

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 checked="" 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 | 250 | % of FPL * |
| | From | 185 | % of FPL for infants | 199 | % of FPL * | From | 186 | % of FPL for infants | 250 | % of FPL * |
| | From | 133 | % of FPL for children ages 1 through 5 | 199 | % of FPL * | From | 134 | % of FPL for children ages 1 through 5 | 250 | % of FPL * |
| | From | 100 | % of FPL for children ages 6 through 16 | 199 | % of FPL * | From | 101 | % of FPL for children ages 6 through 16 | 250 | % of FPL * |
| | From | 100 | % of FPL for children ages 17 and 18 | 199 | % of FPL * | From | 101 | % of FPL for children ages 17 and 18 | 250 | % of FPL * |
| | | | | | | From | | % of FPL for pregnant women ages 19 and above | | % of FPL * |

| | | | | |
|---|-------------------------------------|---|-------------------------------------|--|
| Is presumptive eligibility provided for children? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes, for whom and how long? [1000] | <input checked="" type="checkbox"/> | Yes - Please describe below: For which populations (include the FPL levels) [1000] Newborns [186 up to 250%) and unborn coverage (0 up to 250%) Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] The pregnant woman/unborn coverage is eligible for one 18-month presumptive eligibility period. Brief description of your presumptive eligibility policies [1000] |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---------------------------------------|-------------------------------------|---|-------------------------------------|---|
| Is retroactive eligibility available? | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes, for whom and how long? [1000] | <input type="checkbox"/> | Yes, for whom and how long? [1000] |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

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

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

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

| | | | | |
|--|-------------------------------------|--------------------------|---|-----|
| Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | Specify number of months | | Specify number of months | |
| | | | 3 | |
| | | | <p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>All groups (0-250% FPL)</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>Private group or individual insurance coverage is lost involuntarily due to layoff, business closing, or similar situations. *Loss of employment – parent fired, parent resignation, laid off, or can no longer work due to disability. *Parent takes a new job that does not offer dependent coverage. *COBRA coverage ended. *Parent or guardian who was providing coverage dies. *Business or insurance carrier terminates dependent coverage for all employees. *Children transitioning from Medicaid. *Children transitioning from another State's CHIP program.</p> | |
| <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 checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | | | <p>If yes, what database? [1000]</p> <p>Applicants are matched against the BlueCross BlueShield of Tennessee commercial, State employee, Medicaid Databases.</p> | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---|--|--|--|-----|
| Does your program provide period of continuous coverage regardless of income changes? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | Specify number of months | | Specify number of months | |
| | | | 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] | |
| | | A child could lose eligibility during the 12-month continuous eligibility period if he/she attains the age of 19, moves out-of-state, family enrolls in TennCare or other circumstances that would make the child ineligible, or a random audit finds that child is ineligible due to inaccuracies in self-declared information on the application form. | | |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A | |

| | | | | |
|--|---|--|-------------------------------------|----------|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | Enrollment fee amount | | Enrollment fee amount | |
| | | | | |
| | Premium amount | | Premium amount | |
| | | | | |
| | If premiums are tiered by FPL, please breakout by FPL | | | |
| | 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 | | | |
| | Yearly Maximum Premium Amount per family | | \$ | |
| | Range from | Range to | From | To |
| | \$ | \$ | % of FPL | % of FPL |
| | \$ | \$ | % of FPL | % of FPL |
| | \$ | \$ | % of FPL | % of FPL |
| | \$ | \$ | % of FPL | % of FPL |
| If yes, briefly explain fee structure in the box below [500] | | If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500] | | |
| | | | | |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A | |

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

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

| | | | | |
|---|--|--------------------------|--|-----|
| Does your program require an assets test? | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | If Yes, please describe below [500] | | 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 type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | If Yes, please describe below [1000] | | If Yes, please describe below [1000] | |
| | Income deductions include: Child care payments A standard \$90 work expense deduction for each parent | | Income amounts above 200% FPL up to 250% FPL are disregarded. | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---|---|------------------------------|---|------------------------------|
| Which delivery system(s) does your program use? | <input checked="" type="checkbox"/> | Managed Care | <input type="checkbox"/> | Managed Care |
| | <input type="checkbox"/> | Primary Care Case Management | <input type="checkbox"/> | Primary Care Case Management |
| | <input type="checkbox"/> | Fee for Service | <input checked="" type="checkbox"/> | Fee for Service |
| | Please describe which groups receive which delivery system [500] | | Please describe which groups receive which delivery system [500] | |

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

| | | | |
|--------------------------|--|--------------------------|--|
| | a response unless income or other circumstances have changed | | require a response unless income or other circumstances have changed |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

Comments on Responses in Table:

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

8. Indicate what documentation is required at initial application for

| | Self-Declaration | Self-Declaration with internal verification | Documentation Required |
|--------------------------|-------------------------------------|---|-------------------------------------|
| Income | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Citizenship | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Insured Status | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Income Disregards | <input checked="" 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Hearing Process to State Law)

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

| | | | | | |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

x) Other – please specify

- a. _____
- b. _____
- c. _____

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

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

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 | Modified the information on the application to apply for "newborn, unborn and/or maternity coverage" to make it easier for the applicant to complete. |
| c) Application documentation requirements | |
| d) Benefits | |
| e) Cost sharing (including amounts, populations, & collection process) | |
| f) Crowd out policies | |
| g) Delivery system | |
| h) Eligibility determination process | |
| i) Implementing an enrollment freeze and/or cap | |
| j) Eligibility levels / target population | |
| k) Assets test in Medicaid and/or CHIP | |
| l) Income disregards in Medicaid and/or CHIP | |

| | |
|--|--|
| m) Eligibility redetermination process | |
| n) Enrollment process for health plan selection | |
| o) Family coverage | |
| p) Outreach | |
| q) Premium assistance | |
| r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) | |
| s) Expansion to "Lawfully Residing" children | |
| t) Expansion to "Lawfully Residing" pregnant women | |
| u) Pregnant Women State Plan Expansion | |
| v) Waiver populations (funded under title XXI) | |
| Parents | |
| Pregnant women | |
| Childless adults | |
| w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | |
| x) Other – please specify | |
| a. | |
| b. | |
| c. | |

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

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

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

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

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

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

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

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

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

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

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

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

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

If Data Not Reported, Please Explain Why:

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

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

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

¹ P.L. 111-3, §402(a)(2)(e)

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

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

HEDIS® Version:

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

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

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

Deviation from Measure Technical Specification

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

The five types (and examples) of deviations are:

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

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

Numerator (e.g., coding issues),

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

Other (please describe in detail).

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

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

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

Date Range: available for 2011 CARTS reporting period.

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

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

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

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

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

Explanation of Progress:

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

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

Other Comments on Measure:

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

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

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

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

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

Yes No

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

The following documents will be attached to this year’s annual report:

- 2011 CoverKids BlueCross AQS Report.pdf
- 2011 CoverKids DentaQuest AQS report.pdf
- 2011 CoverKids Technical Report.pdf
- BCBST_TN2010-11_ANA_CoverKids_MBM_Report_F1.pdf
- DentaQuest_TN2010-11_CoverKids_Report_F1.pdf
- CoverKids Provider Data Validation 2011Q3.pdf
- CoverKids Provider Data Validation Final 2011Q2.pdf
- CoverKids Provider Data Validation Q1.pdf

* Annual Quality Survey (AQS)
Medical Benefit Manager (MBM)
Quarter (Q)

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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications 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: Medicaid HEDIS 2011 Technical Specifications 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</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: | number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| 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: 1035 Denominator: 2125 Rate: 48.7 | Numerator: 1919 Denominator: 3920 Rate: 49 |
| 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? CoverKids offers a disease management program entitled "Caring Start". The program is available to all eligible pregnant women and is introduced to the member immediately upon enrollment. The offer is made via an out-bound phone call from a nurse. The member is educated about the importance of early and ongoing prenatal care. The member is also sent educational materials regarding a healthy pregnancy. Once enrolled in Caring Start, the pregnant member receives ongoing phone calls from a nurse who is following the pregnancy. The nurses have access to health status data and are able to identify gaps in care and encourage members to obtain the necessary services to close these gaps.</p> <p>Other Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters</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 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> |
| <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: Medicaid HEDIS 2011 Technical Specifications 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> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: Percentage of 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: 1573 Denominator: 3921 Rate: 40.1 21 percent – 40 percent of expected visits Numerator: 819 Denominator: 3921 Rate: 20.9 41 percent – 60 percent of expected visits Numerator: 489 Denominator: 3921 Rate: 12.5 61 percent – 80 percent of expected visits Numerator: 445 Denominator: 3921 Rate: 11.3 ≥ 81 percent of expected visits Numerator: 595 Denominator: 3921 Rate: 15.2 |
| 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> . | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| | <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | <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? The CaringStart Maternity Program is available to all eligible pregnant women and is introduced to the member immediately upon enrollment. The offer is made via an out-bound phone call from a nurse. The member is also sent educational materials regarding a healthy pregnancy. Once enrolled in Caring Start, the pregnant member receives ongoing phone calls from a nurse who is following the pregnancy. The nurses have access to health status data and are able to indentify gaps in care and encourage members to obtain the necessary services to close the gaps.</p> <p>Other Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters</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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measurement standard is not reported by the health plan.</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"/> 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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 discharges for members 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. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: This measure assesses the number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period. 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</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| | 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) 01/2010 To: (mm/yyyy) 12/2010 |
| 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: 31 Denominator: 4493 Rate: 0.7 Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input checked="" type="checkbox"/> Data Source, <i>Explain.</i> State vital records and census data unavailable. <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: |
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> | | |

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

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input 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> This measurement standard is not reported by the health plan.</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"/> 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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 women who had a cesarean section among women with first live singleton births (also known as Nulliparous Term Singleton Vertex (NTSV) births) at 37 weeks gestation or later. 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</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | | number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| Performance Measurement Data: Percentage of 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: 157 Denominator: 1089 Rate: 14.4 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input checked="" type="checkbox"/> Data Source, <i>Explain.</i> Vital records (birth certificates) unavailable. <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 checked="" type="checkbox"/> Other. <i>Specify:</i> Tennessee State Immunization Registry data was also used for this measure to supplement the immunization utilization records available from the insurer.</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: Percentage of 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, 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. The measure calculates a rate for each vaccine and nine separate combination rates. 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) 01/2010 To: (mm/yyyy) 12/2010</p> |
| <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> | <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> | <p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|--|--|--|--|---|---|
| DTap Numerator: Denominator: Rate: | Combo 2 Numerator: Denominator: Rate: | DTap Numerator: Denominator: Rate: | Combo 2 Numerator: Denominator: Rate: | DTap Numerator: 329 Denominator: 582 Rate: 56.5 | Combo 2 Numerator: 230 Denominator: 582 Rate: 39.5 |
| IPV Numerator: Denominator: Rate: | Combo 3 Numerator: Denominator: Rate: | IPV Numerator: Denominator: Rate: | Combo 3 Numerator: Denominator: Rate: | IPV Numerator: 384 Denominator: 582 Rate: 66 | Combo 3 Numerator: 219 Denominator: 582 Rate: 37.6 |
| MMR Numerator: Denominator: Rate: | Combo 4 Numerator: Denominator: Rate: | MMR Numerator: Denominator: Rate: | Combo 4 Numerator: Denominator: Rate: | MMR Numerator: 472 Denominator: 582 Rate: 81.1 | Combo 4 Numerator: 106 Denominator: 582 Rate: 18.2 |
| HiB Numerator: Denominator: Rate: | Combo 5 Numerator: Denominator: Rate: | HiB Numerator: Denominator: Rate: | Combo 5 Numerator: Denominator: Rate: | HiB Numerator: 408 Denominator: 582 Rate: 70.1 | Combo 5 Numerator: 182 Denominator: 582 Rate: 31.3 |
| Hep B Numerator: Denominator: Rate: | Combo 6 Numerator: Denominator: Rate: | Hep B Numerator: Denominator: Rate: | Combo 6 Numerator: Denominator: Rate: | Hep B Numerator: 290 Denominator: 582 Rate: 49.8 | Combo 6 Numerator: 115 Denominator: 582 Rate: 19.8 |
| VZV Numerator: Denominator: Rate: | Combo 7 Numerator: Denominator: Rate: | VZV Numerator: Denominator: Rate: | Combo 7 Numerator: Denominator: Rate: | VZV Numerator: 485 Denominator: 582 Rate: 83.3 | Combo 7 Numerator: 90 Denominator: 582 Rate: 15.5 |
| PCV Numerator: Denominator: Rate: | Combo 8 Numerator: Denominator: Rate: | PCV Numerator: Denominator: Rate: | Combo 8 Numerator: Denominator: Rate: | PCV Numerator: 348 Denominator: 582 Rate: 59.8 | Combo 8 Numerator: 55 Denominator: 582 Rate: 9.5 |
| Hep A Numerator: Denominator: Rate: | | Hep A Numerator: Denominator: Rate: | | Hep A Numerator: 194 Denominator: 582 Rate: 33.3 | |

| 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: 288 Denominator: 582 Rate: 49.5 | Combo 9 Numerator: 102 Denominator: 582 Rate: 17.5 |
| Flu Numerator: Denominator: Rate: | Combo 10 Numerator: Denominator: Rate: | Flu Numerator: Denominator: Rate: | Combo 10 Numerator: Denominator: Rate: | Flu Numerator: 254 Denominator: 582 Rate: 43.6 | Combo 10 Numerator: 49 Denominator: 582 Rate: 8.4 |
| Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: | |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: 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? CoverKids has a quality improvement program designed to measure and increase preventive health as recommended by NCQA. Specific interventions have been designated to improve results, including immunization rates. These include web based educational tools with 24/7 access, educational brochures that promote the utilization of preventive screenings, post card reminders to those who have not an annual exam within 12 months of enrollment, an outbound telephonic system to remind members about the benefits of preventive care and immunizations, as well as a community based outreach program to promote wellness and provide education on self management of chronic conditions. These interventions are measured based on HEDIS criteria.</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 6: Immunizations for Adolescents

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|--|
| <p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | | If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday. | HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday. | HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday. |
| Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate: | Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate: | Meningococcal Numerator: 635 Denominator: 1765 Rate: 36 Tdap/Td Numerator: 726 Denominator: 1765 Rate: 41.1 Combination (Meningococcal, Tdap/Td) Numerator: 577 Denominator: 1765 Rate: 32.7 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input 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? CoverKids provides a bi-annual newsletter and an age oriented website for adolescent members. Teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams via the health plan's quality program.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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 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> |
| <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 children, 3 through 17 years of age, whose weight is classified based on body mass index percentile for age and gender. 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 | |
|---|---|---|---|---|---|
| | | | | please further define the Denominator, please indicate the number of children excluded: | |
| Year of Data: | | Date Range: From: (mm/yyyy) To: (mm/yyyy) | | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 | |
| HEDIS Performance Measurement Data: Percentage of children 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: 84 Denominator: 12907 Rate: 0.7 | <u>Total</u> Numerator: 142 Denominator: 21698 Rate: 0.7 |
| <u>12-17 years</u> Numerator: Denominator: Rate: | | <u>12-17 years</u> Numerator: Denominator: Rate: | | <u>12-17 years</u> Numerator: 58 Denominator: 8791 Rate: 0.7 | |
| Additional notes on measure: | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> | |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: | | 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: | |

| 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? CoverKids does not currently have any specific quality improvement activities focused on childhood BMI. However, various educational materials are provided to member's to assist them in reducing obesity. In addition, the community based outreach program provides educational materials to assist members in improving BMI results.</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 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"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Assesses the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized, documented tool or set of tools. 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> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life | Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life | Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life |
| Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate: | Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate: | Children screened by 12 months of age Numerator: 104 Denominator: 326 Rate: 31.9 Children screened by 24 months of age Numerator: 120 Denominator: 333 Rate: 36 Children screened by 36 months of age Numerator: 325 Denominator: 1043 Rate: 31.2 |
| 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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications 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</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of women 16 through 20 who were identified as sexually active that had at least one test for Chlamydia 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:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | number of children excluded: | |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| 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: 265 Denominator: 779 Rate: 34 | Numerator: 343 Denominator: 1028 Rate: 33.4 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: 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? CoverKids generates outbound calls to members within the designated age bands to remind them of the importance of annual well visits and STD screenings. The health plan also distributes newsletters that focus on the importance of these screenings as well as the need to discuss sexual behaviors with their 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:</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 - January-December 2008</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></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: Children in age range receiving well child visits.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications 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 members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|---|--|---|--|---|--|
| Definition of Denominator: Children 0-15 months of age continuously enrolled for the period 31 days to 15 months of age and who turned 15 months old in 2008. | | <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | | <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | |
| Year of Data: 2008 | | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 | |
| HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life | | HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life | | HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life | |
| <u>0 visits</u> Numerator: 1 Denominator: 33 Rate: 3 | <u>4 visits</u> Numerator: 3 Denominator: 33 Rate: 9.1 | <u>0 visits</u> Numerator: 1 Denominator: 319 Rate: 0.3 | <u>4 visits</u> Numerator: 31 Denominator: 319 Rate: 9.7 | <u>0 visits</u> Numerator: 5 Denominator: 466 Rate: 1.1 | <u>4 visits</u> Numerator: 30 Denominator: 466 Rate: 6.4 |
| <u>1 visits</u> Numerator: 1 Denominator: 33 Rate: 3 | <u>5 visits</u> Numerator: 12 Denominator: 33 Rate: 36.4 | <u>1 visits</u> Numerator: 2 Denominator: 319 Rate: 0.6 | <u>5 visits</u> Numerator: 61 Denominator: 319 Rate: 19.1 | <u>1 visits</u> Numerator: 0 Denominator: 466 Rate: | <u>5 visits</u> Numerator: 83 Denominator: 466 Rate: 17.8 |
| <u>2 visits</u> Numerator: 0 Denominator: 33 Rate: 37.3 | <u>6+ visits</u> Numerator: 15 Denominator: 33 Rate: 45.5 | <u>2 visits</u> Numerator: 4 Denominator: 319 Rate: 1.3 | <u>6+ visits</u> Numerator: 209 Denominator: 319 Rate: 65.5 | <u>2 visits</u> Numerator: 9 Denominator: 466 Rate: 1.9 | <u>6+ visits</u> Numerator: 324 Denominator: 466 Rate: 69.5 |
| <u>3 visits</u> Numerator: 1 Denominator: 33 Rate: 3 | | <u>3 visits</u> Numerator: 11 Denominator: 319 Rate: 3.4 | | <u>3 visits</u> Numerator: 15 Denominator: 466 Rate: 3.2 | |
| Additional notes on measure: The measurement data for 2008 is significantly different than 2007 because this year's denominator was limited to only those children continuously enrolled for the period 31 days to 15 months of age while the 2007 data was based on a much larger HEDIS-like population. | | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | | 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: | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p> |

Explanation of Progress:

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

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 CoverKids health plan has a quality improvement program designed to measure and increase preventive health as recommended by NCQA. Specific interventions have been designated to improve results, including the incidence of well child visits. These interventions include web based educational tools with 24/7 access, educational brochures that promote the utilization of preventive screenings, post card reminders to those who have not an annual exam within 12 months of enrollment, an outbound telephonic system to remind members about the benefits of preventive care and immunizations, as well as a community based outreach program to promote wellness and provide education on self management of chronic conditions.

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

Annual Performance Objective for FFY 2012:

Annual Performance Objective for FFY 2013:

Annual Performance Objective for FFY 2014:

Explain how these objectives were set:

Other Comments on Measure:

MEASURE 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></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></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: Continuously enrolled children ages 2 through 5 receiving at least one well child visit. Definition of denominator: Children ages 2 through 5 who were continuously enrolled between January 1 and December 31, 2008.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Strict HEDIS Specifications Definition of denominator Strict HEDIS Specifications 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</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of members age 3 through 6 years old who received one or more well-child visits with a primary care 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</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| | number of children excluded: | 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) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year. | HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year. | HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year. |
| <u>1+ visits</u> Numerator: 1041 Denominator: 1918 Rate: 54.3 | <u>1+ visits</u> Numerator: 2302 Denominator: 3869 Rate: 59.5 | <u>1+ visits</u> Numerator: 3555 Denominator: 5516 Rate: 64.4 |
| Additional notes on measure: The rate for 2008 is significantly better than 2007 because this year's denominator was limited to only those children continuously enrolled for all of calendar year 2008 while the 2007 data was based on children who were enrolled at any time during 2007. | 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: Strict HEDIS standard specifies only 1 rate for this 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? The CoverKids health plan has a quality improvement program designed to measure and increase preventive health as recommended by NCQA. Specific interventions have been designated to improve results, including the incidence of well child visits. These interventions include web based educational tools with 24/7 access, educational brochures that promote the utilization of preventive screenings, post card reminders to those who had not had an annual exam within 12 months of enrollment, an outbound telephonic system to remind members about the benefits of preventive care and immunizations, as well as a community based outreach program to promote wellness and provide education on self management of chronic conditions.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</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 12: Adolescent Well-Care 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input 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"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| Definition of numerator: | Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: | 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: | Date Range: |
| | From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. | HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. | HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. |
| Numerator: Denominator: Rate: | Numerator: 3088 Denominator: 9891 Rate: 31.2 | Numerator: 4815 Denominator: 13183 Rate: 36.5 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</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? CoverKids provides a quarterly newsletter, Growing Healthy, as well as a newsletter for adolescents, M-Power; also an age oriented website for adolescent members.</p> <p>Children and teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program.</p> <p>General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is not applicable because we do not apply EPSDT to our population.</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 checked="" 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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, 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: | Date Range: |
| 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></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></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: Children ages 1 through 19 years who were continuously enrolled between January 1 and December 31, 2008 and who had a PCP visit during the year.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications 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: Percentage of enrollees who are 12 months through 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: • Children 12 through 24 months and 25 months through 6 years who had a visit with a PCP during the measurement year. • Children 7 through 11 years and adolescents 12 through 19</p> |

| FFY 2009 | | FFY 2010 | | FFY 2011 | |
|--|---|---|---|--|---|
| Definition of denominator: Children ages 1 through 19 years who were continuously enrolled between January 1 and December 31, 2008. | | <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: | | 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) 01/2010 To: (mm/yyyy) 12/2010 | |
| HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner | | HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner | | HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner | |
| <u>12-24 months</u> Numerator: 149 Denominator: 158 Rate: 94.3 <u>25 months-6 years</u> Numerator: 2074 Denominator: 2314 Rate: 89.6 | <u>7-11 years</u> Numerator: 133 Denominator: 160 Rate: 83.1 <u>12-19 years</u> Numerator: 154 Denominator: 190 Rate: 81.1 | <u>12-24 months</u> Numerator: 526 Denominator: 533 Rate: 98.7 <u>25 months-6 years</u> Numerator: 4401 Denominator: 4757 Rate: 92.5 | <u>7-11 years</u> Numerator: 2769 Denominator: 3004 Rate: 92.2 <u>12-19 years</u> Numerator: 3792 Denominator: 4279 Rate: 88.6 | <u>12-24 months</u> Numerator: 616 Denominator: 626 Rate: 98.4 <u>25 months-6 years</u> Numerator: 5950 Denominator: 6450 Rate: 92.2 | <u>7-11 years</u> Numerator: 5373 Denominator: 5770 Rate: 93.1 <u>12-19 years</u> Numerator: 7426 Denominator: 8241 Rate: 90.1 |
| Additional notes on measure: The rates for 2008 are significantly better than 2007 because this year's denominator was limited to only those children continuously enrolled for all of calendar year 2008 while the 2007 data was based on children who were enrolled at any time during 2007. | | 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: (If reporting with another methodology) Numerator: Denominator: Rate: | | Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: | | Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: | |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |
| <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? CoverKids offers a comprehensive, state-wide network that complies with geoaccess standards of availability that require a pediatrician, general practice, internists, and family practice physicians at a rate of 2 within 20 miles. The health plan monitors the network based on this standard and is subject to liquidated damages if an adequate network is not available.</p> <p>General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education</p> <p>Targeted Interventions: Telephonic and mailed reminders to non-compliant members</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 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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications Definition of denominator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic, and who received a group A streptococcus test for the episode. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | <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 CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode | HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode | HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode |
| Numerator: Denominator: Rate: | Numerator: 1514 Denominator: 2014 Rate: 75.2 | Numerator: 2058 Denominator: 2587 Rate: 79.6 |
| 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: |
| 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measurement standard is not reported by the health plan.</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"/> 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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 patients age 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials. 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> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| Year of Data: | Date Range: From: (mm/yyyy) To: (mm/yyyy) | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| Performance Measurement Data: Percentage of children 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: 0 Denominator: 566 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is not reported because we do not apply EPSDT to our population.</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 checked="" 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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, 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 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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Strict HEDIS Specifications Definition of denominator: Strict HEDIS Specifications 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: The number of visits per member per year as a function of all child and adolescent members enrolled and eligible 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</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: | number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| 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: 12401 Denominator: 35604 Rate: 34.8 | Numerator: 12691 Denominator: 40292 Rate: 31.5 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</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? Educational materials and access to primary care providers encourage and educate members to obtain the most appropriate care in the most appropriate setting.</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></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data:</p> | <p>Date Range:</p> | <p>Date Range:</p> |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</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 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"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Asthma emergency department utilization for all children 2 through 20 years of age diagnosed with asthma or treatment with at least 2 short-acting beta adrenergic agents during the measurement year with one or more asthma-related ED visit. Definition of denominator: <input checked="" 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) 01/2010 To: (mm/yyyy) 12/2010 |
| Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits. | Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits. | Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits. |
| Numerator: Denominator: Rate: | Numerator: Denominator: Rate: | Numerator: 42 Denominator: 322 Rate: 13 |
| 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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Strict HEDIS specifications Definition of denominator: Stric HEDIS specifications Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of children newly prescribed ADHD medication that had at least 3 follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | please further define the Denominator, please indicate the number of children excluded: | <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| <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: 103 Denominator: 244 Rate: 42.2</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 31 Denominator: 65 Rate: 47.7</p> | <p>Initiation Phase Numerator: 154 Denominator: 364 Rate: 42.3</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 39 Denominator: 79 Rate: 49.4</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 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 type="checkbox"/> Final. <input type="checkbox"/> Same 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications</p> | <p>Measurement Specification: <input checked="" 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 checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Criteria follows HEDIS with exception of age band change to eligible members ages 0 to 18. Definition of denominator: Strict HEDIS specifications. 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 pediatric patients with diabetes with a hemoglobin A1c test in a 12-month measurement period. 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 |
|---|---|---|
| | <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: | please further define the Denominator, please indicate the number of children excluded: |
| Year of Data: | Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| Performance Measurement Data: Percentage of 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: 80 Denominator: 93 Rate: 86 | Numerator: 112 Denominator: 127 Rate: 88.2 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input checked="" type="checkbox"/> Denominator, <i>Explain.</i> 5-17 years old only <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|----------|----------|
| <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</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? General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members; Gaps in care detail distributed to providers</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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></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 discharges for members 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. 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) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner | HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner | HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner |
| 7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate: | 7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate: | 7 Day Follow-Up Numerator: 50 Denominator: 124 Rate: 40.3 30 Day Follow-Up Numerator: 96 Denominator: 124 Rate: 77.4 |
| Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: | Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: 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> | | |

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 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 checked="" type="checkbox"/> Other. <i>Explain:</i> Provider surveys are mailed in November and a follow-up is sent in December annually. Results are reported to the State in January.</p> |
| | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|----------|----------|
| <p>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> | | |

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 | 30090 | 30242 | 0.51 |
| Separate Child Health Program | 59212 | 65786 | 11.1 |

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

The increase in CoverKids enrollment represents the partnership with state agencies and the "Back-to-School" efforts. Families are more aware of the CoverKids program. When families are ineligible for Medicaid coverage they are referred to CoverKids to determine if they are eligible for our program. The Medicaid expansion program is still closed to new applicants. There are still three groups of uninsured children who participated in the Medicaid expansion program: (1) uninsured children under age 19 who have been enrolled in TennCare since prior to 2002 and who continue to be eligible; (2) uninsured children under age 19 who are losing eligibility for Medicaid and whose family incomes are below 200% of poverty; and (3) uninsured children under age 19 who are losing eligibility for Medicaid and who have a medical condition that makes them effectively uninsurable.

- 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 | 139 | 27.2 | 8.9 | 1.7 |
| 1998 - 2000 | 53 | 17.2 | 3.5 | 1.1 |
| 2000 - 2002 | 63 | 14.9 | 4.3 | 1.0 |

| | | | | |
|--|--------|------|--------|-----|
| 2002 - 2004 | 94 | 18.4 | 6.4 | 1.2 |
| 2003 - 2005 | 101 | 17.9 | 6.9 | 1.2 |
| 2004 - 2006 | 80 | 16.0 | 5.4 | 1.0 |
| 2005 - 2007 | 76 | 15.0 | 5.0 | .9 |
| 2006 - 2008 | 65 | 14.0 | 4.3 | .9 |
| 2007 - 2009 | 78 | 15.0 | 5.0 | 1.0 |
| 2008 - 2010 | 85 | 10.0 | 5.5 | .7 |
| Percent change 1996-1998 vs. 2008-2010 | -38.8% | NA | -38.2% | 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 economic downturn continues to negatively affect Tennessee. The rate of uninsured children increased nationally in 2011. There is a significant decline in employer-sponsored coverage and more companies/plants are closing. There are a large number of uninsured children that are potentially eligible for Medicaid and CoverKids coverage.

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

As in the case in most states, CPS undercounts the number of children enrolled in Medicaid. The CPS data may also lag the actual number of uninsured children in the state.

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

Yes (please report your data in the table below)

No (skip 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]**
9151 (Medicaid only)

This data is derived from applicant tracking via database matches. Therefore, it does not quantify Medicaid enrollments due to outreach and awareness efforts alone.

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) Decrease the number of low-income children under 250% of the FPL who are uninsured.</p> | <p>Goal #1 (Describe) Decrease the number of low-income children under 250% of the FPL who are uninsured.</p> | <p>Goal #1 (Describe) Decrease the number of low-income children under 250% of the FPL who are uninsured.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> *The number of uninsured from 2004-2008 didn't change significantly according to CPS data. *CHIP has had success in enrolling more than 40K children since the inception of the program. *Due to the volatile nature of economy there is no reasonable way to measure progress of the program using CPS data which lags up to two years behind. *Due to budget constraints CHIP has implemented an enrollment cap; therefore, our goal is to continue to maintain maximum capacity.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 checked="" type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Enrollment Definition of numerator:</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: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy. Definition of numerator: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |
| <p>Performance Measurement Data: Described what is being measured:</p> | <p>Performance Measurement Data: Described what is being measured:</p> | <p>Performance Measurement Data: Described what is being measured:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Number of children enrolled in the CHIP program.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The number of uninsured children increased and was driven by a significant weakening in the State's economy, which pushed up unemployment rates and forced many families into an uninsured status.</p> | <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> | <p>Go back to this question</p> <p>Numerator: 0 Denominator: 0 Rate:</p> <p>Additional notes on measure: No performance data is being proposed because it is not possible at this time to precisely quantify the reduction in the number of low-income uninsured children due to the volatility of the economy.</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 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 2010: Maintain the current enrollment in the CHIP program and try to receive additional funding to reopen the CHIP program.</p> <p>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:</p> <p>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:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure: At this time, CoverKids cannot determine a goal of uninsured children to enroll in the program for FY 2010 because we do not have the funding to re-open the program.</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> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to CHIP Enrollment

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Goal #1 (Describe) Enroll an additional 10 percent of the remaining uninsured children (approximately 2613 children).</p> | <p>Goal #1 (Describe) Maintain CoverKids enrollment at or near the average FFY 2010 level, due to the volatility of the economy will necessitate an adjustment in either direction.</p> | <p>Goal #1 (Describe) Maintain CoverKids enrollment at a relatively consistent level throughout the year and in comparison to the prior fiscal year's levels.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></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 checked="" type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>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: Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Aggregate the monthly enrollment in FFY 2010 and calculate an average Definition of numerator: Aggregate the monthly enrollment in FFY 2011 and calculate an average</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |
| <p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: No performance data is being proposed because it is not possible at this time to precisely quantify the level of CoverKids enrollment that is possible due to the volatility of the economy.</p> | <p>Performance Measurement Data: Described what is being measured: New monthly enrollment growth within the program Numerator: 46997 Denominator: 42857 Rate: 109.7 Additional notes on measure:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 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 2010: Maintain the current enrollment in the CHIP program and try to receive additional funding to reopen the CHIP program.</p> <p>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:</p> <p>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:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure: At this time, CHIP cannot determine a goal of uninsured children to enroll in the program for FY 2010 because we do not have the funding to re-open the program.</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) Outreach/marketing will have a visible campaign that monitors the percentage of parents who have heard about CoverKids through various sources over the baselines levels.</p> | <p>Goal #2 (Describe)</p> | <p>Goal #2 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Given the budget constraints facing CoverKids, and the limit on application processing, the outreach and marketing telephone survey is being discontinued until such time as the program is financially able to support an expanding level of enrollment.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</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: Total number of enrollees in FFY 2011 Definition of numerator: Total number of African-American enrollees in FFY 2011</p> |
| <p>Year of Data:</p> | <p>Year of Data:</p> | <p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Proportion of African-American enrollment within the context of the percentage of African-American children in Tennessee.</p> <p>Numerator: 8353 Denominator: 47341 Rate: 17.6</p> <p>Additional notes on measure: Based on the Current Population Survey on a 3-year average, there are 21% African-American children in Tennessee.</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?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 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? We will continue with our Back-to-School campaign as it is the most practical way of maintaining or increasing the share of African-American enrollment in our program.</p> |
| <p>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 CHIP Enrollment (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| <p>Goal #3 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</p> | <p>Goal #3 (Describe) Maintain or increase the proportion of African-American enrollees as a proportion of total CoverKids enrollment.</p> | <p>Goal #3 (Describe)</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> With a growing level of operational maturity, the State is shifting its focus toward actual African-American enrollment (compared to the prior goal of monitoring the effects of outreach on African-American parent awareness).</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input 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 type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input 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: Proportion of African-American enrollees in fiscal year 2008. Definition of numerator: Proportion of African-American enrollees in fiscal year 2009.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Total number of enrollees in Federal Fiscal Year 2010 Definition of numerator: Total number of African-American enrollees in Federal Fiscal Year 2010</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p> |
| <p>Year of Data: 2009</p> | <p>Year of Data: 2010</p> | <p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p> |
| <p>Performance Measurement Data: Described what is being measured: Change in proportional African-American enrollment. Numerator: 154 Denominator: 189 Rate: 81.5 Additional notes on measure: Numerator: 15.4 Denominator: 18.9 Rate: .81</p> | <p>Performance Measurement Data: Described what is being measured: Numerator: 7919 Denominator: 48401 Rate: 16.4 Additional notes on measure: The CMS quarterly enrollment data reflects that African-American enrollment is increasing and reflects the demographic make-up of the State.</p> | <p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The focus is changing from outreach goals to actual enrollment.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The focus is changing from outreach goals to actual enrollment. CoverKids is unable to sufficiently compare the Annual Performance Objective with 2009 because we do not have a specific benchmark for African-Americans in our income groups.</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? Based on the Current Population Survey on a 3-year average, there are 23% African-American children in Tennessee. We will continue with our Back-to-School campaign in hopes that more African-American children will enroll in our program.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Monitor the African-American enrollment. 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:</p> <p>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:</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> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to Medicaid Enrollment

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| Goal #1 (Describe) | Goal #1 (Describe) | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <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 #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) Maintain or improve the number of families who report a usual source and access of care after enrollment in CoverKids as compared to before enrollment.</p> | <p>Goal #1 (Describe) Maintain or increase the percentage of enrollees who had a visit with a primary care practitioner.</p> | <p>Goal #1 (Describe) Maintain or increase the percentage of enrollees who had a visit with a primary care practitioner.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This objective is being added in response to the new voluntary performance measures (in this case, measure 14).</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> CoverKids Member Satisfaction Survey. Parents were asked to rate their level of satisfaction with the providers and the CoverKids health plan network.</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> Medicaid HEDIS 2010 technical specifications</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> BCBST CoverKids Telephone Member Satisfaction Survey.</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: The number of parents indicating children had access to care in the health plan network. Definition of denominator: The number of parents participated in the CoverKids Member Satisfaction Survey.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Percentage of enrollees who are 12 months through 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 through 24 months and 25 months through 6 years who had a visit with a PCP during the measurement year. Children 7 through 11 years and adolescents 12 through 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.</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: 2008 | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: 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: See data reported in association with Measure 14. | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 112 Denominator: 127 Rate: 88.2 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: See data reported in association with measure 14 |
| Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 772 Denominator: 849 Rate: 90.9 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 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: Maintain and/or improve access to care for families enrolled in CoverKids.</p> <p>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? CoverKids offers a comprehensive, state-wide network that complies with geoaccess standards of availability that require a pediatrician, general practice, internists, and family practice physicians at a rate of 2 within 20 miles. Network adequacy is actively monitored and bolstered by the threat of liquidated damages if an adequate network is not available.</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? CoverKids offers a comprehensive, state-wide network that complies with geoaccess standards of availability that require a pediatrician, general practice, internists, and family practice physicians at a rate of 2 within 20 miles. Network adequacy is actively monitored and bolstered by the threat of liquidated damages if an adequate network is not available.</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|---|
| <p>Goal #2 (Describe) Decrease the percentage of families who report use of the emergency room after enrollment in CoverKids as compared to before enrollment.</p> | <p>Goal #2 (Describe) Maintain or reduce the incidence of Emergency Room usage.</p> | <p>Goal #2 (Describe) Maintain or reduce the incidence of Emergency Room usage.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The telephone survey was not repeated this year for budgetary reasons. It may be re-instituted in the future or an alternative approach may be adopted to measure progress relative to this goal.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This objective is being added in response to the new voluntary performance measures (in this case, measure 18).</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.</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.</p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|---|---|
| <i>Specify year of annual report in which data previously reported:</i> | <i>Specify year of annual report in which data previously reported:</i> | <input type="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> | 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> Medicaid HEDIS 2010 technical specifications | 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). <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> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| 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: | Definition of Population Included in the Measure: Definition of numerator: Strict HEDIS specifications Definition of denominator: Strict HEDIS specifications Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). | Definition of Population Included in the Measure: Definition of numerator: The number of Ambulatory Care: Emergency Department Visits. 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: |
| Year of Data: | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 12401 Denominator: 35604 Rate: 34.8 Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 13243 Denominator: 527561 Rate: 2.5 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: |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 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?</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>Explanation of Progress:</p> <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> | <p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Emergency room utilization dropped slightly.</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? Educational materials and access to primary care providers encourage and educate members obtain the most appropriate care in the most appropriate setting.</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>Goal #3 (Describe) CoverKids will continue to track children’s comprehensive diabetes cases and will report data if the sample size increases.</p> | <p>Goal #3 (Describe) CoverKids will continue to track children's comprehensive diabetes cases.</p> | <p>Goal #3 (Describe) CoverKids will continue to track children's comprehensive diabetes cases.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <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> Strict HEDIS specifications</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:</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Criteria follows HEDIS with exception of age band change to eligible members ages 0 to 18. Definition of denominator: Strict HEDIS Specifications 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: CHIPRA measure; modified HEDIS specifications Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data: 2009</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 80</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 112</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| <p>Denominator: Rate:</p> <p>Additional notes on measure: Data is not reported on this measure because only 6 children with diabetes were enrolled during this year as identified by the traditional HEDIS measures. Therefore, upon review, CoverKids will report on this measure on the next annual report by using age modified HEDIS results.</p> | <p>Denominator: 93 Rate: 86</p> <p>Additional notes on measure:</p> | <p>Denominator: 127 Rate: 88.2</p> <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data:</p> <p>Numerator: 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?</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: Measure appropriate care for children with diabetes. Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></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?</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:</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 rate of Diabetes HbA1c testing was unchanged.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members; Gaps in care detail distributed to providers.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|-----------------------------------|--|--|
| | Annual Performance Objective for FFY 2013: <i>Explain how these objectives were set:</i> | Annual Performance Objective for FFY 2014: <i>Explain how these objectives were set:</i> |
| 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) Increase preventative care for children as measured by immunization rates for the Measles, mumps, Rubella (MMR) and Varicella Zoster Vaccine (VZV).</p> | <p>Goal #1 (Describe) Increase the percentage of children and adolescents who receive the recommended age-appropriate vaccinations.</p> | <p>Goal #1 (Describe) Increase the percentage of children and adolescents that receive the recommended age-appropriate immunizations</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This objective is being added in response to the new voluntary performance measures (in this case, measures 5 and 6).</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></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> Medicaid HEDIS 2010 technical specifications</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 checked="" 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: Children contained in the denominator who received a vaccination. Definition of denominator: Children whose age makes them eligible for a vaccination and who were continuously enrolled for the January 1 to December 31, 2008 period.</p> | <p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> | <p>Definition of Population Included in the Measure: Definition of numerator: The number of adolescents receiving age-appropriate immunizations. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p> |
| <p>Year of Data: 2008</p> | <p>Year of Data: 2009</p> | <p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 42 Denominator: 62 Rate: 67.7</p> <p>Additional notes on measure: The above data is MMR numerator, denominator, and rate.</p> <p>VZV N: 45 D: 62 R: 72.6</p> <p>The rate for 2008 is significantly better than 2007 because this year's denominator was limited to only those children continuously enrolled for all of calendar year 2008 while the 2007 data was based on vaccine age-appropriate children who were enrolled for 12 months at any time during 2007.</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: Strict HEDIS specifications</p> <p>VZV Numerator: 134 Denominator: 279 Rate: 35.4%</p> <p>MMR Numerator: 297 Denominator: 1230 Rate: 24.1%</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 329 Denominator: 582 Rate: 56.5</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: Childhood Immunizations</p> <p>DTap Numerator: 329 Denominator: 582 Rate: 56.53%</p> <p>Hep B Numerator: 290 Denominator: 582 Rate: 49.83%</p> <p>HiB Numerator: 408 Denominator: 582 Rate: 70.10%</p> <p>IPV Numerator: 384 Denominator: 582 Rate: 65.98%</p> <p>MMR Numerator: 472 Denominator: 582 Rate: 81.10%</p> <p>PCV Numerator: 348 Denominator: 582 Rate: 59.79%</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| | | VZV Numerator: 485 Denominator: 582 Rate: 83.33% |
| 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? Progress cannot be accurately determined given the different methodologies applied to last year's Annual Report compared to this report. CoverKids intends to work with BCBST to evaluate the relative merits of each approach and determine which offers the greatest strategic value in measuring performance and establishing a baseline against which future improvement can be assessed. Our performance objectives will be based on that strategic decision.</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</p> | Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> | Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? DTap and Meningococcal rates improved. Adolescent Immunizations</p> <p>Meningococcal Numerator: 635 Denominator: 1,765 Rate: 35.98%</p> <p>Tdap/Td Numerator: 726 Denominator: 1,765 Rate: 41.13%</p> <p>Combination (Meningococcal, Tdap/Td) Numerator: 577 Denominator: 1,765 Rate: 32.69%</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The objective is statistically significant improvement based on the strategic decision regarding measurement methodology.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>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? CoverKids intends to work with the health plan to determine how existing member education and outreach strategies conducted by the health plan and the primary care providers can be enhanced to improve the proportion of adolescents and children under the age of 2 who receive the recommended age-appropriate vaccinations.</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:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>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? CoverKids has a quality improvement program designed to measure and increase preventive health as recommended by NCQA. Specific interventions have been designated to improve results, including immunization rates. These include web based educational tools with 24/7 access, educational brochures that promote the utilization of preventive screenings, post card reminders to those who have not an annual exam within 12 months of enrollment, an outbound telephonic system to remind members about the benefits of preventive care and immunizations, as well as a community based outreach program to promote wellness and provide education on self management of chronic conditions.</p> <p>CoverKids provides a bi-annual newsletter, M-Power, and an age oriented website for adolescent members. Teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program.</p> <p>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: | Other Comments on Measure: | Other Comments on Measure: |

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

| FFY 2009 | FFY 2010 | FFY 2011 |
|---------------------------|---|---|
| Goal #2 (Describe) | <p>Goal #2 (Describe) Increase the percentage of pregnant CoverKids members who seek prenatal care at the expected intervals throughout their pregnancy.</p> | <p>Goal #2 (Describe) Increase the percentage of pregnant CoverKids members who seek prenatal care at the expected intervals throughout their pregnancy.</p> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|--|--|--|
| Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This objective is being added in response to the new voluntary performance measures (in this case, measure 2). | 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 checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <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> | 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> Medicaid HEDIS 2010 technical specifications | 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). <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> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| 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: | Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). | Definition of Population Included in the Measure: Definition of numerator: Number of frequent ongoing prenatal care visits 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: |
| Year of Data: | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: 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: See the data reported in association with Measure 2. | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 1573 Denominator: 3921 Rate: 40.1 Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|---|
| | | <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: 21 percent – 40 percent of expected visits Numerator: 819 Denominator: 3921 Rate: 20.89% 41 percent – 60 percent of expected visits Numerator: 489 Denominator: 3921 Rate: 12.47% 61 percent – 80 percent of expected visits Numerator: 445 Denominator: 3921 Rate: 11.35% = 81 percent of expected visits Numerator: 595 Denominator: 3921 Rate: 15.17% |
| 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 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, | 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? The percentage of pregnant members who had 21-40% and 41-60% of expected visits increased |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| <p>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? CoverKids intends to work with the health plan to determine how existing member education and outreach strategies can be enhanced to improve the incidence of appropriate prenatal care.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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? The CaringStart Maternity Program is available to all eligible pregnant women and is introduced to the member immediately upon enrollment. The offer is made via an out-bound phone call from a nurse. The member is educated about the importance of early and ongoing prenatal care. The member is also sent educational materials regarding a healthy pregnancy. Once enrolled in CaringStart, the pregnant member receives ongoing phone calls from a nurse who is following the pregnancy. The nurses have access to health status data and are able to identify gaps in care and encourage members to obtain the necessary services to close these gaps.</p> <p>Other Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters</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) (Continued)

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|--|
| <p>Goal #3 (Describe)</p> | <p>Goal #3 (Describe) Increase the percentage of children and adolescents who have the recommended well-child or well-care visits.</p> | <p>Goal #3 (Describe) Increase the percentage of children and adolescents who have the recommended well-child or well-care visits</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input 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 objective is being added in response to the new</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> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|--|---|
| | voluntary performance measures (in this case, measures 10, 11, and 12). | |
| 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 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 type="checkbox"/> Other. <i>Explain:</i> | Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid HEDIS 2010 technical specifications | 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | 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> |
| 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 checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). | Definition of Population Included in the Measure: Definition of numerator: Medicaid HEDIS 2011 Technical Specifications Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| Year of Data: | Year of Data: 2009 | Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010 |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: 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: See the data reported in association with Measures 10, 11, and 12. | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 324 Denominator: 466 Rate: 69.5 Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> |

| FFY 2009 | FFY 2010 | FFY 2011 |
|---|---|--|
| | | <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life Percent with 1+ visits Numerator: 3,555 Denominator: 5,516 Rate: 64.45% Adolescent Well-Care Visits Numerator: 4,815 Denominator: 13,183 Rate: 36.52% |
| 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 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? Well-Care Visit rates in Children and Adolescents increased |

| 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? CoverKids intends to work with the health plan to determine how existing member education and outreach strategies conducted by the health plan and the primary care providers can be enhanced to improve the proportion of CoverKids taking advantage of the well-child and well-care visits included in the benefits package.</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? CoverKids provides a quarterly newsletter, Growing Healthy, as well as a newsletter for adolescents, M-Power; also an age oriented website for adolescent members. Children and teens are further encouraged to obtain appropriate immunizations as well as annual wellness exams through the Clinical Quality Improvement Preventive Program.</p> <p>General Interventions: Audio Health Information Library, web based tools, EOB messages, community outreach, newsletters, Care Management education Targeted Interventions: Telephonic and mailed reminders to non-compliant members</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 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]**

Tennessee cities rank among the Asthma and Allergy Foundation of America's "Most Challenging Places to Live with Asthma". Knoxville, Memphis, Chattanooga, and Nashville were respectively ranked 2nd, 3rd, 4th, and 10th in the country. The disproportionate incidence of asthma in Tennessee means appropriate asthma monitoring and medication therapy is essential to help combat the major causes of morbidity and mortality for CoverKids members with asthma.

CoverKids applies a specific HEDIS measure for Use of Appropriate Medications for People with Asthma. We collect and analyze these data to monitor health outcomes for CoverKids members with asthma and identify opportunities for improvement. For this measure, the denominator is the total number of CoverKids members with asthma who were continuously enrolled during the measure year and the year prior to the measurement year. The numerator is the number of members who were appropriately prescribed medication during the measurement year.

For the most recent completed year for which we measured and reported on this outcome indicator, results were as follows:

- Total (5-50 years): 93.59% (above the NCQA benchmark of 92.67%)
- 5-11 Years: 96.93% (above the NCQA benchmark of 95.48%)
- 12-50 Years: 88.89% (below the NCQA benchmark of 90.70%)

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]**

CoverKids will continue to measure and report on the HEDIS-related performance indicators for which we have provided data in Section II and the asthma medication indicator described above. The Provider Satisfaction Survey will continue on an annual basis and results will be summarized in the Annual Report.

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]**

CoverKids did not conduct any focused quality studies during the Annual Report reporting period.

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]**

- 2010 Provider Satisfaction Survey
- Appendix to Provider Satisfaction Survey

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

In 2010, CoverKids conducted a provider satisfaction survey to identify and prioritize opportunities for improvement in relation to how the program recruits, maintains, credentials, and continuously enhances the reach and impact of its provider network. The survey monitors providers' perceptions of the following operational and clinical aspects and policies of the CoverKids program:

- Member knowledge
- Reimbursement
- Toll-Free Provider Service Number and related customer service
- Local Provider Network Managers
- Prior Authorization
- Coordination of Care Within Networks
- Pharmacy Management
- Electronic and Paper-based Communications
- Problem Resolution

Surveys were distributed to all network pediatricians, the five children's hospitals in Tennessee, and the top 15 percent of acute care hospitals based on number of CoverKids inpatient days during a six month period. The overall response rate was 16 percent, including six of the 27 hospitals that received the survey and 799 pediatricians. 87 percent of the respondents were office managers or staff and not the providers themselves.

CoverKids intends to use the results of this survey to track how provider attitudes are changing in relation to each of the primary survey categories and work with the health plan to iteratively improve program outcomes.

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]**

CoverKids continues to use a grassroots marketing campaign that focuses on state and community partnerships across to Tennessee. This approach has been in place since the program's inception and continues even though budget constraints in the past two years have led to discontinuing our community and strategic partnerships. We still provide material to individuals and organizations at their request. We also collaborate with state agencies on distribution of materials, information to front line employees and we have attended key meetings/ events. Agencies we partner with include the Department of Education, Department of Human Services, the Department of Children Services, the Department of Health and Labor and Workforce Development. Through these collaborations, we are able to continue to reach out to Tennesseans whose children do not have health insurance.

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]**

Given the estimated CoverKids eligible population of 45,000 to 50,000 children, a strategic outreach approach seemed most appropriate. CoverKids had a marketing and outreach campaign that included broadcast and outdoor advertising in the program's first year, as well as an extensive statewide grassroots campaign for the first three years.

Over time, this approach has helped develop and maintain CoverKids' reputation as a reliable, quality option for children's health care in Tennessee. Continued work with community partners and appropriate updates on new benefits or changes to the enrollment process help keep the program at the forefront of outreach work performed by social and community workers.

The biggest piece of this effort is the annual CoverKids Back To School campaign. Since 2007, CoverKids has partnered with the Tennessee Department of Education to send program information and enrollment instructions home with every public school student in the state. Now in its fifth year, this campaign has resulted in the enrollment of approximately 38,000 children and represents the program's strongest and most successful partnership.

As a general rule, outreach success is measured most directly through enrollment numbers and distribution of membership across the state. When CoverKids opened, it was estimated that 45,000 to 50,000 children in Tennessee qualified for the program. With these estimates in mind, CoverKids has exceeded our original goal and has enrollment roughly in line with the maximum positive outcome that is reasonable to expect, given the inherent and unavoidable volatility of the uninsured population.

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

The Back To School campaign has proven to be the primary driver for outreach success and enrollment on an annual basis. Teachers and school administrators anticipate, and willingly distribute, our information and materials when school begins and are engaged in getting the information about CoverKids home to parents.

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]

CoverKids at one time had outreach contracts with various organizations in which some primarily dealt with minority populations. The first was with Health Assist Tennessee, which provided outreach to the Hispanic community and offered language support and application assistance to speakers of more than a dozen languages, including Spanish, Kurdish, Arabic, Somali and Vietnamese. Health Assist Tennessee was required to provide numbers and reports to CoverKids regarding assistance and outreach.

In the absence of contracts with HAT and Meharry Medical College which provided minority outreach as well, that were eliminated due to budget constraints, CoverKids continues to provide materials in Spanish and offer translation services through the CoverKids help line. In addition, as minority community organizations request information and training we continue to look to innovative ways of getting our information to them. Most recently, we trained staff at a Latino community organization in Memphis via webinar on the CoverKids program, eligibility requirements and the CoverKids application process.

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] 61.8

(Identify the data source used). [7500]

Enrollment data from CoverKids Administrative Contractor and TennCare Medicaid.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

Yes

No

If yes, indicate if you have the following policies:

Imposing waiting periods between terminating private coverage and enrolling in CHIP

Imposing cost sharing in approximation to the cost of private coverage

Monitoring health insurance status at the time of application

Other, please explain [7500]

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

The State monitors substitution through information that is gathered during the application process. The Administrative Contractor (AC) collects information about whether children have had private coverage in the past three months and the reason for dropping that coverage as part of the application process. These data are analyzed to determine the extent of substitution.

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]**

The state monitors substitution through information that is gathered during the application process. The Administrative Contractor (AC) collects information about whether children were enrolled in employer-sponsored and/or private insurance in the past three months and the reason for dropping that coverage as part of the application process. A child is not denied CoverKids coverage if they have access to coverage unless it is state-sponsored insurance. However, the AC identifies if the children have access to State employee-sponsored insurance. These data are analyzed to determine the extent of substitution.

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]** 17.6
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 5.4
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]** 6.0

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

19.4

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

- Yes
 No

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

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

- Yes
 No

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

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

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

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

- Yes
 No

If yes, please provide relevant findings. [7500]

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

No, Tennessee does not collect data on the cost of health insurance for an individual or family.

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]**

Children who apply for CoverKids are first screened for Medicaid eligibility. Children who have applied for CoverKids and who are found to be potentially Medicaid eligible receive a letter explaining that they appear to be Medicaid eligible. They are sent a Medicaid application. The Administrative Contractor will make two outbound outreach calls to the family encouraging them to complete the TennCare Medicaid application. There are four ways an applicant can apply for TennCare Medicaid Coverage.

- a. Complete the paper TennCare application and take it to their local county DHS office.
- b. Complete an application online by going to www.tn.gov/tenncare. Click on "For Members/Applicants."
- c. Mail a paper application to their local county DHS office.
- d. Fax the paper application to the applicable local county DHS office.

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 Medicaid-eligible child is no longer eligible for TennCare Medicaid, eligibility caseworkers will review the child for TennCare Standard eligibility during the reverification process. If the child is under 19, does not have access to insurance, and has income less than 200% FPL, the child is automatically enrolled in TennCare Standard. If the child is under 19, does not have access to insurance, and has income at 200% FPL or above, he has an opportunity to apply for TennCare Standard as Medically Eligible. If the child has specified encounter data in the TennCare Medicaid Information System(MIS) system, he can be automatically approved as Medically Eligible. If qualifying encounter data is not present, then the family must fill out a medically eligible packet to show that the child has health conditions that make him uninsurable. When TennCare Standard eligibility ends, a child will be reviewed for eligibility in all open Medicaid and Standard categories prior to termination.

When a child is under 19 and ineligible for Medicaid, he can apply for CHIP coverage if he meets our income guidelines and is not enrolled in other insurance. We have a mechanism to review the DHS denial reason code stating why the child was denied Medicaid coverage and this information is very helpful to determine if the child was legitimately denied TennCare coverage and not for administrative reasons.

When a child under 19 and enrolled in CHIP and his/her income drops he may now be ineligible for CHIP but potentially eligible for Medicaid.

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]**

The delivery systems and provider networks are different. Medicaid and Medicaid Expansion/CHIP program are managed care and the stand-alone CHIP program is a fee-for-service insurance arrangement built around a defined network Preferred Provider Organization (PPO). The CHIP and Medicaid programs are administered separately within the State, using separate networks of providers. This is in accordance with Tennessee's regulations. In addition, the State holds separate contracts with independent insurance plans for each program.

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 | <p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p> | <p>In accordance with section 1902(e)(12) of the Act</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> | <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |

| | | | |
|--|--|---|--|
| Liberalization of Asset (or Resource Test) Requirements | 2. Does the State have an assets test? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 3. If there is an assets test, does the State allow administrative verification of assets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP | 6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Automatic/Administrative Renewal | 8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants | 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 | <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 Eligibility | 11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | 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 IIIC: Subpart C: Eligibility Renewal and Retention

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

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
[500]
Three (3) notices are sent and a reminder telephone call is made to each family that is nearing the renewal deadline.
- 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]**
The AC sends renewal forms 100 calendar days prior to the end of the 12-month continuous eligibility period. The family must update information currently on file or indicate that the information on file is correct. A reminder letter is sent out if the family has not completed the

renewal process 60 days prior to coverage ending. The AC calls the families if the renewal has not been completed 30 calendar days before the coverage cancels.

Other, *please explain*: [500]

Outbound Renewal reminder Calls and extending the renewal timeframe from 60 days to 100 days. If the family fails to comply with the renewal process, CoverKids policy includes a 30-day grace period during which enrollment can be reinstated without the need for a new application.

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]

Outbound calls and the 100 day renewal timeframe have increased the percentage of renewals received and approved. While we are unable to distinguish the effect of one from the other, because they are part of the same overall process, we believe each policy has had a positive effect on renewal rates.

The Outbound Reminder Calls are tracked via reporting through the Predictive Dialer. The reports indicate number of families reached via recorded message, live, or transferred to a representative. The number of contacts correlates with the increase in renewal compliance on a monthly basis.

Section IIIC: Subpart D: Eligibility Data

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

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

| | Number | Percent |
|--|--------|---------|
| 1. Total number of title XXI applicants | 32690 | 100 |
| 2. Total number of application denials | 23715 | 72.5 |
| a. Total number of procedural denials | 2955 | 9 |
| b. Total number of eligibility denials | 20760 | 63.5 |
| i. Total number of applicants denied for title XXI and enrolled in title XIX | 8437 | 25.8 |
| c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/>) | | |

3. Please describe any limitations or restrictions on the data used in this table: None

Definitions:

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

2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
 - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children Enrolled in Title XXI

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

Is the State reporting this data in the 2011 CARTS?

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

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

| | Number | Percent | | | |
|---|--------|---------|-------|------|------|
| | | | | | |
| 1. Total number of children who are eligible to be redetermined | 39137 | 100% | | | |
| 2. Total number of children screened for redetermination | 36083 | 92.2 | 100% | | |
| 3. Total number of children retained after the redetermination process | 30885 | 78.92 | 85.59 | | |
| 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 | 3054 | | | | |
| 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.
 N/A

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]**

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

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **[500]**
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5. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
 - Yes
 - No

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

6. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
 - Yes
 - No

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

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

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- Yes, please answer questions below.
 No, skip to Program Integrity subsection.

Children

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))
 Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))
 Section 1115 Demonstration (Title XXI)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))
 Additional Premium Assistance Option under CHIP State Plan (2105(c)(3))
 Section 1115 Demonstration (Title XXI)
 Premium Assistance option under the Medicaid State Plan (1906)
 Premium Assistance option under the Medicaid State Plan (1906A)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 Childless Adults
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
- Yes
 No
6. Does the program provide wrap-around coverage for benefits?
- Yes
 No

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

- Yes
- No

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

- Yes
- No

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

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

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

_____ Number of childless adults ever-enrolled during the reporting period

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2011

Children _____

Parents _____

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

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

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

15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

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

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

| Children | Parent |
|-----------|-----------|
| State: | State: |
| Employer: | Employer: |
| Employee: | Employee: |

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

| | | |
|----------|-----|------|
| Children | Low | High |
| Parents | Low | High |

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

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

- Yes
 No

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

| | From | To |
|---------------------------|-------------|-------------|
| Income level of Children: | % of FPL[5] | % of FPL[5] |
| Income level of Parents: | % of FPL[5] | % of FPL[5] |

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

- Yes
 No

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

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

- Yes
 No

24. Can you cap enrollment for your program?

- Yes
 No

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

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

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

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

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

Please explain: **[7500]**

(1) Yes, CoverKids has a written program integrity plan. CoverKids efforts focus primarily on eligibility testing which seeks to monitor the accuracy of information provided through self-declaration on the application form. This includes verification of residency and verification that enrollees do not have other insurance coverage of Medicaid through data matches.

(2) The CoverKids Contractor, BlueCross BlueShield of Tennessee (BCBST), has processes to investigate suspected cases of fraud. Fraud allegations are promptly transferred to the BCBST Special Investigation Unit which is staffed with experienced investigators who have backgrounds in law enforcement or other investigational entities. All complaints are logged for tracking, trending, and reporting purposes and are also to ensure that each case is brought to final disposition. The Special Investigations Unit uses state of the art technology to mine data to identify anomalies that may be caused by fraudulent activity and to track pending cases. Although BCBST investigations cross all their lines of business, the contractor is able to specifically identify CoverKids member whose claims are part of an investigation, as well as the dollar amount of those claims affected.

(3) The BCBST member explanation of benefits (EOB) includes a message that prompts members to contact BCBST if they have not received the services specified on the EOB. This is another opportunity for triggering the reporting of potential fraud/abuse. BCBST customer service representatives are trained to identify potential fraud/abuse situations during the normal course of responding to member or provider inquires.

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

- Yes
 No

Please Explain: **[500]**

2. For the reporting period, please report the

36 Number of fair hearing appeals of eligibility denials
13 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

26 Number of cases investigated

4 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

440 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

CoverKids monitors BlueCross BlueShield contract performance on a periodic basis. This monitoring includes the processes that the contractor has in place to credential providers and investigate suspected cases of fraud.

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: TN | Age Group | | | | | | |
|---|-----------|-------|-----|------|------|------|-------|
| | FFY: TN | Total | < 1 | 1-2* | 3-5 | 6-9 | 10-14 |
| Total Enrollees Receiving Any Dental Services ¹ | 24252 | 4 | 727 | 3486 | 6925 | 8397 | 4713 |
| Total Enrollees Receiving Preventive Dental Services ² | 22757 | 1 | 584 | 3284 | 6644 | 8021 | 4223 |
| Total Enrollees Receiving Dental Treatment Services ³ | 11181 | 2 | 82 | 1134 | 3360 | 3965 | 2638 |

***Includes 12-month visit**

¹Total 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).

²Total 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).

³Total 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]

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⁴Receiving 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 | 168878000 | 55313000 | 18091000 |
| Managed Care | | | |
| Fee for Service | | 127560000 | 206698000 |
| Total Benefit Costs | 168878000 | 182873000 | 224789000 |
| <i>(Offsetting beneficiary cost sharing payments)</i> | | | |
| Net Benefit Costs | \$ 168878000 | \$ 182873000 | \$ 224789000 |

Administration Costs

| | | | |
|---|----------|----------|----------|
| Personnel | 225000 | 303000 | 303000 |
| General Administration | 844000 | 1600000 | 1600000 |
| Contractors/Brokers (e.g., enrollment contractors) | 4167000 | 4672000 | 4680000 |
| Claims Processing | | 13569000 | 20127000 |
| Outreach/Marketing costs | 54000 | 100000 | 100000 |
| Other (e.g., indirect costs) | | | |
| Health Services Initiatives | | | |
| Total Administration Costs | 5290000 | 20244000 | 26810000 |
| 10% Administrative Cap (net benefit costs ÷ 9) | 18764222 | 20319222 | 24976556 |

| | | | |
|--------------------------------|-----------|-----------|-----------|
| Federal Title XXI Share | 132541848 | 154572037 | 191466839 |
| State Share | 41626152 | 48544963 | 60132161 |

| | | | |
|--|-----------|-----------|-----------|
| TOTAL COSTS OF APPROVED CHIP PLAN | 174168000 | 203117000 | 251599000 |
|--|-----------|-----------|-----------|

2. What were the sources of non-Federal funding used for State match during the reporting period?

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

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

CoverKids did not experience a shortfall in CHIP funds in FFY 2011.

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 | | \$ | 584948 | \$ 27 | 659134 | \$ 27 |
| Fee for Service | 563964 | \$ 309 | 636555 | \$ 295 | 718825 | \$ 325 |

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

The total number of eligibles equals the cumulative number of per member per month for CoverKids.

January 1, 2012, the CoverKids program will move from being fully insured to self-funded with the exception of Dental care which will remain fully insured. Estimates are based on the historical member growth rates. Maternity is growing at approximately 1.22% and children at 1%.

In determining the PMPM, Dental and Medical are combined for 2011. For years 2012 and 2013, Dental is separated from Medical and entered on the Managed Care line.

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 | 100 | % of FPL to | 199 | % of FPL * | From | | % of FPL to | | % of FPL * |
| Parents | From | | % of FPL to | | % of FPL * | From | | % of FPL to | | % of FPL * |
| Childless Adults | From | | % of FPL to | | % of FPL * | From | | % of FPL to | | % of FPL * |
| Pregnant Women | From | | % of FPL to | | % of FPL * | From | | % of FPL to | | % of FPL * |

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

_____ 30792 Number of **children** ever enrolled during the reporting period in the demonstration

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

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

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

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

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

| COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA) | 2011 | 2012 | 2012 | 2014 | 2015 |
|---|----------|----------|------|------|------|
| Benefit Costs for Demonstration Population #1 (e.g., children) | | | | | |
| Insurance Payments | 55519700 | 54129500 | | | |
| Managed care per member/per month rate @ # of eligibles | 15320 | 14649 | | | |
| Fee for Service Average cost per enrollee in fee for service | | | | | |
| Total Benefit Costs for Waiver Population #1 | 55519700 | 54129500 | 0 | | |

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

| | | | | | |
|---|---|---|---|--|--|
| Insurance Payments | | | | | |
| Managed care per member/per month rate for managed care | | | | | |
| Fee for Service Average cost per enrollee in fee for service | | | | | |
| Total Benefit Costs for Waiver Population #2 | 0 | 0 | 0 | | |

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

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

**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 | 0 | | |

| | | | | | |
|---|----------|----------|---|--|--|
| Total Benefit Costs | 55519700 | 54129500 | 0 | | |
| (Offsetting Beneficiary Cost Sharing Payments) | | | | | |
| Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments) | 55519700 | 54129500 | 0 | | |

Administration Costs

| | | | | | |
|---|---------|---------|---|--|--|
| Personnel | | | | | |
| General Administration | | | | | |
| Contractors/Brokers (e.g., enrollment contractors) | | | | | |
| Claims Processing | | | | | |
| Outreach/Marketing costs | | | | | |
| Other (specify) | | | | | |
| Total Administration Costs | 0 | 0 | 0 | | |
| 10% Administrative Cap (net benefit costs ÷ 9) | 6168856 | 6014389 | 0 | | |

| | | | | | |
|--------------------------------|----------|----------|---|--|--|
| Federal Title XXI Share | 42250492 | 41192550 | 0 | | |
| State Share | 13269208 | 12936950 | 0 | | |

| | | | | | |
|-------------------------------------|----------|----------|---|--|--|
| TOTAL COSTS OF DEMONSTRATION | 55519700 | 54129500 | 0 | | |
|-------------------------------------|----------|----------|---|--|--|

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

There is no separate budget for the Medicaid Expansion population. These members are identified each quarter and the costs for these members are identified and funded at the current Title XXI match rate.

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

The FY11 amounts are taken from the state's CMS-64 reporting for Q1-Q4.

The only way for members to be added to the Medicaid Expansion program is through Medicaid rollover if a TANF member is losing eligibility but can qualify for the Medicaid Expansion category. Since this is the case, we do not project significant additional enrollment at this time.

Considering these two factors, we are not projecting expenditures for future waiver years.

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]**

The economic downturn continues to be a primary driver of CoverKids application and enrollment trends during this FFY. Overall enrollment has remained fairly steady, reflecting the stagnation of the state's economy, which is neither demonstrably better or worse than the previous reporting period.

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

The only challenge the problem is experiencing is there are no outreach grants to assist us in grassroots staff to attend health fairs, outreach events, provide application assistance, etc. Our annual Back-to-School campaign is our biggest outreach campaign and it is effective.

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

The CoverKids program finally exceeded our 50,000 enrollment member milestone. We attribute this milestone to our partnership with the Department of Education regarding our Back-to-School campaign.

Children enrolled in the program were eligible to receive orthodontic/braces services effective July 1, 2011.

The program completed its first Social Security Administration (SSA) Compliance Onsite Review on October 26, 2011. The purpose of the review was to assess policies, technical controls, and internal controls implemented by CoverKids to protect SSA provided information, under the auspices of the agreement between the two agencies. SSA had no findings in any area of the review. Their review indicated that the suite of security safeguards implemented by CoverKids to protect SSA supplied information is well managed and in compliance with the security requirements of our information exchange agreement.

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

We are changing the method of delivery from full-risk arrangement to Fee-for-Service/Administrative Service Only arrangement beginning January 1, 2012. We are doing so because we believe this will be a more cost-effective approach which will create additional fiscal flexibility to enroll more children within the program. With this migration to a fee-for-service service delivery strategy, CoverKids will also implement the required Provider Screening process.

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

