Kids Now hotline, 1-800-KIDS-NOW, continues to be available nationwide to connect interested families to NJ FamilyCare information. On average, New Jersey's call completion rate is 97%, and is repeatedly higher than the national call completion rate.

NJ FamilyCare maintains a comprehensive list of over 500 application assistance sites.

## Training

The Office of NJ FamilyCare provides routine trainings to various community agencies, the public or advocacy groups. These entities were offered refresher training this year and are available to assist families in applying for the program.

## In reach with Other Government Partners

Referrals are received weekly from the Department of Labor and Workforce Development Rapid Response Team as to plant closings or downsizings. We send sufficient NJ FamilyCare materials for each of the affected employees.

The NJ Department of Labor is also supporting training in NJ FamilyCare for the staff of their One Stop Career Centers and their Vocational Rehabilitation Centers. NJ FamilyCare information is printed on unemployment checks, and there is also an NJ FamilyCare link on the Department of Labor's website where citizens apply for unemployment benefits.

Those families applying for LiHeap (Low Income Home Energy Assistance Program) are asked about the health insurance status of the children in their household. The helping agencies then provide direct NJ FamilyCare application assistance or refer their names for our follow up.

A Memorandum of Agreement has been signed with the Department of Education, Agriculture and Human Services to encourage and formalize our process of information sharing.

Office of Child Support and Paternity

Work continues on the coordination of the National Medical Support Notice (which is sent to employers of parents in custody cases) with NJ FamilyCare. NJ FamilyCare applications are mailed to families with no source of employer insurance.

On the Web

Our NJ FamilyCare website, [www.njfamilycare.org](http://www.njfamilycare.org), continues to be a great source of information for the public, with fact sheets available in 11 languages. Not only can families learn all about NJ FamilyCare, get program materials in various languages, and be updated about any program changes, but they can apply online as well. Our state also offers [www.njhelps.org](http://www.njhelps.org), a website on which families can screen themselves for eligibility in various social services offered by the state, including Medicaid and NJ FamilyCare.

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

NJ uses a combined Presumptive Eligibility (PE)/NJ FamilyCare application whereby the one application serves to establish both PE and full NJ FamilyCare/Medicaid eligibility, including enrollment into the HMO chosen by the family. This has been a best practice since one application completed on behalf of the family by a trained professional healthcare worker allows for temporary eligibility as well as for the determination of full eligibility without necessitating the family to complete another form. PE providers are encouraged to submit PE electronically, as the electronic submission ensures that the application is complete prior to submission.

Targeted school outreach is another best practice. Having specific school personnel dedicated to assisting enrollment of identified uninsured students has been effective also. We piloted this concept with state funds last year and were fortunate to expand our efforts with the CHIPRA grant (Cycle 1).

During this Annual Report year, nearly 250 out of approximately 600 school districts reported data on their uninsured students, with 190 including data on Free or Reduced Price Lunch status. 36,546 households with 60,110 uninsured students were identified by the school districts and referred to the Office of NJ FamilyCare. Of those students, 25,576 were currently receiving Free lunch (income limit is up to 130% FPL) which would be Medicaid eligible, and 4,611 were currently receiving Reduced Price Lunch (income limit is up to 185% FPL). 29,873 uninsured students had no lunch status indicated. Regular, as opposed to Express, applications were sent to all students identified, since we are still in the pilot stage of the Express Lane process. However, we are preparing to expand this pilot statewide by encouraging all school districts to report his information to us now.

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]**

We issued the following criteria in seeking school districts to be awarded funding to hire a dedicated school employee in certain targeted school districts:

- 1) Must serve ethnic and immigrant communities
- 2) Must have a student population that has a participation rate of Free and Reduced Price Lunch = 50%, among at least 2,000 students
- 3) Must have an English as a Second Language (ESL) program
- 4) Could demonstrate that they are working cohesively with at least one community or faith based organization that targets ethnic and/or immigrant populations.

State grants were given to nine school districts meeting those criteria. Last school year they identified more than 4,000 students that were uninsured and more than half of those were receiving Free or Reduced Price Lunch. This school year (SFY12) those nine school districts identified 13,352 uninsured students and 9,347 are participating in the school lunch program. 873 are participating in the Reduced Price Lunch Program and 3,132 are uninsured and on paid lunch status.

Statewide, all school districts are asking their students insurance status and with permission are submitting that data to our office. The data is to be submitted each year by October 30th.

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] 93.1

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

Using data from "Uninsured Children: Who Are They and Where Do They Live - New National and state estimates from the 2008 American Community Survey", 93.1% of children under 200% FPL in NJ are insured.

## **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]**

The NJ FamilyCare application addresses the issue of existing health insurance. It asks specific questions regarding families' insurance status: "[Do you have] Other health insurance now? [Did you have] Other health insurance within the past 3 months?" This federal fiscal year, 1,022 applicants were found to have insurance in the 3 months prior to applying for NJ FamilyCare. That is 1.0% of the total number of applicants denied.

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]**

NJ FamilyCare has a look back period of three months, which applies to children in FamilyCare Plans B, C, and D. The waiting period was eliminated for families at or below 200% FPL who are purchasing health care coverage from an individual plan or COBRA. Below are the other exceptions to the three month requirement:

- Regardless of income, if prior health coverage was lost through no fault of their own (i.e. employer went out of business, employee was laid off or changed jobs\*) they are exempt from the waiting period; (\*For families changing jobs, available insurance at the new employer must be more expensive than NJ FamilyCare in order to qualify)
- All children/parents at or below 133% FPL are exempt from the waiting period;
- Children in a household at 201% to 350% FPL are exempt from the waiting period if their COBRA expires.

***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]** 10  
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**? 11.6  
Provide a combined percent if you cannot calculate separate percentages. **[5]**

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 11.6

- a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)\*100]? **[5]**

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

- Yes  
 No

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

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

- Yes  
 No

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

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

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

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

- Yes  
 No

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

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

Figures are available from the Department of Banking and Insurance:  
[www.state.nj.us/dobi/division\\_insurance/ihcseh/ihrates.htm](http://www.state.nj.us/dobi/division_insurance/ihcseh/ihrates.htm)

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]**

The Eligibility Vendor screens all applicants for potential Medicaid eligibility, and can enroll children in either Medicaid or CHIP. Cases that involve children who are members of a family already receiving Title XIX benefits through the County Welfare Agencies or children who are eligible for a Medicaid program which can only be evaluated by the county are sent to the County Welfare Agencies for an eligibility determination. The reverse is true if a family is evaluated at the County and is above 133% of the FPL. This application will be sent to the State Eligibility Vendor for an eligibility determination. The process is seamless to the family since a face-to-face interview is not necessary to enroll in the program.

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]**

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] 29
- 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] 42

#### 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	<p>2. Does the State have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>3. If there is an assets test, does the State allow administrative verification of assets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
Elimination of In-Person Interview	<p>4. Does the State require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	<p>6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

	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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		If exparte is used, is it used for  All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  A subset of applicants <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If exparte is used, is it used for  All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  A subset of applicants <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input 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 checked="" 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]**  
Three (if administrative renewal cannot be done).
  - 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]**  
Initial renewal 75 days; reminder 45 days; termination letter 14 days.
- 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]**

NJ FamilyCare continues to focus on retention of eligible/enrolled families. We have improved our renewal form and reminder letters. We do administrative renewals when possible. The 4 participating HMOs also send reminder notices. Each month the HMOs receive a detailed report of their respective beneficiaries who have approximately 75 days to renew their coverage with NJ FamilyCare. The HMOs are proactive in their efforts to assist families in the renewal process.

**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	118811	100
2. Total number of application denials	48605	40.9
a. Total number of procedural denials	24558	20.7

b. Total number of eligibility denials	20975	17.7
i. Total number of applicants denied for title XXI and enrolled in title XIX		
(Check here if there are no additional categories <input type="checkbox"/> ) c. Total number of applicants denied for other reasons Please indicate: Our system includes those very low income applicants who are referred to the County Welfare Agencies who may be eligible for Medicaid as “denials”. We do not know the outcomes.	3072	2.6

3. Please describe any limitations or restrictions on the data used in this table: This data is supplied by our vendor and includes both Title XIX and Title XXI applicants, without distinguishing between the two. Most Title XIX applicants apply through one of our 21 counties. It also includes status change and renewal applications, not just new applications. This is the only way the data could be made available to us.

**Definitions:**

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2011. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).
2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

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

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

**Is the State reporting this data in the 2011 CARTS?**

- Yes (complete) State is reporting all measures in the redetermination table.
- Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures.  
Explain: [7500]
- No If the State is not reporting any data, please explain why.  
Explain: [7500]

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined	162497	100%			
2. Total number of children screened for redetermination	162497	100	100%		
3. Total number of children retained after the redetermination process	136046	83.72	83.72		
4. Total number of children disenrolled from title XXI after the redetermination process	26451	16.28	16.28	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	14306			54.08	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	8080			30.55	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	1660				20.54
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"/> )	1377				17.04
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: Citizenship; Residency; Other program eligibility (If unable to provide the data check here <input type="checkbox"/> )	5043				62.41
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: Voluntary disenrollment (Check here if there are no additional categories <input type="checkbox"/> )	4055			15.33	

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.

This data is supplied by our vendor and includes both Title XIX and Title XXI applicants, without distinguishing between the two. Most Title XIX applicants apply through one of our 21 counties.

**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 18<sup>th</sup> 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%
<b>Enrollment Status 6 months later</b>										
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"/> )										
<b>Enrollment Status 12 months later</b>										
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]**  
The notice of premium states: "When payment of your premiums and co-payments has reached 5% of your annual income, your benefits will be free for the rest of the year. You must save your receipts and let us know when your costs have reached about 80% of your annual limit, so we can tell you what to do when your reach your payment limit."
      - 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]**  
It has never been necessary.
4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **[500]**  
None have reported exceeding the cap.
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]**  
Our eligibility vendor has reported that during FFY 2011 2,879 children were disenrolled for non-payment of premiums. Last year the number was 3,018. Disenrollment for non-payment of premiums has declined due to the fact that premiums were eliminated on July 1, 2009 for children in families with income from 151-200% FPL.
- 6.
7. Families who are disenrolled are sent a Disenrollment Survey. Through this survey, they are given the opportunity to express their opinion on the NJ FamilyCare program and explain why they disenrolled.
- 8.
9. Through the use of the Disenrollment Survey, we've discovered many families may be eligible for a status change. NJ FamilyCare offers continuous eligibility, so families are not obligated to report changes in income or family size until it is time to renew. However, families are encouraged to report a decrease in household income and/or an increase in family size, as that may result in becoming eligible for a benefit plan with a smaller or no premium and perhaps more comprehensive benefits. The Eligibility Vendor is always available to assess the current status of a household for the purposes of a status change where applicable. Follow-up is done for those families who say they disenrolled because they could no longer afford the premium.

10. 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]

11. 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]

No changes have been made in premiums or copays in FFY 2011. However a premium reduction in July 2009 resulted in a 28% reduction in disenrollments due to nonpayment of premium.

### **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]**

The NJ FamilyCare/Premium Support Program (PSP) was implemented as a provision of the Title XXI, SCHIP 1115 waiver on June 1, 2001. Through the Premium Support Program, eligible NJ FamilyCare beneficiaries can enroll into their employer-sponsored health plans. PSP reimburses participants the cost of their employer-sponsored health plan minus the PSP premium (which is a lower premium than that of NJFC). Beneficiaries participating in PSP continue to receive all covered services through their employer plan, as well as wrap-around services on a fee-for-service basis.

The administrative process continues to be labor intensive because the employer insurance information is not readily available. The Premium Support Program conducts outreach to employers and then to individual households to gather employer and insurance information. The process remains tedious even with the use of an employment Data File Match from the New Jersey Department of Labor because of the outdated information it contains.

4. What benefit package does the ESI program use? **[7500]**

The Premium Support Program uses the same service package that the beneficiary is eligible for through the NJ FamilyCare program. For cost effectiveness purposes PSP uses "Plan D" as the benchmark since it is modeled after the most popular commercial health plan offered in New Jersey.

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]? Families keep track of their expenditures and notify us when that level is reached.

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
89	Number of adults ever-enrolled during the reporting period
383	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	16
Parents	4

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

The Premium Support Program continues to encounter some of the same problems as in previous reporting periods: double-digit increases in premiums and cost shares which make it difficult to find cost-effective ESI plans; the requirement to calculate cost-effectiveness on a statistical average rather than on a case-by-case basis (or in the aggregate); numerous dis-enrollments from PSP as clients continue to lose their jobs and hence have no access to ESI.

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

Despite the challenges above, PSP cases are cost-effective and provide a savings to the State. In the last reporting period continued with our outreach effort where staff members call and explain the program personally to a potential client, in addition to sending out the required mailings. We have also enforced the mandated aspect of the program and have been helped tremendously by CHIPRA's provision that requires employers to open up their enrollment period once someone has been identified by the State as being eligible for PSP.

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]**

The Division of Medical Assistance and Health Services has submitted a request to change several aspects of the PS program as outlined in the Comprehensive Waiver which CMS is currently reviewing. The changes are necessary in order to make the program more efficient and for it to yield more beneficial results.

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]**

Participation in ESI has aided in mainstreaming health coverage for children. Once the parents get used to the PSP idea they seem to like having everyone on the same health insurance plan. The PSP pays beneficiaries timely, and often in advance of the payroll deduction, thus avoiding any financial burden on the family.

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

During FFY 2011, a combined total of \$267,171.87 in premium and cost share reimbursements were made.

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	0	High	631
Parents	Low		High	

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

Fifty percent.

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:	0	% of FPL[5]	350 % of FPL[5]
Income level of Parents:	0	% of FPL[5]	133 % 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]**

6 months

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]** The new CHIPRA provisions, in addition to implementing the

new standards requested under the Comprehensive Waiver, will go a long way in removing some of the barriers currently being encountered in the Premium Support Program.

Enter any Narrative text below. **[7500]** Question 17: The NJ PSP system is geared to generate this information per household only:

Per Household

State \$189

Employer \$783

Employee \$218

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

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

(1) prevention:  Yes  No

(2) investigation:  Yes  No

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

Please explain: **[7500]**

The Office of the State Comptroller - Medicaid Fraud Division (MFD), oversees fraud and abuse investigations and referrals related to the New Jersey Medicaid program. Some of the methods used to safeguard against fraud and abuse include, but are not limited to, the following: claims editing system to avoid paying claims which are submitted improperly, detection of early refills of prescriptions and identification of claims which include the unbundling of services. Prior authorization of certain services such as personal care assistance, specific drugs and other services also assists in safeguarding the Medicaid program.

MFD staff receives training from the Medicaid Integrity Institute, Medicaid Fraud Control Unit, National Health Care Anti-Fraud Association and from other sources on an ongoing basis.

MFD has several internal methods of detecting fraud, waste and abuse. These include data mining and data analysis, pre and post payment monitoring, recipient pharmacy lock-in and comprehensive background investigations on potential Medicaid providers.

Referrals are received from various internal and external sources including the MFD Data Mining Unit, Audit Department, toll free fraud and abuse hotline, Explanation of Medical Benefits distribution, Molina (the State's fiscal agent), County Welfare Agencies, State Attorney General's Office, County Prosecutor's Offices, HHS-OIG, Managed Care Organizations and various professional boards and other state and federal regulatory and law enforcement agencies.

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

Yes

No

Please Explain: **[500]**

The Medicaid contract between the Managed Care Organizations and DMAHS require the plans to "...establish written policies and procedures for preventing and identifying potential enrollee fraud, waste, and abuse."

2. For the reporting period, please report the

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

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

a. Provider Credentialing

\_\_\_\_\_ Number of cases investigated  
\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

b. Provider Billing

86 Number of cases investigated  
11 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

97 Number of cases investigated  
3 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 4 MCOs each have their own Special Investigations Unit to address fraud, waste and abuse. They must submit quarterly reports to MFD detailing the specifics of fraud investigation efforts. MFD meets monthly with the MCOs to discuss cases, identify trends, share information and monitor aberrant providers. Where ineligibility is confirmed, MFD will pursue financial recovery and termination from CHIP. In cases where fraud is suspected, the case is also referred for criminal prosecution.

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

Yes

No

Please explain: [500]

See answer to #5 above.

## 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: NJ	Age Group						
	FFY: NJ	Total	< 1	1-2*	3-5	6-9	10-14
Total Enrollees Receiving Any Dental Services <sup>1</sup>	269664	576	15367	57316	76696	73653	46056
Total Enrollees Receiving Preventive Dental Services <sup>2</sup>	238083	144	12885	53231	70988	65301	35534
Total Enrollees Receiving	141996	29	2852	23296	43194	43044	29581

Dental Treatment Services <sup>3</sup>							
--	--	--	--	--	--	--	--

\*Includes 12-month visit

<sup>1</sup>**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).

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

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

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

17683

<sup>4</sup>**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
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	286853885	302737790	315745457
Fee for Service	75512808	79694164	83118365
<b>Total Benefit Costs</b>	362366693	382431954	398863822
(Offsetting beneficiary cost sharing payments)	-14562764	-15369145	-16029508
<b>Net Benefit Costs</b>	\$ 347803929	\$ 367062809	\$ 382834314

### Administration Costs

Personnel			
General Administration	38644881	41490154	44374996
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	38644881	41490154	44374996
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	38644881	40784757	42537146

<b>Federal Title XXI Share</b>	251191727	265559426	277686052
<b>State Share</b>	135257083	142993537	149523258

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	386448810	408552963	427209310
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) **[500]**

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough Federal CHIP funds for your program? **[1500]**

No. NJ did not experience a shortfall in CHIP funds.

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	2050377	\$ 140	2201338	\$ 138	2354399	\$ 134
Fee for Service	2050377	\$ 37	2201338	\$ 36	2354399	\$ 35

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										
	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Children										
Parents	From	134	% of FPL to	200	% of FPL *	From	27	% of FPL to	133	% 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

190956 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 1<sup>st</sup> 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]

Based on the New Jersey SCHIP 1115 Demonstration and the Health Insurance Flexibility and Accountability (HIFA) Renewal Waiver Studies 2006-2009:

The average number of Member Months for children with enrolled parents was at least five percent higher than the average number of Member Months for children without enrolled parents at the 95% significance level. The average number of well-child visits for children with enrolled parents was at least five percent higher than the average number of well-child visits for children without enrolled parents at the 95% significance level.

- 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
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					

<b>COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)</b>	<b>2011</b>	<b>2012</b>	<b>2012</b>	<b>2014</b>	<b>2015</b>
Managed care per member/per month rate @ # of eligibles	452550930 253	490565208 277	538150033 287	590350587 299	647614593 311
Fee for Service Average cost per enrollee in fee for service	32599272 18	35337611 20	38765359 21	42525599 22	46650582 22
<b>Total Benefit Costs for Waiver Population #1</b>	<b>485150202</b>	<b>525902819</b>	<b>576915392</b>	<b>632876186</b>	<b>694265175</b>

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

Insurance Payments					
Managed care per member/per month rate for managed care	35848052 294	19429644 345	10880601 406	6093136 489	3412156 590
Fee for Service Average cost per enrollee in fee for service	2582296 21	1399604 25	783778 29	438916 35	245793 43
<b>Total Benefit Costs for Waiver Population #2</b>	<b>38430348</b>	<b>20829248</b>	<b>11664379</b>	<b>6532052</b>	<b>3657949</b>

**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					
<b>Total Benefit Costs for Waiver Population #3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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					
<b>Total Benefit Costs for Waiver Population #4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Total Benefit Costs</b>	<b>523580550</b>	<b>546732067</b>	<b>588579771</b>	<b>639408238</b>	<b>697923124</b>
(Offsetting Beneficiary Cost Sharing Payments)	-5315217	-2880848	-1613275	-903434	-505923
<b>Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)</b>	<b>518265333</b>	<b>543851219</b>	<b>586966496</b>	<b>638504804</b>	<b>697417201</b>

**Administration Costs**

Personnel					
General Administration	55136109	52751774	54966548	57418724	59980297
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>	<b>55136109</b>	<b>52751774</b>	<b>54966548</b>	<b>57418724</b>	<b>59980297</b>
<b>10% Administrative Cap (net benefit costs ÷ 9)</b>	<b>57585037</b>	<b>60427913</b>	<b>65218500</b>	<b>70944978</b>	<b>77490800</b>

<b>Federal Title XXI Share</b>	372710937	387791945	417256479	452350293	492308374
<b>State Share</b>	200690505	208811048	224676565	243573235	265089124
<b>TOTAL COSTS OF DEMONSTRATION</b>	573401442	596602993	641933044	695923528	757397498

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

Dec 19, 2011

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

Assumes no program changes, except that parents above 133% FPL were closed to new applicants effective 3/1/2010.

Continued FFP of 65%.

Use member months to determine PMPM.

Average cost of FFS based on member months of total enrolled.

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

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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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]**

New Jersey continues to face a tremendous budget deficit. Nonetheless, our enrollment continues to grow. As of March 1, 2010 parents who could not qualify for Medicaid using an enhanced disregard (making them under 133% FPL) could no longer apply. So far, this has not negatively affected the enrollment of children.

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

The greatest challenge is how to continue to pay for the program as it exists today. Budget initiatives are being discussed.

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

We have continued to move forward in developing a system of identifying uninsured children in the schools, which went statewide during this Federal Fiscal Year. Additionally, we submitted a State Plan Amendment for Free & Reduced Lunch Express Lane.

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

As of right now, no changes are being made to the CHIP program.

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