

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>										
Gross or Net Income: ALL Age Groups as indicated below										
		Is income calculated as gross or net income?	<input type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input checked="" type="checkbox"/>		Gross Income		
						<input type="checkbox"/>		Income Net of Disregards		
Eligibility					From	0	% of FPL conception to birth	0	% of FPL *	
	From		% of FPL for infants		% of FPL *	From	36	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	36	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	36	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	36	% of FPL for children ages 17 and 18	200	% of FPL *
					From	0	% of FPL for pregnant women ages 19 and above	0	% of FPL *	

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

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] Newborns are enrolled as of the month of birth if the family is currently enrolled, baby is not insured and notification requirements are met. This also applied to children born under the HIFA Waiver Pregnancy Program.
	<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 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 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 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 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 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			6	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>All groups</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>The six month waiting period may be waived if the applicant provides evidence that the loss of insurance was due to actions outside the applicant's control such as:</p> <ul style="list-style-type: none"> a. Loss of employment other than voluntary termination; b. Death of the parent who was responsible for insurance coverage; c. Change to new employment that does not provide an option for dependent coverage; d. Change of address that results in no employer-sponsored coverage; e. Discontinuation of health benefits to all employees of the applicant's employer; f. Expiration of coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA); g. Self-employment; h. Termination of health benefits due to a long-term disability; i. Termination of dependent coverage due to an extreme economic hardship on the part of either the employee or the employer. 	
<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 checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 12	
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]	
			<p>Children may lose eligibility when 1 or more of the following conditions apply to the child: Moves out of state; enrolled in Medicaid; obtains other creditable health insurance; turns 19; incarcerated in a penal institution; dies; gets married; becomes emancipated; leaves the home; parent/guardian fails to pay quarterly premium; loss of contact, eligibility is voluntarily withdrawn, non-citizenship status is verified.</p> <p>Other circumstances include: NCU becomes aware of information discovered during an audit/investigation showing erroneous information was provided at application or redetermination that negates the original eligibility decision.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input 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
	\$	\$	% 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
	\$	\$	% of FPL	% of FPL
\$	\$	% of FPL	% of FPL	

	\$	\$	% of FPL	% of FPL	\$	\$200	% of FPL 151	% of FPL 175
	\$	\$	% of FPL	% of FPL	\$	\$320	% of FPL 176	% of FPL 200
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			
					Premiums are prorated and charged as follows per quarter: 36% - 150% FPL = \$25.00 per quarter; 151% - 175% FPL = \$50.00 per quarter; 176% - 200% FPL = \$80.00 per quarter. No premiums are charged for Native Americans and Alaskan Natives.			
<input type="checkbox"/>	N/A			<input type="checkbox"/>	N/A			

Does your program impose copayments or coinsurance?	<input 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 impose deductibles?	<input 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below [500]		If Yes, please describe below [500]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		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? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Which delivery system(s)	<input type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
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does your program use?	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500] Children living within the Managed Care coverage areas (Urban) can enroll in either of 2 Managed Care Organizations. All other children outside of these areas are enrolled in Fee-for-Service. Newborns are enrolled from date of birth into mom/family MCO, whichever is applicable.	

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

Comments on Responses in Table:

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

8. Indicate what documentation is required at initial application for

Self-Declaration Self-Declaration with Documentation Required

		internal verification	
Income	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Assets Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Income disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	Non-emergency transportation was eliminated effective September 1, 2011 due to budgetary constraints.
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	Current system issues prevent further use of the pre-printed redetermination form. A blank form is sent and the family is required to fill in all questions. The form is a shorter version of the original application and an improvement in retention has been noticed since the change. The agency is working to correct the issues with the pre-printed form.
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	

v) Waiver populations (funded under title XXI)	
Parents	Nevada is phasing out coverage of the HIFA Waiver Employer Sponsored Insurance (ESI) eligibility group with the expiration of the five year waiver approval. The agency stopped accepting applications as of June 1, 2011 and no new enrollees were added to the program as of that date. The program ended November 30, 2011.
Pregnant women	Nevada is phasing out coverage of the HIFA Waiver for Pregnant Women eligibility group with the expiration of the five year waiver approval. The agency stopped accepting applications as of June 1, 2011 and no longer adds new enrollees to the program. The program ends after each pregnant women currently enrolled has delivered and completed the 60 day post partum period.
Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
	The investigation process has been moved to The Division of Welfare and Supportive Services (DWSS) but remains within the Department. The referral is submitted electronically through a database instead of sending a paper copy. The investigation is handled in a similar manner; however, DWSS has access to additional databases and fraud related programs.
x) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. [7500]

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

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

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

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

The Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures can be found:

<http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf>

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

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

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

	Measure	Measure Steward	Description	Reporting
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary.
11	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary.
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary.
13	Percentage of Eligibles who Received Preventive Dental Services	CMS	Percentage of eligible children ages 1-20 who received preventive dental services	Measure is voluntary.
14	Children and Adolescents' Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary.
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis Media with Effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	American Medical Association/ Physician Consortium for Performance Improvement	Percentage of children ages 2 months through 12 years with a diagnosis of otitis media with effusion (OME) who were not prescribed systemic antimicrobials	Measure is voluntary.

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

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

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

If Data Not Reported, Please Explain Why:

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

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

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

¹ P.L. 111-3, §402(a)(2)(e)

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

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

HEDIS® Version:

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

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population included in the Measure:

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

Denominator: Please indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the CHIP population only, the Medicaid population only, or include both CHIP and Medicaid (Title XIX) children combined.

If the denominator reported is not fully representative of the population defined above (the CHIP population only, the Medicaid population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator, including those who are excluded from the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

Deviation from Measure Technical Specification

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

The five types (and examples) of deviations are:

Year of Data (e.g., partial year),

Data Source (e.g., use of different data sources among health plans or delivery systems),

Numerator (e.g., coding issues),

Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),

Other (please describe in detail).

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

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

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

Date Range: available for 2011 CARTS reporting period.

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

Initial Core Set Measurement Data (HEDIS® or Other):

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

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

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

Explanation of Progress:

The intent of this section is to allow your State to demonstrate how you are using the measures. Please highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

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

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

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

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

Yes No

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

The 2010–2011 EQR Technical Report includes a review of recipients’ access to care and the quality of services received by recipients of Title XIX, Medicaid, and Title XXI, CHIP, also known as Nevada Check Up. In addition, the report focuses on the three federally-mandated EQR activities. As described in 42 CFR 438.358, these mandatory activities are:

Compliance monitoring evaluation; Validation of performance measures; and Validation of performance improvement projects (PIPs)

In accordance with 42 CFR 438.364, this report includes the following information for each mandatory activity conducted:

Activity objectives; Technical methods of data collection and analysis; Descriptions of data obtained; and Conclusions drawn from the data

The report also includes an assessment of MCO strengths and weaknesses, as well as recommendations for improvements. This 2009–2010 EQR Technical Report also includes a comparison of the two health plans that operate in the Nevada Medicaid managed care program.

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

Category I - PREVENTION AND HEALTH PROMOTION

Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

MEASURE 2: Frequency of Ongoing Prenatal Care

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

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

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		
Other Comments on Measure:		

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Percentage of individuals aged 6 years and older who have had a mental health hospitalization and were discharged from the hospital and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the</p>

FFY 2009	FFY 2010	FFY 2011
	<input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period
Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p style="text-align: center;">How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p style="text-align: center;">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>		

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

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

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

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

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

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input 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
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2008 To: (mm/yyyy) 12/2010</p>
<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>

FFY 2009		FFY 2010		FFY 2011	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 289 Denominator: 340 Rate: 85
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 273 Denominator: 340 Rate: 80.3
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: 185 Denominator: 340 Rate: 54.4
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: 214 Denominator: 340 Rate: 62.9
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: 134 Denominator: 340 Rate: 39.4
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: 145 Denominator: 340 Rate: 42.6
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: 100 Denominator: 340 Rate: 29.4
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:	

FFY 2009		FFY 2010		FFY 2011	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: 111 Denominator: 340 Rate: 32.6
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: 87 Denominator: 340 Rate: 25.6
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: This measure looked at the measurement year and the two years before to count children who turned two but had received services within their first two years. The national Medicaid 90th percentile is used for comparison.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
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Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? This measure has not been reported in previous years. For this first year of reporting:

- Combo 2: The 2011 result of 85.0% falls below the Medicaid HEDIS 90th Percentile of 85.6.
- Combo 3: The 2011 result of 80.3% falls below the Medicaid HEDIS 90th Percentile of 82.0.
- Combo 4: The 2011 result of 54.4% exceeds the Medicaid HEDIS 90th Percentile of 42.5.
- Combo 5: The 2011 result of 62.9% exceeds the Medicaid HEDIS 90th Percentile of 57.0.
- Combo 6: The 2011 result of 39.4% falls below the Medicaid HEDIS 90th Percentile of 50.7.
- Combo 7: The 2011 result of 42.7% exceeds the Medicaid HEDIS 90th Percentile of 31.0.
- Combo 8: The 2011 result of 29.4% exceeds the Medicaid HEDIS 90th Percentile of 27.1.
- Combo 9: The 2011 result of 32.7% falls below the Medicaid HEDIS 90th Percentile of 37.2.
- Combo 10: The 2011 result of 25.6% falls below the Medicaid HEDIS 90th Percentile of 20.9.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HEDIS audit demonstrated that both MCOs had strong policies and procedures for collecting, processing, and reporting HEDIS data. Both MCOs are in compliance with HEDIS 2011 technical specifications. The plans are engaging providers to promote additional training for members on the importance of preventative care and screenings. Plans have asked community partners to increase education on the periodicity schedules for wellness visits. The plans also work directly with the recipients offering education and incentives to increase participation in preventative health care. DHCFP has a comprehensive Quality Strategy that covers all aspects of care. DHCFP evaluates effectiveness and achievement of quality care using: Performance Tracking tool, annual EQRO report, validated performance measurement results, validated PIP results, MCO compliance review results, contractually required MCO deliverables, fee-for-service utilization reports, and recipient complaint/grievance information.

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:** Combo 2: 2012 objective for this measure will be 85.1%. $(85.6-85.0) \times .10 + 85.0 = 85.1$.
- Combo 3: 2012 objective for this measure will be 80.5%. $(82.0-80.3) \times .10 + 80.3 = 80.5$.
- Combo 4: 2012 objective for this measure will be 54.4%.
- Combo 5: 2012 objective for this measure will be 62.9%.
- Combo 6: 2012 objective for this measure will be 40.7%. $(50.7-39.4) \times .10 + 39.4 = 40.7$.
- Combo 7: 2012 objective for this measure will be 42.7%.
- Combo 8: 2012 objective for this measure will be 29.4%.
- Combo 9: 2012 objective for this measure will be 33.2%. $(37.2-32.7) \times .10 + 32.7 = 33.2$.
- Combo 10: 2012 objective for this measure will be 25.6%.

Annual Performance Objective for FFY 2013: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used.

- Combo 2: 2013 objective will be 85.2%. $(85.6-85.1) \times .10 + 85.1 = 85.2$.
- Combo 3: 2013 objective will be 80.7%. $(82.0-80.5) \times .10 + 80.5 = 80.7$.
- Combo 4: 2013 objective will be 54.4%.
- Combo 5: 2013 objective will be 62.9%.
- Combo 6: 2013 objective will be 41.7%. $(50.7-40.7) \times .10 + 40.7 = 41.7$.
- Combo 7: 2013 objective will be 42.7%.
- Combo 8: 2013 objective will be 29.4%.
- Combo 9: 2013 objective will be 33.6%. $(37.2-33.2) \times .10 + 33.2 = 33.6$.
- Combo 10: 2013 objective will be 25.6%.

Annual Performance Objective for FFY 2014: The actual 2014 objectives will be realigned with the 2013 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used.

- Combo 2: 2014 objective will be 85.2%. $(85.6-85.2) \times .10 + 85.2 = 85.2$.

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure: The Medicaid national HEDIS 90th percentile		

MEASURE 6: Immunizations for Adolescents

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

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.
Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:

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

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:		If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data:		Date Range: From: (mm/yyyy) To: (mm/yyyy)		Date Range: From: (mm/yyyy) To: (mm/yyyy)	
HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.	
<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:
<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: Denominator: Rate:	
Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

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

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

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

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

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

MEASURE 9: Chlamydia Screening 16-20 females

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

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Well-child Care Visits (WCV)

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009 version using calendar year 2008 data.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Hedis 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Mixture of claims and medical record data from established MCO. Second MCO changed midyear and data is not available for this reporting period.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims and medical records. For most of the HEDIS measures, more than 90% of the final rate came from Administrative data. Claims data was used to supplement the Administrative data for data completeness.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims and medical records. The final rate uses eighty percent administrative claims data. Medical record data was used to supplement the Administrative data for data completeness.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Number of children receiving well child care in the first 15 months of life. Data from MCO with higher population. Other MCO did not have enough qualifying cases (<30) to be included for this</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children receiving a well-child visit with any PCP in the first 15 months of life. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2009		FFY 2010		FFY 2011	
Definition of numerator:		measure. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		<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:	
Year of Data: 2008		Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009		Date Range: From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011	
HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	
<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:
<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:
<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: 128 Denominator: 278 Rate: 46	<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: 68 Denominator: 129 Rate: 52.7	<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: 60 Denominator: 106 Rate: 56.6
<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> 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: National Medicaid HEDIS 90th Percentile is 76.3%
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2011 result of 56.6% exceeds the 2011 objective of 54.8% and is a 3.9% increase over the 2010 result of 52.7%.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HEDIS audit demonstrated that both MCOs had strong policies and procedures for collecting, processing, and reporting HEDIS data. Both MCOs are in compliance with HEDIS 2011 technical specifications. The plans are engaging providers to promote additional training for members on the importance of preventative care and screenings. Plans have asked community partners to increase education on the periodicity schedules for wellness visits. The plans also work directly with the recipients offering education and incentives to increase participation in preventive health care. DHCFP has a comprehensive Quality Strategy that covers all aspects of care. DHCFP evaluates effectiveness and achievement of quality care using: Performance Tracking tool, annual EQRO report, validated performance measurement results, validated PIP results, MCO compliance review results, contractually required MCO deliverables, fee-for-service utilization reports, and recipient complaint/grievance information.

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: Based on the 2011 HEDIS 90th percentile of 76.3%, and using the QISMC methodology, the 2012 objective for this measure will be 56.8%. $((76.3 - 56.6) \times .10) + 56.6 = 56.8$

Annual Performance Objective for FFY 2013: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used.

Based on the 2011 HEDIS 90th percentile of 76.3%, and using the QISMC methodology, the 2013 objective for this measure will be 57%. $((76.3 - 56.8) \times .10) + 56.8 = 57\%$

Annual Performance Objective for FFY 2014: The actual 2014 objectives will be realigned with the 2013 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used.

Based on current HEDIS 90th percentile of 76.3%, and using the QISMC methodology, the 2014 objective for this measure will be 58.9%. $((76.3 - 57) \times .10) + 57 = 58.9\%$.

Explain how these objectives were set: Goals are set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.

Other Comments on Measure: National Medicaid HEDIS 90th percentile

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009 version using calendar year 2008 data.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Information collected from the MCO with the greater population share.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims and medical records. For most of the HEDIS measures, more than 90% of the final rate came from Administrative data. Claims data was used to supplement the Administrative data for data completeness.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims and medical records. The final rate came from ninety percent administrative claims data. Medical record data was used to supplement the Administrative data for data completeness.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Number of children aged 3-6 years receiving well child care. Data from both MCOs. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Number of children aged 3-6 years receiving one or more well-child visits with any PCP. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>

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:	please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011
HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.
<u>1+ visits</u> Numerator: 285 Denominator: 411 Rate: 69.3	<u>1+ visits</u> Numerator: 563 Denominator: 796 Rate: 70.7	<u>1+ visits</u> Numerator: 657 Denominator: 843 Rate: 77.9
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:	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: National Medicaid HEDIS 90th percentile is 82.5%
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2011 result of 77.9% exceeds the 2011 objective of 71.7% and is a 7.2% increase over the 2010 result of 70.7%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HEDIS audit demonstrated that both MCOs had strong policies and procedures for collecting, processing, and reporting HEDIS data. Both MCOs are in compliance with HEDIS 2011 technical specifications. The plans are engaging providers to promote additional training for members on the importance of preventative care and screenings. Plans have asked community partners to increase education on the periodicity schedules for wellness visits. The plans also work directly with the recipients offering education and incentives to increase participation in preventive health care. DHCFP has a comprehensive Quality Strategy that covers all aspects of care. DHCFP evaluates effectiveness and achievement of quality care using: Performance Tracking tool, annual EQRO report, validated performance measurement results, validated PIP results, MCO compliance review results, contractually required MCO deliverables, fee-for-service utilization reports, and recipient complaint/grievance information.</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: Based on the 2011 HEDIS 90th percentile of 82.5%, and using the QISMC methodology, the next objective for this measure will be 78.4%. $((82.5 - 77.9) \times .10) + 77.9 = 78.4$</p> <p>Annual Performance Objective for FFY 2013: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on current HEDIS 90th percentile of 82.5%, and using the QISMC methodology, the next objective for this measure will be 78.8%. $((82.5 - 78.4) \times .10) + 78.4 = 78.8$</p> <p>Annual Performance Objective for FFY 2014: The actual 2014 objectives will be realigned with the 2013 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on current HEDIS 90th percentile of 82.5%, and using the QISMC methodology, the next objective for this measure will be 79.2%. $((82.5 - 78.8) \times .10) + 78.8 = 79.2\%$</p> <p><i>Explain how these objectives were set:</i> Goals are set using the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>		
<p>Other Comments on Measure: National Medicaid HEDIS 90th percentile</p>		

MEASURE 12: Adolescent Well-Care Visits

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2009	FFY 2010	FFY 2011
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims and medical records. The final rate came from ninety percent administrative claims data. Medical record data was used to supplement the Administrative data for data completeness.
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: At least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011
HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 415 Denominator: 843 Rate: 49.2

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: HEDIS 90th Percentile is 63.2%. Note: the NCU population is only through age nineteen.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? This measure has not been reported in previous years. For this first year of reporting: The 2011 result of 49.2% falls below the Medicaid HEDIS 90th Percentile of 63.2.</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? This is the first year of reporting on this measure. DHCFP has a comprehensive quality improvement program that incorporates a continuous quality improvement (CQI) process and problem-solving approach. All of the new measures will be included in specific evaluation processes to determine how to best apply the various quality improvement tools and reviews the Division employs. DHCFP uses several tools to evaluate the effectiveness and achievement of goals, including: the Performance Tracking tool, the annual EQRO report, validated performance measurement results, validated PIP (Performance Improvement Project) results, MCO compliance review results, ongoing review of contractually required MCO deliverables, fee-for-service utilization reports, and the recipient complaint and grievance information.</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: Based on the 2011 HEDIS 90th percentile of 63.2%, and using the QISMC methodology, the 2012 objective for this measure will be 50.6%. $(63.2-49.2) \times .10 + 49.2 = 50.6$</p> <p>Annual Performance Objective for FFY 2013: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on the 2011 HEDIS 90th percentile of 63.2%, and using the QISMC methodology, the 2013 objective for this measure will be 51.9%. $(63.2-50.6) \times .10 + 50.6 = 51.9$</p> <p>Annual Performance Objective for FFY 2014: The actual 2014 objectives will be realigned with the 2013 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on the 2011 HEDIS 90th percentile of 63.2%, and using the QISMC methodology, the 2014 objective for this measure will be 53.0%. $(63.2-51.9) \times .10 + 51.9 = 53.0$</p> <p><i>Explain how these objectives were set:</i> Objectives are set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>		
<p>Other Comments on Measure: The 90th percentile of national Medicaid HEDIS rates</p>		

Dental

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009 version using calendar year 2008 data.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Information collected from MCO with the greater population share.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims data from both MCO's used for the first two age groups. For the second two age groups, data from the MCO with the larger CHIP population used as the smaller populated MCO did not have enough eligible participants for these measures to be statistically significant. (<30)</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims data from both participating MCO's.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Enrollees divided by age group. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Percentage of enrollees 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: • Children 12-24 months and 25 months – 6 years who</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:		had a visit with a PCP during the measurement year • Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008		Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009		Date Range: From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011	
HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner	
<u>12-24 months</u> Numerator: 389 Denominator: 400 Rate: 97.3	<u>7-11 years</u> Numerator: 2013 Denominator: 2144 Rate: 93.9	<u>12-24 months</u> Numerator: 248 Denominator: 259 Rate: 95.8	<u>7-11 years</u> Numerator: 1653 Denominator: 1764 Rate: 93.7	<u>12-24 months</u> Numerator: 243 Denominator: 249 Rate: 97.6	<u>7-11 years</u> Numerator: 2109 Denominator: 2226 Rate: 94.7
<u>25 months-6 years</u> Numerator: 2974 Denominator: 3226 Rate: 92.2	<u>12-19 years</u> Numerator: 1699 Denominator: 1866 Rate: 91.1	<u>25 months-6 years</u> Numerator: 2886 Denominator: 3149 Rate: 91.6	<u>12-19 years</u> Numerator: 1424 Denominator: 1565 Rate: 91	<u>25 months-6 years</u> Numerator: 2842 Denominator: 3034 Rate: 93.7	<u>12-19 years</u> Numerator: 1844 Denominator: 2009 Rate: 91.8
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: National Medicaid HEDIS 90th percentile: 12-24 months: 98.5% 25 months – 6 years: 94.1%	

FFY 2009	FFY 2010	FFY 2011
		7-11 years: 95.65 12-19 years: 93.7%
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Age 12-24 Months: The 2011 result of 97.6%, exceeds the 2011 objective of 96.1% and is a 1.8% increase over the 2010 result of 95.8%. Age 25 Months – 6 Years: The 2011 result of 93.7% exceeds the 2011 objective of 91.8% and is a 2.0% increase over the 2010 result of 91.7%. Age 7 Years – 11 Years: The 2011 result of 94.7% exceeds the 2011 objective of 93.8% and is a 1.0% increase over the 2010 result of 93.7%. Age 12 Years – 19 Years: The 2011 result of 91.8% exceeds the goal of 91.1% and is a .8% increase over the 2010 result of 91.0%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HEDIS audit demonstrated that both MCOs had strong policies and procedures for collecting, processing, and reporting HEDIS data. Both MCOs are in compliance with HEDIS 2011 technical specifications. The plans are engaging providers to promote additional training for members on the importance of preventative care and screenings. Plans have asked community partners to increase education on the periodicity schedules for wellness visits. The plans also work directly with the recipients offering education and incentives to increase participation in preventive health care. DHCFP has a comprehensive Quality Strategy that covers all aspects of care. DHCFP evaluates effectiveness and achievement of quality care using: Performance Tracking tool, annual EQRO report, validated performance measurement results, validated PIP results, MCO compliance review results, contractually required MCO deliverables, fee-for-service utilization reports, and recipient complaint/grievance information.</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: 12-24 months: Using 2011 HEDIS 90th percentile of 98.5%, and using the QISMC methodology, the next objective for this measure will be 97.7%. $((98.5-97.6) \times .10) + 97.6 = 97.7$ 25 mths–6 years: Using 2011 HEDIS 90th percentile of 94.1%, and using the QISMC methodology, the next objective for this measure will be 93.5%. $((94.1-93.4) \times .10) + 93.4 = 93.5$ 7-11 years: Using 2011 HEDIS 90th percentile of 95.6%, and using the QISMC methodology, the next objective for this measure will be 94.9%. $((95.6-94.8) \times .10) + 94.8 = 94.9$ 12-19 years: Using 2011 HEDIS 90th percentile of 93.7%, and using the QISMC methodology, the next objective for this measure will be 92.0%. $((93.7-91.8) \times .10) + 91.8 = 92$</p> <p>Annual Performance Objective for FFY 2013: 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, current HEDIS and NCU performance measures are used. 12-24 months: Using 2011 HEDIS 90th percentile of 98.5%, and QISMC methodology, the next objective for this measure will be 97.8%. $((98.5-97.7) \times .10) + 97.7 = 97.8$ 25 mths–6 years: The next objective for this measure will be 93.6%. $((94.1-93.5) \times .10) + 93.5 = 93.6$ 7-11 years: The next objective for this measure will be 95.0%. $((95.6-94.9) \times .10) + 94.9 = 95.0$ 12-19 years: The next objective for this measure will be 92.2%. $((93.7-92) \times .10) + 92 = 92.2$</p>		

FFY 2009	FFY 2010	FFY 2011
<p>Annual Performance Objective for FFY 2014: 2014 objectives will be realigned with the 2013 HEDIS measures. For forecasting purposes, current HEDIS and NCU performance measures are used.</p> <p>12-24 months: Using 2011 HEDIS 90th percentile of 98.5%, and QISMC methodology, the next objective for this measure will be 97.9%. $((98.5-97.8) \times .10) + 97.8 = 97.9$</p> <p>25 mths–6 years: The next objective for this measure will be 93.7%. $((94.1-93.6) \times .10) + 93.6 = 93.7$</p> <p>7-11 years: The next objective for this measure will be 95.1%. $((94.1-93.6) \times .10) + 93.6 = 93.7$</p> <p>12-19 years: The next objective for this measure will be 92.4%. $((93.7-92.2) \times .10) + 92.2 = 92.4$</p> <p><i>Explain how these objectives were set:</i> Goals are set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>		
<p>Other Comments on Measure:</p>		

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2009	FFY 2010	FFY 2011
<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	<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:	<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:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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

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

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

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

Dental

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This information is reported in Section IIC under State Objectives. NCU will report this data in the next annual report when the data is validated and verified to meet the exact measurement specifications.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>

FFY 2009	FFY 2010	FFY 2011
	please further define the Denominator, please indicate the number of children excluded:	please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

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

FFY 2009	FFY 2010	FFY 2011
	please further define the Denominator, please indicate the number of children excluded:	please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Inpatient

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>

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

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

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Attention-Deficit/Hyperactivity Disorder

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>
Additional notes on measure:	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
Other Performance Measurement Data:	Other Performance Measurement Data:	Other Performance Measurement Data:

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

Diabetes

MEASURE 22: Annual pediatric hemoglobin A1C testing

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> This is a voluntary measure. If NCU reports this data in the future, the data will be collected and validated in future EQR reports-- in accordance with the established procedures used for the measures currently reported.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input 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> Claims data from both participating MCOs.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Percentage of individuals aged 6 years and older who have had a mental health hospitalization and were discharged from the hospital and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge. 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
		<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:
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 07/2010 To: (mm/yyyy) 06/2011
HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: 38 Denominator: 52 Rate: 73.1
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: NCU is using the HEDIS data for the 30 day follow-up measure as the 7 day follow-ups are also counted in the 30 day measure.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? This measure was not reported in previous years. For this first year of reporting: The 2011 result of 73.1% falls below the Medicaid HEDIS 90th Percentile of 83.6.</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? This is the first year of reporting on this measure. DHCFP has a comprehensive quality improvement program that incorporates a continuous quality improvement (CQI) process and problem-solving approach. All of the new measures will be included in specific evaluation processes to determine how to best apply the various quality improvement tools and reviews the Division employs. DHCFP uses several tools to evaluate the effectiveness and achievement of goals, including: the Performance Tracking tool, the annual EQRO report, validated performance measurement results, validated PIP (Performance Improvement Project) results, MCO compliance review results, ongoing review of contractually required MCO deliverables, fee-for-service utilization reports, and the recipient complaint and grievance information.</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: Based on the 2011 HEDIS 90th percentile of 83.6%, and using the QISMC methodology, the 2012 objective for this measure will be 74.2%. $(83.6 - 73.1) \times .10 + 73.1 = 74.2$</p> <p>Annual Performance Objective for FFY 2013: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on the 2011 HEDIS 90th percentile of 83.6%, and using the QISMC methodology, the 2013 objective for this measure will be 75.1%. $(83.6 - 74.2) \times .10 + 74.2 = 75.1$</p> <p>Annual Performance Objective for FFY 2014: The actual 2013 objectives will be realigned with the 2012 HEDIS measures. For forecasting purposes, the current HEDIS and NCU performance measures are used. Based on the 2011 HEDIS 90th percentile of 83.6%, and using the QISMC methodology, the 2014 objective for this measure will be 76.0%. $(83.6 - 75.1) \times .10 + 75.1 = 76$</p> <p><i>Explain how these objectives were set:</i> Objectives are set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>		
<p>Other Comments on Measure: The 90th percentile of national Medicaid HEDIS rates</p>		

CAHPS 4.0

Category IV – FAMILY EXPERIENCES OF CARE CAHPS 4.0

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

FFY 2009	FFY 2010	FFY 2011
	<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input type="checkbox"/> Submitted raw data to AHRQ. <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input checked="" type="checkbox"/> Submitted raw data to AHRQ. <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2009	FFY 2010	FFY 2011
	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator includes CHIP population of the MCO with the greater CHIP enrollment. The CAHPS results for the second MCO did not have a large enough CHIP population to report measurable data</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Nevada Check Up has not yet formulated Performance Objectives for this measure. Two CAHPS measures are currently found in Section IIC, Performance goals, of this report. For quality improvement of services, NCU will first align performance with national Medicaid benchmarks using our hybrid QISMC methodology as explained below.</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? NCU is supporting the collection of more complete CAHPS data by working with the HMOs, the EQRO and the reporting process in order to make this measurement more meaningful in future reporting.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i> Goals are set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs to show a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>		
<p>Other Comments on Measure: National CHIP data is not available for CAHPS measures even though the population is seperated. Medicaid measures are used for this initial objective overview. These goals will be realigned as CHIP data becomes available.</p>		

Reporting of State-specific measures:

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

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

Yes No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your State's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	31554	29760	-5.69

- 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	62	10.9	12.9	2.2
1998 - 2000	67	11.3	11.2	1.8
2000 - 2002	66	8.2	11.1	1.3
2002 - 2004	72	8.6	11.7	1.3
2003 - 2005	63	10.0	9.8	1.5
2004 - 2006	63	11.0	9.5	1.6
2005 - 2007	64	11.0	9.3	1.5

2006 - 2008	73	11.0	10.7	1.6
2007 - 2009	72	12.0	10.1	1.6
2008 - 2010	74	8.0	10.4	1.2
Percent change 1996-1998 vs. 2008-2010	19.4%	NA	-19.1%	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]**

The same issues persist: high unemployment, low wages and increased insurance premiums all contribute to the increase in uninsured children in Nevada. Because of the prevalence of employer-sponsored health insurance, many children lose their insurance coverage when their parents become unemployed. In addition, many workers in Nevada are employed in unskilled, low-wage jobs in the casino industry. These occupations may not offer employer-sponsored insurance or employees may not be able to afford the premiums and therefore their children are uninsured.

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

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

- B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**
- C. What are the limitations of the data or estimation methodology? **[7500]**
- D. How does your State use this alternate data source in CHIP program planning? **[7500]**
4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

There is no good estimate of the children enrolled due to outreach activities and no new simplification activities have been adopted. However, about 2,069 children were enrolled in Medicaid as a direct result of a referral sent from NCU to Medicaid.

Reports were used to select denied applications and disenrollments for NCU participants who were denied due to potential eligibility for Medicaid. Identifiers were used to cross-reference this group of children with Medicaid enrollment records to match NCU referrals with Medicaid enrollees. Children not matching at least two identifiers, even after research or corrections, were excluded from the final count.

Referrals were divided into two groups, Denials (New applications denied due to appearing eligible for Medicaid/Referred to Medicaid), and Disenrollments (Existing cases disenrolled due to changes that made them appear eligible for Medicaid).

The Denials were tracked by the date of the denial and the coverage start date with Medicaid.

The Disenrollments had two dates, the date of the disenrollment notice and the actual date NCU coverage ended.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be: "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."**

Type of Goal:

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

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.

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

- Final: Check this box if the data you are reporting are considered final for FFY 2011.
- Same data as reported in a previous year’s annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed.

HEDIS® Version:

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

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

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

- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

Deviations from Measure

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

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

The five types (and examples) of deviations are:

Year of Data (e.g., partial year),

Data Source (e.g., use of different data sources among health plans or delivery systems),

Numerator (e.g., coding issues),

Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),

Other.

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

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

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

Date Range: available for 2011 CARTS reporting period.

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

Performance Measurement Data (HEDIS® or Other):

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

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

For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a “weighted rate”

by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Maintain or decrease the 2008 rate of 9.3% uninsured children in Nevada.</p>	<p>Goal #1 (Describe) Increase community partners attending training through AHN/CKF "Train the Trainer" to improve the number of completed applications submitted to NCU as a direct result of the training program.</p>	<p>Goal #1 (Describe) Increase by 5% the number of community partners attending training through AHN "Train the Trainer" to help improve the number of completed applications submitted to NCU.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This is a revised goal to encourage attendance in training in an effort to increase the number of complete applications received from the agencies receiving application training.</p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CPS survey data used</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Statistics from outreach entity Access to HealthCare (AHC)/aka Covering Kids and Families (CKF) and internal reports of applications received from entities with trained staff.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Statistics from outreach entity Access to HealthCare Network (AHN) and internal reports of applications received from entities with trained staff.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: All children under age 19 and under the 200% of the national poverty level in Nevada Definition of numerator: All uninsured children under age 19 and under the 200% of the national poverty level in Nevada</p>	<p>Definition of Population Included in the Measure: Definition of denominator: number of people trained Definition of numerator: number of applications received from trained entities</p>	<p>Definition of Population Included in the Measure: Definition of denominator: number of people trained in FFY 2010 Definition of numerator: number of people trained in FFY 2011</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>
<p>Performance Measurement Data: Described what is being measured: Percent of uninsured children under 19 and under Federal Poverty Level (FPL) of 200%, compared to all children under 19 Numerator: 87000</p>	<p>Performance Measurement Data: Described what is being measured: One particularly important outreach effort is called "Train the Trainer." This program provides education and resources to professionals that are in a position to influence or monitor large numbers of potentially needy children and help guide them toward any benefits for which they may qualify. These</p>	<p>Performance Measurement Data: Described what is being measured: The number of professionals trained. The "Train the Trainer" program provides education and resources to professionals that are in a position to influence or monitor parents of children without a medical payment source and help guide them toward any benefits for which they may qualify. These</p>

FFY 2009	FFY 2010	FFY 2011
<p>Denominator: 711000 Rate: 12.2</p> <p>Additional notes on measure:</p>	<p>professionals include teachers, clinicians, doctors, community partners, etc. How many applications are received as a result of training attendance.</p> <p>Numerator: 9676 Denominator: 136 Rate: 71</p> <p>Additional notes on measure: The data will provide information that will measure how trained individuals impact applications received. It shows the average number of completed applications per trained individual received by NCU.</p>	<p>professionals include teachers, clinicians, hospitals, community partners, etc. Once trained, these professionals can help complete and submit applications to NCU and other programs.</p> <p>Numerator: 170 Denominator: 136 Rate: 125</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The trend for uninsured increased rather than decreased for 2009 as compared to 2008. The specific performance objective for NCU was to participate and support outreach efforts and training programs. The training program “Train the Trainer” administered by CKF (Covering Kids and Families) trained 175 persons in 2008, and in 2009 the program trained 225 persons in outreach efforts.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The goal in this area has been revised since the “Train the Trainer” program is dependent on an outreach partner. The agency cannot make a comparison to last year in relation to the revised goal.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The number of people attending the Training programs during this reporting period was 170. This is a 25% increase over last year and a 20% increase over the goal of 5%.</p> <p>In the reporting period NCU received 10,835 applications. This is an 11% increase over the 9,676 received in the previous year.</p> <p>With current data there appears to be no correlation between number of people attending the training and number of applications with specific reference sources listed.</p> <p>NCU concludes, an increase in training may have helped the increase in applications received by NCU.</p>

FFY 2009	FFY 2010	FFY 2011
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? To improve results for this measure NCU will strive to develop cooperative agreements with County School Districts and the operational agency for the Nevada Food Stamp Program. It is anticipated, through such agreement NCU will gain access to data on children who are eligible for free or reduced lunch and/or the Food Stamp program to determine if they are receiving medical assistance or potentially eligible for CHIP.</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? NCU will now compare the number of trained professionals to applications received from those sources. It is NCU's goal to determine the impact of this training program on the uninsured and whether it impacts the number of applications received by source. To improve the results NCU will encourage community partners to make applications available to the public. NCU will contact community partners and encourage participation in "Train the Trainer" and continue to review and update training material.</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? NCU will continue to support training of community partners and professionals to spread awareness of the program availability. NCU participated in the "Train the Trainer" program and works with AHN and other outreach partners to improve data collection and reporting to further quantify best practices and return on investment for time spent on outreach efforts. Both AHN and NCU have developed new tracking and reporting methods for outreach efforts.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Continue to support outreach efforts and training programs, especially the "Train the Trainer Program." Annual Performance Objective for FFY 2011: Continue to support outreach efforts and training programs, especially the "Train the Trainer Program."</p> <p>Annual Performance Objective for FFY 2012: Continue to support outreach efforts and training programs, especially the "Train the Trainer Program."</p> <p><i>Explain how these objectives were set:</i> NCU participates and supports many avenues of outreach. The "Train the Trainer" program was singled out as a measurable way to gauge progress in one area of outreach.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Increase by 5% the number of community partners attending training through AHN/CKF "Train the Trainer" to improve the number of completed applications submitted to NCU as a direct result of the training program. Annual Performance Objective for FFY 2012: Increase by 8% the number community partners attending training through AHN/CKF "Train the Trainer" to improve the number of completed applications submitted to NCU as a direct result of the training program. Annual Performance Objective for FFY 2013: Increase by 10% the number community partners attending training through AHN/CKF "Train the Trainer" to improve the number of completed applications submitted to NCU as a direct result of the training program.</p> <p><i>Explain how these objectives were set:</i> It appears that trained community partners facilitate an increase in NCU applications.</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: This goal will not continue. A new goal in this area will be created to utilize AHN outreach efforts for phone calls to recipients pending program termination. The goal will be to retain recipients and identify program barriers. Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i> It appears that trained community partners facilitate an increase in NCU applications. This goal is to support and increase applications received by NCU.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

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

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

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

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

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

Objectives Related to CHIP Enrollment

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Increase the percentage of children enrolled in NCU by 5% annually.</p>	<p>Goal #1 (Describe) Increase NCU qualifying average monthly enrollment by 5%, to 23,839.</p>	<p>Goal #1 (Describe) Maintain FFY 2010 current average monthly enrollment of 21,557</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> NCU continues to enroll eligible children as possible. 23,839 represents a 5% increase over the previous year's average monthly enrollment.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This is slightly revised. Instead of increasing the average monthly enrollment this goal is to maintain last year's level.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Average monthly enrollment for children enrolled in Nevada Check up</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Average monthly enrollment for children enrolled in Nevada Check Up</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Average monthly enrollment for children enrolled in Nevada Check Up</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Average monthly enrollment for FFY08 Definition of numerator: Average monthly enrollment for FFY09</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Average monthly NCU enrollment for FFY 2009 Definition of numerator: Average monthly NCU enrollment for FFY 2010</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Average monthly NCU enrollment for FFY 2010 Definition of numerator: Average monthly NCU enrollment for FFY 2011</p>
<p>Year of Data: 2009</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p>Performance Measurement Data: Described what is being measured: The difference between average monthly enrollment for FFY08 and FFY09</p> <p>Numerator: 22704 Denominator: 27981 Rate: 81.1</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: 21557 Denominator: 22704 Rate: 94.9</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: maintain last year's level</p> <p>Numerator: 21234 Denominator: 21557 Rate: 98.5</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The average monthly enrollment for FFY 2009 represents an 18.9% decrease from FFY 2008 enrollment. As the economy worsens children are flowing from CHIP to Medicaid and disenrollments exceed enrollments.</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? To make progress toward the goal NCU is in the process of negotiating a contract with CKF to have volunteers contact recipients pending disenrollment to determine why cases are closing and to intervene where possible. The average monthly disenrollments for FFY 2009 were 1227 while the average monthly new enrollments for FFY 2009 were only 1010. It will be important from an outreach perspective to determine the "NEW" CHIP potential enrollees as the economy has touched a population not familiar with public assistance.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The average monthly enrollment for FFY 2010 represents a 5.1% decrease from FFY 2009 enrollment. Even though not an increase, it is a smaller decrease than experienced the previous year as the economy worsened and children were flowing from CHIP to Medicaid and disenrollments exceeded enrollments to a greater degree.</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? During a time of economic instability and lack of funding for additional activities the agency made improvements in processes and policies. The application was simplified and redundant and unnecessary information removed. SVES was implemented to reduce the burden to provide citizenship verification. A workgroup was created to help streamline the referral process to Medicaid. Policies have been clarified and streamlined to avoid additional processing timeframes. Processes to back up staff during illness and vacation have been implemented to avoid unnecessary backlog. A standardized process was created to communicate with unit staff to advise of policy changes and weekly phone calls are held to clarify policies. NCU continues to look for cost neutral efficiencies that help eliminate barriers to assistance.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The average monthly enrollment for FFY 2011 represents a 1.5% decrease from FFY 2010 enrollment. Even though not an increase, it is a much smaller decrease than experienced the previous year and would indicate a stabilization for the CHIP population.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The lack of outreach funding for Nevada Check Up limits efforts available to reach those who may be eligible. NCU simplified the application, improved application processing timeframes, streamlined referral and customer service processes to help enroll new children and maintain currently enrolled children. NCU plans to improve the online application process, implement an electronic filing system and bring premium payments in house as these initiatives will increase efficiency, decrease errors and potentially improve enrollment. NCU is also working with Access to Healthcare Network to contact recipients pending termination and help determine barriers to enrollment as well as helping recipients maintain eligibility.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: achieve or exceed a monthly average enrollment of 23,839</p> <p>Annual Performance Objective for FFY 2011: achieve or exceed a monthly average enrollment of 25,031</p> <p>Annual Performance Objective for FFY 2012: achieve or exceed a monthly average enrollment of 26,283</p> <p><i>Explain how these objectives were set: average FFY monthly enrollment increased by 5% each year.</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Maintain FFY 2010 current average monthly enrollment of 21,557</p> <p>Annual Performance Objective for FFY 2012: Maintain FFY 2011 average monthly enrollment.</p> <p>Annual Performance Objective for FFY 2013: Maintain FFY 2012 average monthly enrollment.</p> <p><i>Explain how these objectives were set: As the economic and budget crises cause NCU participants to flow from NCU to Medicaid in eligibility, NCU will strive to maintain enrollment and in future years, when possible, set goals to once again increase enrollment. Quality services and streamlined processes will help with retention and outreach.</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Maintain FFY 2011 current average monthly enrollment of 21,234</p> <p>Annual Performance Objective for FFY 2013: Maintain FFY 2012 average monthly enrollment.</p> <p>Annual Performance Objective for FFY 2014: Maintain FFY 2013 average monthly enrollment.</p> <p><i>Explain how these objectives were set: Maintaining current enrollment levels is challenging. Due to lack of outreach funding and the current economic status the CHIP population continues to become eligible for Medicaid. The goal was set to maintain current eligibles when appropriate.</i></p>
<p>Other Comments on Measure: Data used was for FFY 2009.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Process applications and enroll eligible applicants within 30 days from the date the application is received by NCU.</p>	<p>Goal #2 (Describe) Achieve federal requirement of 45 calendar day average turnaround time.</p>	<p>Goal #2 (Describe) Annual application turnaround time from receipt to processing to experience a 25% improvement over the federal requirement of 45 days, making the goal 34 days.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Revised-- The agency previously used average monthly processing days and the measurement is now calculated using the oldest application not processed at month end. The new method will help the State monitor compliance with the 45 day Federal regulation regarding application processing.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> NCU enrollment dates. The date of application is recorded, and the date of application processing is also recorded.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 12 months for average turnaround Definition of numerator: The year's total number of days recorded for each month's oldest application in house at month end count</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 12 months for average turnaround Definition of numerator: The year's total number of days recorded for each month's oldest application in house at month end count.</p>
<p>Year of Data: 2009</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p>Performance Measurement Data: Described what is being measured: Average yearly processing turnaround time from application to enrollment, in calendar days.</p> <p>Numerator: Denominator: Rate: 62</p> <p>Additional notes on measure: Total days is 749, divided by 12 months</p>	<p>Performance Measurement Data: Described what is being measured: Average yearly processing turnaround time from application to eligibility processing, in calendar days.</p> <p>Numerator: 450 Denominator: 12 Rate: 37.50</p> <p>Additional notes on measure: Actual numerator of 450 days (the total of each months oldest application in house at month end); actual denominator of 12 months= 38 days processing time.</p>	<p>Performance Measurement Data: Described what is being measured: Average yearly processing turnaround time from application to eligibility processing, in calendar days.</p> <p>Numerator: 354 Denominator: 12 Rate: 2950</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? average turnaround time increased from 51 calendar days to 62 calendar days.</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? To improve the results of this measure NCU redistributed duties that limited the scope of responsibility for workers. In the past, workers divided all duties equally. The caseload has been redistributed into an intake and ongoing approach to allow staff to focus on one set of parameters.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? NCU averaged 38 days as a FFY average turnaround time for applications. This achieved the federal goal of 45 days turnaround and improves compliance with federal regulations.</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? NCU continued with the limited scope of responsibilities as indicated last year. The unit has also developed internal procedure memos to help clarify policies and weekly meetings to discuss and explain the procedure memos.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? NCU averaged 30 days turnaround time for applications. This represents a 21% improvement from last year's average. This exceeded the goal of 34 days. NCU is in compliance with the State Agency goal of a 30 day turnaround time.</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? Streamlined processes and equal distribution of labor have proven to be the best solution for NCU to continue to keep current and improve enrollment timeliness.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Achieve federal requirement of 45 calendar day average turnaround time</p> <p>Annual Performance Objective for FFY 2011: Achieve 30 calendar day turnaround time</p> <p>Annual Performance Objective for FFY 2012: Achieve 30 calendar day turnaround time</p> <p><i>Explain how these objectives were set:</i> The Federal requirement is 45 days, Nevada has set a goal of 30 days. Nevada statistical research indicates application processing timeframes have a direct effect on enrollment growth; therefore, efforts are made to improve processing timeframes.</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 application turnaround time from receipt to processing to experience a 25% improvement over the federal requirement of 45 days, making the goal 34 days.</p> <p>Annual Performance Objective for FFY 2012: Continue to improve on the application turnaround time from receipt to processing. Goal is to add 10% improvement on federal requirement in addition to the improvement of the previous year. This makes the goal a 35% improvement under 45 days, or a 29 day turnaround time. This places the goal within the State goal of 30 days.</p> <p>Annual Performance Objective for FFY 2013: Continue to improve on the application turnaround time from receipt to processing. Goal is to add 5% improvement on federal requirement in addition to the improvement of the previous year. This makes the goal a 40% improvement under 45 days, or a 27 day turnaround time. This places the goal within the State goal of 30 days.</p> <p><i>Explain how these objectives were set:</i> The federal required turnaround time is within 45 calendar days. The state agency goal is 30 calendar days. The NCU goal is 14 days. These goals represent incremental steps toward achieving the federal, state, and unit goals.</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: Maintain and improve the application turnaround time from receipt to processing. Goal is to improve the average turnaround by 5% or achieve a 28 day average.</p> <p>Annual Performance Objective for FFY 2013: Continue to improve on the application turnaround time from receipt to processing. Goal is to continue to improve by 5% over the previous year.</p> <p>Annual Performance Objective for FFY 2014: Continue to improve on the application turnaround time from receipt to processing. Goal is to continue to improve by 5% over the previous year.</p> <p><i>Explain how these objectives were set:</i> The required turnaround time is 45 calendar days. The state agency goal is 30 calendar days. The NCU goal is 14 days. These goals represent achievable incremental steps toward achieving the federal, state, and unit goals.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Reduce the gap in coverage for recipients referred from NCU to Medicaid to 0 days.</p>	<p>Goal #1 (Describe) Maintain or improve coverage gap of 10 days between NCU disenrollment and Medicaid coverage start date.</p>	<p>Goal #1 (Describe) Maintain or increase the percentage of referrals sent to Medicaid and enrolled with no gap in coverage.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> When circumstances change and an NCU participant is no longer eligible for NCU, but appears eligible for Medicaid, the information or referral is sent to Medicaid for eligibility determination. At present, counting the steps the referral process takes, it is believed to be a minimum of 5 to 10 days before Medicaid can begin to process the referral. This can create a gap in coverage.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Changes in eligibility that move children from NCU to Medicaid create a coverage gap for recipients between the two programs. This goal is revised and now measures the time between referral date and coverage date. It will require an increase in efficiency in the referral process to reduce the coverage gap.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal will measure the number of children referred to Medicaid upon disenrollment that have no gap in coverage. The measure is tangible and realistic.</p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data from Nevada Check Up, Medicaid, and payor system.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment data from NCU and Enrollment data from Medicaid.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Dis-enrollment data from NCU and Enrollment data from Medicaid.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of cases included in statistical count. Definition of numerator: Cumulative count for all gaps in coverage including zero days.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of cases found eligible based on a referral from NCU to Medicaid. Definition of numerator: Number of cases with no gap in coverage from NCU dis-enrollment to Medicaid enrollment.</p>
<p>Year of Data: 2009</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p>Performance Measurement Data: Described what is being measured: Days between NCU disenrollment effective date, with the reason code “Appears eligible for Medicaid” and the Medicaid decision date.</p> <p>Numerator: Denominator: Rate: 10.5</p> <p>Additional notes on measure: These are average calendar days counted from NCU end date to decision date of enrollment in Medicaid. Outliers of more than 90 days have been excluded.</p>	<p>Performance Measurement Data: Described what is being measured: Coverage gap between date of NCU disenrollment and actual Medicaid enrollment. This will measure only coverage gaps for children referred to Medicaid from NCU.</p> <p>Numerator: 1980 Denominator: 806 Rate: 2.45</p> <p>Additional notes on measure: Measurement will be in calendar days from first day of lack of coverage after being disenrolled from NCU to the first day of actual coverage after being enrolled in Medicaid.</p>	<p>Performance Measurement Data: Described what is being measured: The percent of children with no gap in coverage when NCU dis-enrolls and refers the case to Medicaid.</p> <p>Numerator: 753 Denominator: 867 Rate: 86.9</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The coverage gap, with provisional data only, appears to be an average of 10.5 days for 2009, this is a drop of just under 10 days and exceeds the goal by 1.5 days.</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? NCU continues to develop a better working relationship with Medicaid to improve communication, reporting and data sharing methods.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Due to change in data collection and goal 2009 cannot be compared to 2010. The previous measure looked at NCU disenrollment effective date to Medicaid decision date. Data collection was revised and now compares NCU disenrollment effective date to Medicaid coverage date.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Since NCU terminates eligibility at least 30 days prior to the coverage end date, NCU has been working on streamlining procedures with the Medicaid eligibility unit to approve cases as soon as administratively possible. An NCU/Medicaid workgroup was created to streamline all application and documentation processes to eliminate duplication and to help establish effective communication processes between the agencies. To measure this, NCU created a report from the Decision Support System that gathers data from both NCU and Medicaid to track NCU referrals with a disenrollment date to compare to Medicaid enrollment.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2011 performance does not compare to the previous year as the measure has been revised. The revised measure will require a 5% improvement from the 2011 result.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The revised measure improves tracking and reporting due to data gathering limitations. Results can be improved through continued efforts with the workgroup established. The workgroup meets with Medicaid to develop compatible processes and an escalation plan for efficient referrals.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Maintain the coverage gap of 10 days</p> <p>Annual Performance Objective for FFY 2011: Reduce gap in coverage from 10 days to 8 days</p> <p>Annual Performance Objective for FFY 2012: Reduce gap in coverage from 8 days to 4 days</p> <p><i>Explain how these objectives were set:</i> Goal consists of proportional increments of gap reduction.</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: Maintain or reduce the average gap of first day without coverage from NCU to first day of coverage in Medicaid to ten days or less.</p> <p>Annual Performance Objective for FFY 2012: Maintain or reduce the average gap of first day without coverage from NCU to first day of coverage in Medicaid.</p> <p>Annual Performance Objective for FFY 2013: Maintain or reduce the average gap of first day without coverage from NCU to first day of coverage in Medicaid.</p> <p><i>Explain how these objectives were set:</i> Disenrollment from NCU requires at least a 30 day notification; therefore, gaps in coverage should not exist in most cases as the referral to Medicaid is sent within 24 hours of notification. The coverage gap should be less than 15 days if Medicaid applications are processed within federal guidelines. When gaps in coverage were noted the goal was created to eliminate or reduce the coverage gap.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Improve percentage of children who experience no gap in coverage when referred to the Medicaid program. Currently, 86.9% of children experience no gap when referred.</p> <p>Annual Performance Objective for FFY 2013: Improve percentage of children from the previous reporting year who experience no gap in coverage when referred to the Medicaid program.</p> <p>Annual Performance Objective for FFY 2014: Improve percentage of children from the previous reporting year who experience no gap in coverage when referred to the Medicaid program.</p> <p><i>Explain how these objectives were set:</i> Disenrollment from NCU requires a 30 day notification; therefore, gaps in coverage should be minimal as the referral to Medicaid is sent at the time of disenrollment. The maximum coverage gap should be 15 days, or less if Medicaid applications are processed within federal guidelines. When gaps in coverage were identified, a workgroup was developed to eliminate or reduce the coverage gap and continue tracking performance.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: This data is more reliable and accessible as the report is based out of the agency's Decision Support System by comparing enrollment records. Past data was manually collected from notes in the Medicaid eligibility system and compared to NCU referrals. The administrative time spent on manual data collection was not efficient.</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Achieve a high degree of satisfaction for NCU participants in the area of "Getting Needed Care," as measured by an annual survey. Exceed or maintain the national average in satisfaction rating.</p>	<p>Goal #1 (Describe) Achieve a high degree of satisfaction for NCU participants in the area of "Getting Needed Care." Improve the 53.2%.</p>	<p>Goal #1 (Describe) Improve the NCU rating to equal or exceed the 2010 Medicaid national average rating of 55.8% in the area of "Getting Needed Care."</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> In the National CAHPS survey, participants rate how well they receive the care they need.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP CAHPS survey data results</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> 2010 CAHPS 4.0H data.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> 2011 CAHPS 4.0H data. In the National CAHPS survey, participants rate how well they receive the care they need.</p>
<p>Data Source: <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> CHIP CAHPS survey data</p>	<p>Data Source: <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> CHIP CAHPS survey data results National Average is from Medicaid CAHPS data.</p>	<p>Data Source: <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> CHIP CAHPS survey data results National Average is from Medicaid CAHPS data.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: CHIP population that filled out survey and populated the top-two positive responses on the survey.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Survey participants that returned positive results in survey. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Survey participants that returned positive results in survey. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator includes CHIP population of the MCO with the greater CHIP enrollment. The second MCO did not receive a valid response.</p>
<p>Year of Data: 2009</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 53.2</p> <p>Additional notes on measure: The CAHP measure has changed and cannot be compared to the previous year. This will begin as a new year of data.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 48.9</p> <p>Additional notes on measure: CAHPS survey, Top box rates include both positive survey responses of "Always" or "Definitely Yes"</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 86 Denominator: 200 Rate: 43</p> <p>Additional notes on measure: The numerator and denominator in this section are not actual figures. The fields are required but the data is not available. However, the rate is 42.9 and was validated by the EQRO vendor.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The measures for CAHPS have changed. The EQR CAHPS team reports that, "the rates across the two years are not trendable due to the transition from the Child Medicaid CAHPS 3.0H</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The NCU rate of 48.9% represents a decrease of 4.30% from last year's rate of 53.2.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The NCU rate of 42.9% represents a decrease of 6% from last year's rate of 48.9%. This is below the 55.8% national average from the previous year.</p>

FFY 2009	FFY 2010	FFY 2011
<p>instrument to the CAHPS 4.0H instrument. As part of this transition, the Getting Needed Care composite was altered to include fewer survey items and survey items with different response categories.” In this light, the goal will have to be altered in the future as new benchmarks and national averages are collected with the new measures. As of this printing, the new national average was not known.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Exceed the 2009 rate of 53.15% by 10% of the difference if it is below the national average. Maintain at 53.15% if it is equal to or above the national average.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i> Goal is set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which, for this series, incorporates the CAHPS national average into the goal. This formula is: (Goal - Rate) x .10 + Rate. This provides a high goal and realistic 10% step to achieve it. Once a health plan reaches the goal or HPL, it no longer needs a 10% improvement from the rate, but strives to maintain the rate above the 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? The established MCO has quality initiatives to encourage members to visit their physicians. They place information regarding physicians, physician selection, physician services and customer service assistance in the member’s handbook and in newsletters. Information on well care, immunizations, asthma, diabetes and dental care are separate notifications that urge members to select and see their primary care physicians and dentists. Member incentive programs are in place to encourage members to seek preventive services such as well-child exams, immunizations, prenatal care, diabetic care. One mailing of physician change forms was sent to members in the asthma group to encourage them to see their PCP or change to one they preferred. Physicians are given educational materials and coding guidelines for preventive services via mailings, provider newsletters and the website so that they can assist members better for all types of visits.</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: Improve the NCU rating to equal or exceed the 2010 Medicaid national average rating of 55.8% in the area of "Getting Needed Care."</p> <p>Annual Performance Objective for FFY 2012: Maintain or exceed the 2011 Medicaid national average rating in the area of "Getting Needed Care."</p> <p>Annual Performance Objective for FFY 2013: Maintain or exceed the 2010 Medicaid national average rating in the area of "Getting Needed Care."</p> <p><i>Explain how these objectives were set:</i> There are no CHIP CAHPS national averages, so the Medicaid CAHPS national averages are used. For 2010 the Medicaid national average was 55.8%</p> <p>Each successive year will strive to align activity with current and relevant national averages.</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The established MCO has quality initiatives to encourage members to visit their physicians. They place information regarding physicians, physician selection, physician services and customer service assistance in the member’s handbook and in newsletters. Information on well care, immunizations, asthma, diabetes and dental care are separate notifications that urge members to select and see their primary care physicians and dentists. Member incentive programs are in place to encourage members to seek preventive services such as well-child exams, immunizations, prenatal care and diabetic care. Physicians are given educational materials and coding guidelines for preventive services via mailings, provider newsletters and the website so that they can assist members better for all types of visits.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Improve the NCU rating to equal or exceed the 2011 Medicaid national average rating of 53.2% in the area of "Getting Needed Care."</p> <p>Annual Performance Objective for FFY 2013: Maintain or exceed the 2012 Medicaid national average rating in the area of "Getting Needed Care."</p> <p>Annual Performance Objective for FFY 2014: Maintain or exceed the 2012 Medicaid national average rating in the area of "Getting Needed Care."</p> <p><i>Explain how these objectives were set:</i> There are no CHIP CAHPS national averages, so the Medicaid CAHPS national averages are used. For 2011 the Medicaid national average was 53.2%</p> <p>Each successive year will strive to align activity with current and relevant available national averages.</p>

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure: There are no set numbers in the future goals until current national averages are known.	Other Comments on Measure: This measure is included in the voluntary measures addressing access to care that may be reported in Section IIA of this report section. If NCU reports on these goals, then this goal may be changed.	Other Comments on Measure: This measure will move to the CAHPS reporting area in Section IIA when the data meets the section requirement.

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

FFY 2009	FFY 2010	FFY 2011
Goal #2 (Describe) Achieve a high degree of satisfaction in the area of "Rating of All Health Care" with NCU participants as measured by an annual survey. Maintain or exceed the national average.	Goal #2 (Describe) Achieve a high degree of satisfaction in the area of "Rating of All Health Care" with NCU participants as measured by an annual survey. Exceed or maintain the 2009 Medicaid national average of 65.2%	Goal #2 (Describe) Maintain or exceed the 2010 Medicaid national average rating of 60.5% in the area of "Rating of All Health Care."
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> With the CAHPS measures, there are no CHIP population national averages, so the Medicaid CAHPS national averages are used for this goal.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input 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> CHIP CAHPS survey data results	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> 2010 CAHPS 4.0H data.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> With the CAHPS measures, there are no CHIP population national averages, so the Medicaid CAHPS national averages are used for this goal.
Data Source: <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 data, 4.0H, compiled by outside vendor for the MCO's and by the Nevada Check Up EQRO.	Data Source: <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> CHIP CAHPS survey data results National Average is from Medicaid CAHPS data.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 2011 CAHPS 4.0H data.

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Survey participants that returned positive results in survey.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Top box rates include both positive survey responses of "Always" or "Definitely Yes" Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Top box rates include both positive survey responses of "Always" or "Definitely Yes". Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator includes CHIP population of the MCO with the greater CHIP enrollment. The second MCO did not receive a valid response.</p>
<p>Year of Data: 2009</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 60.77</p> <p>Additional notes on measure: The CAHPS measures did not change on this measure. This data can be compared to the data from the previous year. This is only using one MCO population as the second MCO became a service provider midyear and has not had opportunity to collect the necessary data.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 59.2</p> <p>Additional notes on measure: CAHPS survey, Top box rates include both positive survey responses of "Always" or "Definitely Yes"</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 114 Denominator: 200 Rate: 57</p> <p>Additional notes on measure: The numerator and denominator in this section are not actual figures. The fields are required but the data is not available. However, the rate is 57 and was validated by the EQRO vendor.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? This year's results, 60.77% is a decrease of 1.73% from last year's 62.5%. The CAHPS child Medicaid national average, based on the 2009 survey, is 65.15%.</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? NCU attends a monthly Divisional meeting that includes many entities, with presentations by the EQRO and the MCO's. This forum allows better communication to address any relevant issues. For the CAHPS measures, 2009 was the second year for the surveys and data collection. Progress has been made and will continue to be made in outreach, member participation, member education, addressing obstacles, collecting the data and reporting the data.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Achieve 61.2% satisfaction</p> <p>Annual Performance Objective for FFY 2011: Achieve 61.59% satisfaction, based on a National Average of 65.15%</p> <p>Annual Performance Objective for FFY 2012: Achieve 61.94% satisfaction, based on a National Average of 65.15%</p> <p><i>Explain how these objectives were set:</i> Goal set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which, for this</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? 2010 survey result of 59.2% is a decrease of 1.60% from the 2009 rate of 60.8%. The 2009 Medicaid national average is 65.2.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?The established MCO has quality initiatives to encourage members to visit their physicians. They place information regarding physicians, physician selection, physician services and customer service assistance in the member's handbook and in newsletters. Information on well care, immunizations, asthma, diabetes and dental care are separate notifications that urge members to select and see their primary care physicians and dentists. Member incentive programs are in place to encourage members to seek preventive services such as well-child exams, immunizations, prenatal care, diabetic care. One mailing of physician change forms was sent to members in the asthma group to encourage them to see their PCP or change to one they preferred. Physicians are given educational materials and coding guidelines for preventive services via mailings, provider newsletters and the website so that they can assist members better for all types of visits.</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: Maintain or exceed the 2010 Medicaid national average rating of 60.5% in the area of "Rating of All Health Care."</p> <p>Annual Performance Objective for FFY 2012: Maintain or exceed the 2010 Medicaid national average rating in the area of "Rating of All Health Care."</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? 2011 survey result of 57% is a decrease of 2.2% from the 2010 rate of 59.2%. The Medicaid national average for the previous year is 60.5%. 57% is 3% below the previous year's national average.</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?Physicians are given educational materials via mailings, provider newsletters and the website so that they can assist members for all types of visits.</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: Maintain or exceed the 2011 Medicaid national average rating of 60.0% in the area of "Rating of All Health Care."</p> <p>Annual Performance Objective for FFY 2013: Maintain or exceed the 2012 Medicaid national average rating in the area of "Rating of All Health Care."</p>

FFY 2009	FFY 2010	FFY 2011
<p>series, incorporates the HEDIS 90th percentile into the goal. This formula is: $(\text{Goal} - \text{Rate}) \times .10 + \text{Rate}$. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>	<p>Annual Performance Objective for FFY 2013: Maintain or exceed the 2010 Medicaid national average rating in the area of "Rating of All Health Care."</p> <p><i>Explain how these objectives were set:</i> Each successive year NCU will strive to align activity with current and relevant national averages.</p>	<p>Annual Performance Objective for FFY 2014: Maintain or exceed the 2013 Medicaid national average rating in the area of "Rating of All Health Care."</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: Future goals will be adjusted proportionally to the current national average.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: This measure will move to the CAHPS reporting area in Section IIA when the data meets the section requirement.</p>

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

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate: Deviations from Measure Specifications:

FFY 2009	FFY 2010	FFY 2011
		<input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>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>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Maintain 68%, as measured by HEDIS data, for NCU participants that have a visit with a dental provider during the year.</p>	<p>Goal #1 (Describe) For NCU participants that have a visit with a dental provider during the year-- maintain above the 2009 HEDIS 90th percentile of 61.3%, maintain or improve the current 72.5%</p>	<p>Goal #1 (Describe) For NCU participants that have a visit with a dental provider during the year-- maintain its 2010 measure of 69.1.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> NCU is above the 2009 90th percentile in this goal, and continues to maintain or improve its percentile.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009 version used for data collected in calendar year 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2010 version used for data collected in calendar year 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: CHIP population with positive results for this measure</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children in the denominator population that are positive for this measure Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Total unduplicated number of enrolled individuals age 1 – 20 who have been continuously enrolled for at least 90 days and are eligible for EPSDT services.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range:</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 6355 Denominator: 8763 Rate: 72.5</p> <p>Additional notes on measure: The HEDIS combined rate includes all age groups.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate: 69.1</p> <p>Additional notes on measure: The HEDIS combined rate includes all age groups.</p>	<p>From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 7766 Denominator: 10527 Rate: 73.8</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: The HEDIS combined rate includes all age groups.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2009 results of 72.52% is a 4.5% improvement over the 2008 percentile of 68%. The 90th percentile is 61.3%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The 2010 NCU result of 69.1% is a 3.4% decrease from the 2009 result of 72.5%. This still exceeds the 2009 HEDIS 90th percentile of 61.3% which achieves half of the goal-- exceeding the 90th percentile. It does not achieve the goal of maintaining or improving the NCU position of 72.5%.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2011 NCU result of 73.8% is a 4.7% increase over the 2010 result of 69.1%. This also exceeds the 2011 HEDIS 90th percentile of 64.1%</p>

FFY 2009	FFY 2010	FFY 2011
<p>improve your results for this measure, or make progress toward your goal? NCU may improve the results of the measure by ensuring the IKN website has the most updated data with regard to dental providers, accommodations and whether or not the provider is accepting new patients. The operational staff have submitted system change requests to create additional fields to gain current and more specific information.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Maintain above the 90th percentile of 61.3%, maintain or improve the 72.5%</p> <p>Annual Performance Objective for FFY 2011: Maintain above the 90th percentile of 61.3%, maintain or improve the 72.5%</p> <p>Annual Performance Objective for FFY 2012: Maintain above the 90th percentile of 61.3%, maintain or improve the 72.5%</p> <p><i>Explain how these objectives were set:</i> Goal set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which, for this series, incorporates the HEDIS 90th percentile into the goal. This formula is: (Goal - Rate) x .10 + Rate. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs a 10% improvement from the rate, but strives to maintain the rate above the 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? NCU may improve the results of the measure by ensuring the Insure Kids Now (IKN) national website has the most updated data with regard to dental providers, accommodations and whether or not the provider is accepting new patients. The EQR entity has been and continues working with the MCOs to develop better data collection techniques and education of both participants and providers.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: The 2010 HEDIS 90th percentile for this measure is 59.8%. Overall a national decrease in this measure. The NCU goal will be to maintain its 2010 measure of 69.1 or the HEDIS 90th percentile, whichever is greater.</p> <p>Annual Performance Objective for FFY 2012: Using the 2011 HEDIS 90th percentile for this measure ,the NCU goal will be to maintain its current 2011 measure or the HEDIS 90th percentile, whichever is greater.</p> <p>Annual Performance Objective for FFY 2013: Using the 2011 HEDIS 90th percentile for this measure ,the NCU goal will be to maintain its current 2011 measure or the HEDIS 90th percentile, whichever is greater.</p> <p><i>Explain how these objectives were set:</i> Even though NCU holds above the 90th percentile in this goal, this goal will continue as a relevant measure. The national percentage and the NCU percentage, both falling, indicate an area that will need effort and attention to maintain successful ratings.</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The EQR entity has been and continues working with the MCOs to develop better data collection techniques and education of both participants and providers.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: The 2011 HEDIS 90th percentile for this measure is 64.1%. The NCU goal will be to maintain its 2011 measure of 73.8% or the HEDIS 90th percentile, whichever is greater.</p> <p>Annual Performance Objective for FFY 2013: The NCU goal will be to maintain its current measure or the HEDIS 90th percentile, whichever is greater.</p> <p>Annual Performance Objective for FFY 2014: The NCU goal will be to maintain its current measure or the HEDIS 90th percentile, whichever is greater.</p> <p><i>Explain how these objectives were set:</i> Goal set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which, for this series, incorporates the HEDIS 90th percentile into the goal. This formula is: (Goal - Rate) x .10 + Rate. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs a 10% improvement from the rate, but strives to maintain the rate above the goal.</p>
<p>Other Comments on Measure: The goals change as the 90th percentile changes year to year.</p>	<p>Other Comments on Measure: This goal could change in future with preventive and dental measures indicated in the new set of measures in section IIA. NCU may change this goal for that reason.</p>	<p>Other Comments on Measure: This goal will continue will move to Section IIA for the next reporting period.</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Improve rate of childhood immunizations to maintain or exceed 84.7%, the 90th percentile of the 2008 HEDIS measures.</p>	<p>Goal #2 (Describe) Improve rate of childhood immunizations to maintain or exceed 80.5%, the 2009 HEDIS 90th percentile.</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal is both continuing and revised. Improving the rate of childhood immunizations continues to be the goal, the revision is the goal for 2010 should have been based on the 2009 HEDIS 90th percentile, not the 2008 HEDIS 90th percentile. The goal above is now revised to remain current and relevant.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Reporting for this measure moved to Section IIA.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009 version used for data collected in 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2010 version used for data collected in 2009</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Children in the denominator population that are positive for this measure</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children in the denominator population that are positive for this measure Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 331 Denominator: 411 Rate: 80.5</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate: 84.5</p> <p>Additional notes on measure: Measure taken from Childhood Immunization Rate-- Combo 2.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2009 score of 80.5% is a 6.8% increase over last year's score of 73.7%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The 2010 measure of 84.5% shows a 4% increase over last year's result of 80.5% and is comparable with, though not above, the 2009 HEDIS 90th percentile of 85.4%. This is data from the MCO with the greatest NCU population.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

FFY 2009	FFY 2010	FFY 2011
<p>improve your results for this measure, or make progress toward your goal? A Performance Improvement Project (PIP) is in place for this measure through the MCO and validated by the EQRO. A sampling of eligible children was studied for access to care and services. The MCO developed interventions based on causes/barriers to make system changes.</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: Attain 81.18%, a 10% increase of the difference over last year's growth. Goal is 2008 HEDIS 90th percentile of 84.7%</p> <p>Annual Performance Objective for FFY 2011: Attain a 10% increase in the difference over previous year's growth. Goal is 2008 HEDIS 90th percentile. 2008 is 84.7%</p> <p>Annual Performance Objective for FFY 2012: Attain a 10% increase over previous year's growth. Goal is 2008 HEDIS 90th percentile. 2008 is 84.7%</p> <p><i>Explain how these objectives were set:</i> Goal set with the QISMC methodology which seeks to gain 10% over the previous rate. To set a high performance level (HPL), Nevada uses The QISMC hybrid formula which, for this series, incorporates the HEDIS 90th percentile into the goal. This formula is: (Goal - Rate) x .10 + Rate. This provides a high goal and realistic 10% steps to achieve it. Once a health plan reaches the goal or HPL, it no longer needs a 10% improvement from the rate, but strives to maintain the rate above the 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? This measure is still included in the Performance Improvement Projects (PIP)'s for the MCOs. Better data collection has been an improvement and continues to be a goal for the MCOs in this area. Provider and participant education is key with this measure as some immunization services--school, community or commercial establishment might not report the service. In these instances, better data collection techniques have been and will continue to be implemented.</p> <p>The second MCO was not able to report on this measure as they did not have enough data in this category to qualify for reporting. NCU will work with the EQRO and the MCOs to improve the data for this population.</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: Improve the NCU percentage of 85.4% to equal or exceed the 2010 HEDIS 90th percentile of 85.4%.</p> <p>Annual Performance Objective for FFY 2012: Maintain a percentage equal to or above the 2011 HEDIS 90th percentile.</p> <p>Annual Performance Objective for FFY 2013: Maintain a percentage equal to or above the 2012 HEDIS 90th percentile.</p> <p><i>Explain how these objectives were set:</i> This goal is almost achieved but will remain as a goal until proven stable.</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: Actual goal will change when the 90th percentile changes</p>	<p>Other Comments on Measure: This goal may change if NCU reports the new measures in section IIA.</p>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)

FFY 2009	FFY 2010	FFY 2011
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <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>

FFY 2009	FFY 2010	FFY 2011
		<input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>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>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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]**

The Division of Health Care Financing and Policy (DHCFP) actively directs a comprehensive Quality Strategy. Annually, DHCFP and its External Quality Review Organization (EQRO) evaluate the effectiveness of the Quality Strategy and report in the annual EQR technical report. DHCFP updates the Quality Strategy, as necessary, based on MCO performance; stakeholder input and feedback; achievement of goals; changes resulting from legislative, State, federal, or other regulatory authority; and/or significant changes to the programmatic structure of the Nevada Medicaid or CHIP program. DHCFP invites public comment and feedback by providing a direct link online for stakeholders to respond and ask questions about the strategy.

The purpose of the DHCFP's Quality Strategy is to:

Be a coordinated and comprehensive system to proactively drive quality throughout the Nevada Medicaid and Check Up systems. The Quality Strategy promotes the identification of creative initiatives to monitor, assess, and improve access to care, clinical quality of care, and quality of service.

The strategy identifies opportunities to improve health and wellness for the enrolled population through preventive care services, chronic disease and special needs management, and health promotion. This strategy also allows improvement in access to quality of care and services that are culturally appropriate and also focuses on recipient satisfaction.

The following are included in the scope of the Quality Strategy:

- Managed care recipients in all demographic groups and in all service areas for which the MCOs are approved to provide services.
- Aspects of care—including accessibility, availability, level of care, continuity, appropriateness, timeliness, and clinical effectiveness of care and services covered by the program.
- MCO performance related to access to care, quality of care and service, including networking, contracting, and credentialing; medical record-keeping practices; environmental safety and health; health and disease management; and health promotion.
- Services covered—including preventive care services, primary care, specialty care, ancillary care, emergency services, chronic disease and special needs care, dental services, mental health services, diagnostic services, pharmaceutical services, skilled nursing care, home health care and prescription drugs.
- Professional and institutional care including inpatient, outpatient, and home settings.
- Providers and any other delegated or subcontracted provider type.
- MCO internal administrative processes related to service and quality of care—including customer services, enrollment services, provider relations, confidential handling of medical records and information, case management services, utilization review activities, preventive health services, health education, information services, and quality improvement.

DHCFP established quality goals to improve the health and wellness of members ensuring access to high quality and culturally appropriate care.

1) Improve health and wellness of Nevada children by increasing the use of preventive services, thereby modifying health care use patterns for the population.

2) Reduce and/or eliminate health care disparities for recipients.

- Ensure health plans develop, submit for review, and annually revise cultural competency plans, which detail the health plans' goals, objectives, and processes for reducing and/or eliminating racial or ethnic disparities that negatively impact the quality and timeliness of, and access to, health care.
- Stratify data for performance measures and avoidable emergency room utilization by race and ethnicity to determine where disparities exist. Continually identify, organize, and target interventions to reduce disparities and improve access to appropriate services for the population.

- Ensure that MCOs submit an annual evaluation of their cultural competency program. MCOs must receive 100% compliance for all of the criteria listed in the MCO contract for cultural competency program development, maintenance and evaluation.

3) Improve the health and wellness of new mothers and infants and increase new-mother education about family planning and newborn health and wellness.

4) Improve members' access to dental care.

The methods employed to achieve these goals include:

- Developing and maintaining collaborative strategies among State agencies and external partners to improve health education and health outcomes, manage vulnerable and at-risk members, and improve access to services for all Nevada Medicaid and Check Up recipients.
- Using additional performance measures, performance improvement projects, contract compliance monitoring, and emerging practice activities to drive improvement in member health care outcomes.
- Strengthening prevention, wellness, and health management initiatives to improve members' health status.
- Enhancing member services and member satisfaction with services.
- Improving health information technology to ensure that information retrieval and reporting are timely, accurate, and complete.

Reporting for the Quality Strategy takes many forms. Some of these are:

Quality Assessment and Performance Improvement Strategy (QAPIS). DHCFP developed this annual report of guidelines to continually improve the delivery of quality health care to all Medicaid and Check Up recipients.

EQRO Technical Report. This annual summary report describes the data analysis and conclusions drawn regarding MCO quality performance during the previous year.

Performance Tracking Tool (PTT). The PTT, developed in 2005, is still used by the MCOs to monitor and trend performance measures, compare with national benchmarks and calculate future goals.

Internal Quality Assurance Program (IQAP). DHCFP monitors MCO contracted deliverables. The EQRO conducts an annual on-site review of MCO compliance with standards, access to care, structure and operations, and quality measurements and improvement.

National Performance Measures. Benchmark data like NCQO, HEDIS, CAHPS, CHIPRA, etc. are all utilized in setting appropriate goals and comparing performance measures.

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]**

In addition to the State strategies listed above, Nevada Check Up is working to incorporate additional Performance Measures into the EQR functions for the 2012 reporting year as funding permits.

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 CHIP population is included in all of the focused quality studies initiated by DHCFP. These Performance Improvement Projects (PIPs) are:

- Increase childhood immunizations;
- Increase the prevalence of blood lead testing for children 1-2 yrs; and
- Decrease the avoidable emergency room visits.(New PIP)

As NCU implements CHIPRA recommended measures detailed in this CMS annual report, the PIPs will specifically address the CHIP population. Currently, all results represent the mixed population of CHIP and Medicaid.

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]**

EQRO Technical Report;

QAPIS Report;

PIP Reports.

Overall, both Amerigroup and HPN have shown improvement in access, timeliness, and quality of care provided to Nevada Medicaid and Check Up populations. The collaborative quality improvement environment promoted by the DHCFP has proven to be successful as the MCOs have demonstrated improved performance over the previous year. HSAG encourages the continued use of the collaborative meetings between DHCFP and the MCOs to continually assess the Medicaid and Check Up programs' achievement of the goals and objectives identified in the State's quality strategy.

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

Access to Healthcare Network (AHN) is a non-profit group that conducts outreach for CHIP, Medicaid and other resource partners. This past year, AHN was able to offer additional "Train the Trainer" training in rural areas. This training teaches community outreach partners to help clients complete applications.

In mid-August AHN was awarded a CHIPRA outreach grant. They are preparing efforts to focus on retention, outreach and education including revising training and outreach materials. AHN hired 2 new staff members in September and 1 more in October to assist with this grant. AHN now has designated staff on the helpline in Southern Nevada and Rural Nevada to implement the goals outlined in their CHIPRA grant.

AHN expects to begin additional outreach efforts in January 2012, in accordance with the CHIPRA grant.

The Reno-Sparks Indian Colony was also awarded an outreach grant, which enabled the clinic to offer a Wal-Mart gift cards as incentive for completing the Medicaid/CHIP application and providing proof of eligibility or denial.

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]**

AHN found that screening all calls received through their eligibility Help Line has been effective for educating callers on NCU, Medicaid and other health care programs.

Additionally, training community partners through "Train the Trainer" has been effective. Attendees are trained to screen clients for potential eligibility and to help clients submit complete applications.

The Reno-Sparks Indian Colony found that targeting patients that come in to the clinic is the most effective way to educate potential recipients and to obtain completed applications.

Reno-Sparks has tried radio PSA's which resulted in a few calls and completed applications. However, word of mouth is more effective in the Indian colony community.

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

Best practice as identified by AHN is to screen callers to ensure that all members of a family have medical coverage and to evaluate eligibility for all available programs.

The Reno-Sparks Indian Colony is tracking every person that picks up an application for Medicaid and CHIP. They are collecting information as it comes in to ensure the application and documentation is returned to the appropriate agency.

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]**

AHN has always focused on under-served populations such as low income families and Spanish-speaking demographics through bilingual materials. With the CHIPRA grant AHN is looking to increase the target population to better serve African American and Native Americans populations.

The Reno-Sparks Indian Colony only targets the Native American/Alaska Native population that seek services through the Reno Sparks Indian Colony. Staff track all approvals and denials to determine effectiveness of the outreach efforts.

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] 80

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

NCU used the most recent "Current Population Survey" (U.S. Census Bureau with 2009 data) which estimates about 62,000 children under age 19, at or below 200% Federal Poverty Level are without insurance in Nevada. The closest yearly enrollment data for Medicaid and CHIP is State Fiscal data which covers July 2009-June 2010. The yearly unduplicated enrollment figure shows combined Medicaid and CHIP enrollment at 243,392. The total population of these groups is 305,392. The Medicaid/CHIP population represents 80% of this total group, although it is unknown how many of the remaining uninsured meet all eligibility requirements for the programs.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

Yes

No

If yes, indicate if you have the following policies:

Imposing waiting periods between terminating private coverage and enrolling in CHIP

Imposing cost sharing in approximation to the cost of private coverage

Monitoring health insurance status at the time of application

Other, please explain **[7500]**

NCU utilizes a TPL vendor for monthly data matches with health insurance companies. Cases with verified insurance are closed.

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

The application requires that the applicant indicate if a child currently has health insurance coverage: if "yes" they are required to indicate the type of coverage for an eligibility determination; If "no coverage" is indicated on the application, applicants are asked the date the last coverage ended. If the date is within 6 months, eligibility for NCU is denied unless the family meets one of the crowd-out exception criteria.

Through a vendor contract, the CHIP population is matched against insurance coverage data information. The vendor applies a complex algorithm to ensure accurate matches despite discrepancies in name, addresses, dates of birth, etc. NCU staff verify each policy response for accuracy and any additional coverage that may exist (pharmacy, dental, vision, etc.). If coverage is current, NCU staff send a disenrollment notice allowing a 30 day appeal process. Along with NCU termination the other insurance is added to the TPL subsystem in MMIS so that claims may be appropriately cost avoided and post-payment collection activities may ensue.

Other insurance is also identified through the MMIS claims system and sent to appropriate staff for verification.

The denials for other insurance are compiled and reviewed monthly.

All eligibility staff record and report exceptions to the crowd out policy. This report is reviewed by management.

The effectiveness is measured by the spikes in monthly terminations as a result of other insurance.

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]**

Upon application and when other insurance coverage is discovered. Children who have insurance coverage at the time of application are denied NCU coverage.

If insurance is discovered in an ongoing case, NCU issues a disenrollment notice and the guardian has 30 days to respond if the decision was in error. Children are not eligible if they have had other coverage within 6 months. The six month waiting period may be waived if the applicant provides evidence that the loss of insurance was due to actions outside the applicant's control such as:

- a. Loss of employment other than voluntary termination;
- b. Death of the parent who was responsible for insurance coverage;
- c. Change to new employment that does not provide an option for dependent coverage;
- d. Change of address that results in no employer-sponsored coverage;
- e. Discontinuation of health benefits to all employees of the applicant's employer;
- f. Expiration of coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA);
- g. Self-employment;
- h. Termination of health benefits due to a long-term disability;
- i. Termination of dependent coverage due to an extreme economic hardship on the part of either the employee or the employer.

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]** 13
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 3
Provide a combined percent if you cannot calculate separate percentages. **[5]**

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 3

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]**

39

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]**

The State established threshold is 3% of the family's gross income.

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]**

Premiums and all cost-sharing charges are counted. NCU uses the difference between the amount of the premium for employee-only and the amount for the child/ren's coverage if it can be broken out. In some rare instances employee coverage cannot be broken out for the children so the entire amount is used.

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]**

11

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]**

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]**

In order to assure that Medicaid eligible children are enrolled in Medicaid, Nevada takes the following steps:

The NCU application functions as both an application for NCU and a pre-screening tool for Medicaid eligibility. NCU screens all initial applications, redeterminations and reevaluations for Medicaid eligibility to determine if a child may be eligible for Medicaid.

The NCU application asks whether the applicant wants to be considered for Medicaid. If the applicant selects "no" and appears to be Medicaid eligible, NCU staff deny coverage in writing without referring the applicant to the Nevada State Division of Welfare and Supportive Services (DWSS) for a Medicaid eligibility determination.

If the applicant selects "yes" and the child appears to be eligible for Medicaid, coverage is denied for NCU and a referral is made to DWSS for a Medicaid eligibility determination.

NCU enrollees are electronically screened daily to ensure that children are not enrolled in both NCU and Medicaid.

NCU also monitors referrals to DWSS to ensure timely Medicaid determinations. A team meets as issues are identified to streamline and adjust processes as needed.

During the 2009 Legislative session funding was allocated for development of a joint Medicaid/CHIP electronic application. This is still under development.

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]**

When a recipient is terminated or denied Medicaid they are referred to the CHIP program (if applicable) and evaluated for CHIP eligibility using the data included in the Medicaid eligibility system and this does not require an additional application. If the child is subsequently determined eligible, a one to two month lapse in coverage may occur as NCU approves coverage prospectively.

It has been an ongoing project for both agencies to automate the referral process and has been a major challenge. The original automated process was stopped when it was discovered that staff were spending too much time with duplicate and inappropriate referrals. These system issues are still being resolved.

When an NCU case is redetermined and the recipient "appears eligible for Medicaid" the coverage is terminated. New applications are denied and follow the same process. In both scenarios recipients are referred to the Medicaid program and evaluated for Medicaid eligibility. Most of the referral information is used; however, additional signatures are needed to approve the case.

Medicaid eligibility can be retroactive and is based on the application date. Depending on the length of time that lapses between the application and approval the client may be without Medicaid coverage during the pending period, even though coverage is restored.

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

**Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for
CHIP (Title XXI) and Medicaid (Title XIX) Programs
Table B1**

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

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: <ul style="list-style-type: none"> a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment; e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap. 	In accordance with section 1902(e)(12) of the Act <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. If there is an assets test, does the State allow administrative verification of assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Express Lane	11. Are you utilizing the Express Lane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Eligibility	option in making eligibility determinations and/or renewals for both Medicaid and CHIP?		
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input 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 type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input 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 III C: 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]

Sixty days prior to redetermination, a letter is sent requesting completion of the redetermination form and verification of income. If the redetermination packet returned is incomplete, a second letter requesting missing information is sent. The second letter contains warning of possible disenrollment if the requested information is not sent. The last letter is a notice of disenrollment sent 30 days prior to termination if there has been no response to the previous letter/s.

- 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]**

If the Redetermination response is not received in 30 days, a letter is sent advising the participant of disenrollment. Participants then have another 30 days to turn in their paperwork before being disenrolled.

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

A contract with Access to Healthcare Network (AHN) was implemented during the reporting period. As funding allowed, AHN contacted clients pending disenrollment to remind them about the reenrollment requirements and also to gather data on issues hindering compliance.

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]

Contacting recipients prior to termination has been effective for both retention purposes and determining barriers to enrollment. Funding was limited during the reporting period so a limited number of clients were contacted. Nevada hopes to increase the number of families contacted. Limited evaluation has been done to determine effectiveness as it requires a manual process; however, of the clients contacted 61% indicated they were working with program staff to correct the problem and 20% indicated they would contact the agency to correct the problem.

Section III C: 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	54448	100
2. Total number of application denials	20326	37.3
a. Total number of procedural denials	5748	10.6
b. Total number of eligibility denials	13529	24.8
i. Total number of applicants denied for title XXI and enrolled in title XIX		
c. Total number of applicants denied for other reasons Please indicate: This number is an assumption due to the algorithm in the template.	1049	1.9

3. Please describe any limitations or restrictions on the data used in this table: This data counts individual children, not whole family applications. Since it is possible some children can be enrolled and some denied, all within the same family, it was more accurate to count individual denials + individual enrollments = total individual applicants for this FFY.

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] Data not available

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined		100%			
2. Total number of children screened for redetermination			100%		
3. Total number of children retained after the redetermination process					
4. Total number of children disenrolled from title XXI after the redetermination process				100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and					

this data is not relevant check here <input type="checkbox"/>)					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)					

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

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in Federal Fiscal Year (FFY) 2011, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2011 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2011.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2011. This includes those children that States may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2011 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their State’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage

or if applicable, had access to private coverage during your State’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.

- c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

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

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

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

Specify how your “newly enrolled” population is defined:

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

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

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

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

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

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2012” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - + the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who were continuously enrolled through July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through September 2012

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2012
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were disenrolled by July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by September 2012
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through January 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through February 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through March 2013

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by January 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XXI by February 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI prior to March 2013
 - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1995, who were enrolled in January 2012 and were disenrolled by January 2013
 - + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by February 2013
 - + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by March 2013
 - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through September 2013

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2013
 - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and disenrolled by July 2013
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by August 2013
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by September 2013

D. COST SHARING

1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

Enrollees (shoebox method)

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

Health Plan(s)

State

Third Party Administrator

N/A (No cost sharing required)

Other, please explain. **[7500]**

The cost sharing requirements are set at very low levels so it is extremely unlikely that families could approach the 5 percent cap. For a family of two at 150% of FPL, the 5 percent cap is \$994 ($\$19,898 \times .05$); the total Nevada Check Up annual premiums are \$100. For a family of two at 166% of FPL, the 5 percent cap is \$1,101 ($\$22,020 \times .05$); the total Nevada Check Up annual premiums are \$200. For a family of two at 200% of FPL, the 5 percent cap is \$1,327 ($\$26,531 \times .05$); the total Nevada Check Up annual premiums are \$320.

To further illustrate how low Nevada Check Up's premium amounts are, a family of two with income of \$13,265 is at 100% FPL and, if eligible for enrollment in Nevada Check Up, would pay \$100 each year in premiums, less than 1% of their income. The maximum allowed for CHIP cost sharing in this case is \$663 per year. At the extreme low level (36% FPL) of those charged premium fees, the 5% cap equals \$239 annually and Nevada Check Up premium totals \$100.

The State does not impose any other co-payment or deductible.

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]**

The plan only charges premiums so providers are not allowed to collect any payment from recipients as stated in the provider contract and policies.

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]**

0

5. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

Yes

No

If so, what have you found? **[7500]**

6. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

Yes

No

If so, what have you found? **[7500]**

7. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

The cost share amount is the same as last year. No change.

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 NCU Plus program is an employer sponsored insurance program that provides a monthly subsidy to participants that have enrolled in a qualifying insurance program while employed with a qualifying employer. The applicant cannot have existing insurance coverage at the time eligibility is

determined. The coverage period for the program extends for one year from the date of eligibility determination, with the condition that every 90 days the participant demonstrates continuing insurance coverage. No benefits other than the monthly subsidy amount will be paid for participants eligible for the NCU Plus program.

NCU coordinates assistance between the state, client and employer.

In order for individuals to be determined eligible for the NCU Plus program, the employer for the individual must be deemed eligible to participate. The employer must:

- A. Be a small business employer (between 2 and 50 employees);
- B. Provide an employer sponsored insurance plan that offers creditable coverage; and
- C. Provide at least 50% of the monthly premium for the employed individual and for the spouse if applicable.

In order to be eligible, individuals who apply for NCU Plus must:

- A. Not be eligible for Medicaid;
- B. Not be covered by any other creditable medical health insurance coverage, nor have had creditable medical coverage within the last 6 months, except where hardship is established or the loss of coverage was due to no fault of their own;
- C. Have income of 200% or less of Federal Poverty Level (FPL);
- D. Be a citizen or legal qualified alien of the United States at the time of application;
- E. Submit an application that includes all residents in the household;
- F. Be employed by, or be the spouse of an individual employed by an eligible employer;
- G. Enroll in the employer's creditable coverage after the initial application.

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

Up to \$100.00 paid in a monthly stipend to a qualified individual to offset the monthly group health insurance premium offered by his/her employer. Maximum is \$200.00 per month per household (\$100 per parent per month).

5. Are there any minimum coverage requirements for the benefit package?

- Yes
- No

6. Does the program provide wrap-around coverage for benefits?

- Yes
- No

7. Are there any limits on cost sharing for children in your ESI program?

- Yes
- No

8. Are there any limits on cost sharing for adults in your ESI program?

- Yes
- No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

- Yes No If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

0	Number of childless adults ever-enrolled during the reporting period
8	Number of adults ever-enrolled during the reporting period
0	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	0
Parents	8

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

The state opted not to renew the waiver.

The program has always had a major challenge, since both the employee and the employer must meet stringent eligibility criteria, it is difficult to find qualified applicants. The main areas of concern are either that employers don't offer insurance or the employer is not a small business.

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

The ESI program provided 8 adults with premium assistance during the entire reporting period. In preparation of phasing out the program, applications were no longer accepted for this program 9 months into the reporting period. During those 9 months over 212 children were evaluated for NCU at the same

time the ESI application was being reviewed for the parents. As a result, sixty-seven children were determined eligible for NCU from the parents' application for the ESI benefit.

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 state opted not to renew the HIFA waiver due to budget constraints. Coverage was phased out beginning June 2011 and the program will officially end November 30, 2011.

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]**

Sixty-seven children were enrolled in NCU and 10 children were retained in NCU.

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

\$8,768.92 Total FFY program costs.

17. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Children	Parent
State:	State: 100
Employer:	Employer: 228
Employee:	Employee: 111

18. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children	Low	High
Parents	Low 100	High 100

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

Employer must pay at least 50% of the total insurance premiums for program eligibility.

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

- Yes
 No

21. Please provide the income levels of the children or families provided premium assistance.

	From	To
Income level of Children:	% of FPL[5]	% of FPL[5]
Income level of Parents:	112 % of FPL[5]	191 % 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]** Streamlining application processes, sending letters and making phone calls, improving data accessibility, enrollment records and reporting have all helped retain ESI participants.

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

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

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

- (1) prevention: Yes No
(2) investigation: Yes No
(3) referral of cases of fraud and abuse? Yes No

Please explain: **[7500]**

NCU is required to investigate reports of recipient and provider fraud or abuse within the program. Investigation results substantiating fraud or abuse will be used to determine the imposition of administrative actions or referral to appropriate law enforcement officials (42 CFR § 457.915).

Administrative actions include denial of eligibility, termination of enrollment and/or debt collection. DHCFP is responsible for the fiscal integrity of the NCU program and is committed to a process that identifies and reduces fraud, abuse and improper payments. DHCFP must ensure NCU recipients have access to quality care and claims are paid in accordance with state statutes, federal laws, program policies and billing manuals. The DHCFP has programs to assist in ensuring the fiscal integrity of the programs it administers:

- 1) the Surveillance and Utilization Review (SUR) program;
- 2) the Payment Error Rate Measurement (PERM) program;
- 3) the Financial and Compliance Audit program; and
- 4) the Division of Welfare & Supportive Services Investigation & Recovery program.

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

Yes

No

Please Explain: **[500]**

Each MCO has internal quality and fraud prevention measures that are specified in their contract with DHCFP. The MCO's have a program that includes administrative and management procedures, including a mandatory compliance plan to guard against fraud and abuse. The MCO's compliance plan designates staff responsibility for administering the plan and includes goals, objectives and measurements to determine the plan's effectiveness.

2. For the reporting period, please report the

0 Number of fair hearing appeals of eligibility denials

0 Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

844 Number of cases investigated

24 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

48 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please explain: **[500]**

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: NV FFY: NV	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Enrollees Receiving Any Dental	18018	10	658	2813	5957	5886	2694

Services ¹							
Total Enrollees Receiving Preventive Dental Services²	16913	6	545	2598	5759	5623	2382
Total Enrollees Receiving Dental Treatment Services³	9653	0	80	1179	3495	3275	1624

***Includes 12-month visit**

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

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

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

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth⁴? [7]

802

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

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

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2011. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

	2011	2012	2013
Benefit Costs			
Insurance payments			
Managed Care	24676013	25858311	25603676
Fee for Service	9936873	6842424	6446916
Total Benefit Costs	34612886	32700735	32050592
(Offsetting beneficiary cost sharing payments)	-1692374	-1692820	-1659546
Net Benefit Costs	\$ 32920512	\$ 31007915	\$ 30391046

Administration Costs

Personnel	1708116	2014414	2115654
General Administration	708805	759321	751624
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	2416921	2773735	2867278
10% Administrative Cap (net benefit costs ÷ 9)	3657835	3445324	3376783

Federal Title XXI Share	23368644	22339805	21993730
State Share	11968789	11441845	11264594

TOTAL COSTS OF APPROVED CHIP PLAN	35337433	33781650	33258324
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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

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	18323	\$ 112	18733	\$ 114	18365	\$ 116
Fee for Service	2871	\$ 235	2825	\$ 202	2754	\$ 195

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

		CHIP Non-HIFA Demonstration Eligibility				HIFA Waiver Demonstration Eligibility				
		* Upper % of FPL are defined as Up to and Including								
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From	100	% of FPL to	200	% 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	134	% of FPL to	200	% 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

_____ 8 Number of **parents** ever enrolled during the reporting period in the demonstration

_____ 555 Number of **pregnant women** ever enrolled during the reporting period in the demonstration

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

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

Due to the stringent criteria of the program there are only 8 enrollees. The only impact is enrollment of children into the program as a direct result of a parents' application for the ESI waiver. There were sixty-seven children enrolled from one hundred sixty applications.

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2011	2012	2012	2014	2015
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1	0	0			

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

Insurance Payments	9469	5000			
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2	9469	5000			

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

Insurance Payments					
Managed care per member/per month rate for managed care	843480 1021	306893 615			
Fee for Service Average cost per enrollee in fee for service	371634 493	283286 615			
Total Benefit Costs for Waiver Population #3	1215114	590179			

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

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3	0	0			

Total Benefit Costs	1224583	595179			
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	1224583	595179			

Administration Costs

Personnel	9502	17386			
General Administration	26428	21700			
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs	35930	39086			
10% Administrative Cap (net benefit costs ÷ 9)	136065	66131			

Federal Title XXI Share	833577	419439			
State Share	426936	214826			

TOTAL COSTS OF DEMONSTRATION	1260513	634265			
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When was your budget last updated (please include month, day and year)? **[500]**

June 2011

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

Although the fiscal environment continues to be unpredictable the State supports public health care programs. The State has created the Nevada Office of Health Information Technology within the Department of Health and Human Services to administer the State's ARRA Health Information Exchange Cooperative Agreement, facilitate the core infrastructure and capacity to enable the statewide HIE, and coordinate related HIT initiatives. DHCFP released a request for proposal, and a contract award is pending with a vendor to assist in developing its State Medicaid Health Information Technology Plan and its provider incentive payment program for providers adopting certified Electronic Health Records.

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

Maintaining CHIP enrollment due to the economic downturn. The CHIP enrollment is unstable as clients continue to become eligible for Medicaid. Outreach is limited due to funding and the newly eligible population may be unaware of the available programs and services.

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

NCU has been involved in the planning and development strategies for Health Care Reform implementation. NCU feels as though we are a partner in the State with regard to the future of the Exchange.

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]**

NCU plans to collaborate with the Medicaid agency to align policies and procedures to eventually include CHIP as a trickle down program through Medicaid. This will streamline eligibility for public assistance, maintain data in one database and simplify the constituent process applying for health care in the exchange. The state hopes to make the transition to Health Reform and the exchange as seamless as possible.

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