

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 Social Security Act (the Act) provides that each state and territory *must assess the operation of its 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.

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: Program Challenges and Accomplishments

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

***Disclosure.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: PA
(Name of State/Territory)

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

Signature: _____
Peter P. Camacci

CHIP Program Name(s): All, Pennsylvania's Children's Health Insurance Program

CHIP Program Type:
 CHIP Medicaid Expansion Only
 Separate Child Health Program Only
 Combination of the above

Reporting Period: 2014 Note: Federal Fiscal Year 2014 starts 10/1/2013 and ends 9/30/2014.

Contact Person/Title: Peter P. Camacci, Director, Bureau of Life Ins.

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Submission Date: 3/3/2015

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

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 (federal poverty level) fields are defined as <u>Up to and Including</u>	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/> No				<input type="checkbox"/> No			
	<input type="checkbox"/> Yes				<input checked="" type="checkbox"/> Yes			
	Enrollment fee amount				Enrollment fee amount			
	Premium amount				Premium amount			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$0	\$ 0	% of FPL 133	% of FPL 208
	\$	\$	% of FPL	% of FPL	\$31	\$ 63	% of FPL 208	% of FPL 262
	\$	\$	% of FPL	% of FPL	\$44	\$ 88	% of FPL 262	% of FPL 288
	\$	\$	% of FPL	% of FPL	\$50	\$ 100	% of FPL 288	% of FPL 314
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family				Yearly Maximum Premium Amount per family			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [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
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Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500] All of our insurance plans use managed care.	

2) 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 the appropriate column.

For FFY 2014, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

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

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

- o) Expansion to "Lawfully Residing" children
- p) Expansion to "Lawfully Residing" pregnant women
- q) Pregnant Women state plan expansion

<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 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"/>

- r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse
- s) Other – please specify

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- B. _____
- C. _____
- D. _____

<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"/>

<ul style="list-style-type: none"> • Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) 	
<ul style="list-style-type: none"> • Application 	
<ul style="list-style-type: none"> • Benefits 	
<ul style="list-style-type: none"> • Cost sharing (including amounts, populations, & collection process) 	
<ul style="list-style-type: none"> • Crowd out policies 	
<ul style="list-style-type: none"> • Delivery system 	
<ul style="list-style-type: none"> • Eligibility determination process 	
<ul style="list-style-type: none"> • Implementing an enrollment freeze and/or cap 	
<ul style="list-style-type: none"> • Eligibility levels / target population 	
<ul style="list-style-type: none"> • Eligibility redetermination process 	

<ul style="list-style-type: none"> Enrollment process for health plan selection 	
<ul style="list-style-type: none"> Outreach 	
<ul style="list-style-type: none"> Premium assistance 	
<ul style="list-style-type: none"> 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) 	
<ul style="list-style-type: none"> Expansion to “Lawfully Residing” children 	
<ul style="list-style-type: none"> Expansion to “Lawfully Residing” pregnant women 	
<ul style="list-style-type: none"> Pregnant Women State Plan Expansion 	
<ul style="list-style-type: none"> Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse 	
<ul style="list-style-type: none"> Other – please specify 	
<ul style="list-style-type: none"> a. 	
<ul style="list-style-type: none"> b. 	
<ul style="list-style-type: none"> c. 	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures data on the core set of children's health care quality measures. 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 CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES (CHILD CORE SET)

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 a 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. CHIPRA also required the Secretary to publish changes to the Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations replaced measure numbers beginning in 2013.

Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the core set of measures. This section of CARTS will be used for standardized reporting on the Child Core Set measures.

The Technical Specifications and Resource Manual for the Child Core Set of Health Care Quality Measures can be found at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>

Table 1: Child Core Set Measures

Measure Abbreviation	Measure	Measure Steward	Description
PPC-CH	Timeliness of Prenatal Care	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS)	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 Abbreviation	Measure	Measure Steward	Description
FPC-CH	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 expected prenatal visits: 1. < 21 percent of expected visits 2. 21 percent – 40 percent of expected visits 3. 41 percent – 60 percent of expected visits 4. 61 percent – 80 percent of expected visits 5. ≥ 81 percent of expected visits
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender
DEV-CH	Developmental Screening in the First Three Years of Life	Oregon Health and Science University	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday

Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: a. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year b. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	Pediatric Central Line-Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
ADD-CH	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 the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 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 within 7 days of discharge and within 30 days of discharge
CPC-CH	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	NCQA/HEDIS	Survey on parents' experiences with their children's care
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. Percentage of children who remained on asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19-20 years; and total

GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child Core Set 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 two years' annual reports (FFY 2012 and FFY 2013) will be populated with data previously reported 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 data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

Beginning in 2011, the CARTS application requires 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 Data Not Reported, Please Explain Why:

If your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

2. Service not covered: Check this box if your program does not cover this service.
3. Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
4. Data not available: Check this box if data are not available for this measure in your state. If this box is selected, users will need to explain why data are not available for reporting. Reasons may include “Budget Constraints,” “Staff Constraints,” “Data Inconsistencies/Accuracy,” “Data Source Not Easily Accessible,” “Information Not Collected,” and “Other”.
5. Small sample size: Check this box if the denominator size for this 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, the state will need to indicate the exact denominator size in the space provided.
6. Other: Please specify if there is another reason why your state cannot report the measure.

Although the Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not 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:

1. 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.
2. Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.
3. 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, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or “Other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If “Other” measurement specification is selected, an explanation must be provided.

CMS encourages states to use the technical specifications outlined in the [Technical Specifications and Resource Manual](#) for the Child Core Set measures.

4. **HEDIS® Version:**

Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.

5. **“Other” Measurement Specification Explanation:**

The explanation field must be completed when “Other” measurement specification has been selected.

Data Source:

Data for the Child Core Set measures may come from several sources, including medical claims and medical records. For each measure, the state must indicate the source of data or methodology used to calculate the measure using the following options (some options are unavailable for some measures):

1. Administrative Data: Medical claims and encounter data or other administrative data source (e.g., immunization registry, vital records,). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source.
2. Hybrid: A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.
3. Survey Data: The state should specify the survey used.
4. Other: An explanation box is available for the state to specify the other source of data.

Definition of Population Included in the Measure:

Denominator: 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 (Title XXI), the Medicaid population only (Title XIX), or include both CHIP and Medicaid 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 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.

Date Range: 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 define 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.

Child Core Set Performance Measurement Data:

In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. 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. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state-level rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure.”

In the section on “Definition of Population Included in the Measure,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on

Data from Multiple Sources,” available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

Deviation from Measure Specifications

If the data provided for a measure deviate from the measure technical specifications, please select the type(s) of measure specification deviation. The types of deviations parallel the measure specification categories for each measure. When one or more of the types of deviations are selected, states are required to provide an explanation.

The five types (and examples) of deviations are:

7. Year of Data (e.g., partial year),
8. Data Source (e.g., use of different data sources among health plans or delivery systems),
9. Numerator (e.g., coding issues),
10. Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment) Other (please describe in detail).

Other Performance Measure:

If the state selected “Other” in the “Measure Specification” section of the template, and is thus reporting using another methodology, the user should provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please upload the information to the attachment facility, along with a brief description of the measure (e.g. “data reported for individuals in the 18-64 age range”). “Additional Notes/Comments on Measure” may be entered but is not required.

Beginning in 2012, in an effort to reduce state burden of reporting on the Child Core Set measures, CMS will calculate measures PDENT (Preventive Dental Services) and TDENT (Dental Treatment Services) for states based on data submitted as part of the EPSDT report (Form CMS-416), and measure CLABSI (Pediatric Central Line-Associated Blood Stream Infections) based on data submitted by hospitals to the National Healthcare Safety Network database.

Clarification About Implementing the CHIPRA CAHPS Requirement Under Section 402(a)(2):

11. **Title XXI Programs:** CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS Child Medicaid survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Questions Items for Children with Chronic Conditions to align with the CAHPS Child Core Set measure. Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <http://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.
12. **Title XIX Programs:** Reporting of the CAHPS survey remains voluntary for Title XIX Programs. Title XIX Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

CHIPRA Quality Demonstration States

CHIPRA Quality Demonstration states have the option of reporting state developed quality measures through CARTS. Instructions may be found on page 27 in the web-based template and after measure MMA-CH (Medication Management for People with Asthma) on the Word template.

MEASURE PPC-CH: Timeliness of Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected</p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected by State</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i></p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>
<p>Data Source:</p> <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>Data Source:</p> <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>Data Source:</p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
<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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2012	FFY 2013	FFY 2014
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	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	Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
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>	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:	Additional notes on measure:	Additional notes/comments 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:

MEASURE FPC-CH: Frequency of Ongoing Prenatal Care

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected</p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected by State</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted</p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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	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	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 expected prenatal visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
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>	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:	Additional notes on measure:	Additional notes/comments 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:

MEASURE LBW-CH: Live Births Weighing Less Than 2,500 Grams

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected</p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected by State</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Vital Records Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Performance Measurement Data: Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
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> .	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:	Additional notes on measure:	Additional notes/comments 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:

MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected.</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected.</p>	<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected by State</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Measurement Specification: <input type="checkbox"/> The Joint Commission <input type="checkbox"/> Other. <i>Explain:</i></p> <p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor</p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Performance Measurement Data: Percentage of women who had a cesarean section 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 nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	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> .	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> .
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

MEASURE CIS-CH: Childhood Immunization Status

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 10 health plans</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 10 health plans</p>	<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received each vaccination or combination of vaccines</p> <p>Definition of denominator: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 2,350).</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received each vaccination or combination of vaccines.</p> <p>Definition of denominator: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 2,492).</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 2,145).</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>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>Performance Measurement Data: Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>	<p>Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>

DTap Numerator: 2024.4 Denominator: 2350 Rate: 86.1 IPV Numerator: 2182.9 Denominator: 2350 Rate: 92.9 MMR Numerator: 2142.6 Denominator: 2350 Rate: 93.9 HiB Numerator: 2206.2 Denominator: 2350 Rate: 93.9 Hep B Numerator: 2123.3 Denominator: 2350 Rate: 90.4 VZV Numerator: 2166.4 Denominator: 2350 Rate: 92.2 PCV Numerator: 2025.1 Denominator: 2350 Rate: 86.2 Hep A Numerator: 1035.5 Denominator: 2350 Rate: 44.1	Combo 2 Numerator: 1861.3 Denominator: 2350 Rate: 79.2 Combo 3 Numerator: 1768.8 Denominator: 2350 Rate: 75.3 Combo 4 Numerator: 927.7 Denominator: 2350 Rate: 39.5 Combo 5 Numerator: 1477.7 Denominator: 2350 Rate: 62.9 Combo 6 Numerator: 1237.8 Denominator: 2350 Rate: 52.7 Combo 7 Numerator: 826.1 Denominator: 2350 Rate: 35.2 Combo 8 Numerator: 697.5 Denominator: 2350 Rate: 29.7	DTap Numerator: 2121.7 Denominator: 2492 Rate: 85.1 IPV Numerator: 2251 Denominator: 2492 Rate: 90.3 MMR Numerator: 2283.2 Denominator: 2492 Rate: 91.6 HiB Numerator: 2286.3 Denominator: 2492 Rate: 91.7 Hep B Numerator: 2195.4 Denominator: 2492 Rate: 88.1 VZV Numerator: 2276.3 Denominator: 2492 Rate: 91.3 PCV Numerator: 2112.7 Denominator: 2492 Rate: 84.8 Hep A Numerator: 2079.6 Denominator: 2492 Rate: 83.4	Combo 2 Numerator: 1965.9 Denominator: 2492 Rate: 78.9 Combo 3 Numerator: 1893.2 Denominator: 2492 Rate: 76 Combo 4 Numerator: 1741.7 Denominator: 2492 Rate: 69.9 Combo 5 Numerator: 1637.3 Denominator: 2492 Rate: 65.7 Combo 6 Numerator: 1380.3 Denominator: 2492 Rate: 5504 Combo 7 Numerator: 1537.1 Denominator: 2492 Rate: 61.7 Combo 8 Numerator: 1305.4 Denominator: 2492 Rate: 52.4	DTap Numerator: 0 Denominator: 0 Rate: 87.6 IPV Numerator: 0 Denominator: 0 Rate: 92.3 MMR Numerator: 0 Denominator: 0 Rate: 92.2 HiB Numerator: 0 Denominator: 0 Rate: 93 Hep B Numerator: 0 Denominator: 0 Rate: 90.5 VZV Numerator: 0 Denominator: 0 Rate: 92.4 PCV Numerator: 0 Denominator: 0 Rate: 88.1 Hep A Numerator: 0 Denominator: 0 Rate: 84.5	Combo 2 Numerator: 0 Denominator: 0 Rate: 81 Combo 3 Numerator: 0 Denominator: 0 Rate: 78.7 Combo 4 Numerator: 0 Denominator: 0 Rate: 73 Combo 5 Numerator: 0 Denominator: 0 Rate: 69.7 Combo 6 Numerator: 0 Denominator: 0 Rate: 57.9 Combo 7 Numerator: 0 Denominator: 0 Rate: 66.3 Combo 8 Numerator: 0 Denominator: 0 Rate: 55.4
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FFY 2012		FFY 2013		FFY 2014	
RV Numerator: 1764 Denominator: 2350 Rate: 75.1	Combo 9 Numerator: 1087.7 Denominator: 2350 Rate: 46.3	RV Numerator: 1878.8 Denominator: 2492 Rate: 75.4	Combo 9 Numerator: 1232.7 Denominator: 2492 Rate: 49.5	RV Numerator: 0 Denominator: 0 Rate: 79	Combo 9 Numerator: 0 Denominator: 0 Rate: 52.8
Flu Numerator: 1478 Denominator: 2350 Rate: 62.9	Combo 10 Numerator: 629.2 Denominator: 2350 Rate: 26.8	Flu Numerator: 1602.2 Denominator: 2492 Rate: 64.3	Combo 10 Numerator: 1770 Denominator: 2492 Rate: 47.2	Flu Numerator: 0 Denominator: 0 Rate: 65.2	Combo 10 Numerator: 0 Denominator: 0 Rate: 51
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>		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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.		Additional notes on measure:		Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit. See attached file for individual reporting unit numerators, denominators, and rates as it is too large to fit in the field below.	
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/comments on measure:	

MEASURE IMA-CH: Immunization Status for Adolescents

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® used: 2012 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input checked="" type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Hybrid data from 10 health plans</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2013 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input checked="" type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Hybrid data from 10 health plans</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:</p> <p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. Specify: <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received all vaccines or Combination of vaccines</p> <p>Definition of denominator: Eligible population 13 years of age during the measurement year with continuous enrollment 12 months prior to the child’s thirteenth birthday. (Total eligible population 8,895).</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received all vaccines or Combination of vaccines</p> <p>Definition of denominator: Eligible population 13 years of age during the measurement year with continuous enrollment 12 months prior to the child’s thirteenth birthday. (Total eligible population 9,132).</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Eligible population 13 years of age during the measurement year with continuous enrollment 12 months prior to the child’s thirteenth birthday. (Total eligible population 8,488).</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted:</p>

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	Performance Measurement Data: Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	Performance Measurement Data: Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
Meningococcal Numerator: 7912.4 Denominator: 8895 Rate: 89 Tdap/Td Numerator: 8175.9 Denominator: 8895 Rate: 91.9 Combination (Meningococcal, Tdap/Td) Numerator: 7616.6 Denominator: 8895 Rate: 85.6	Meningococcal Numerator: 7986 Denominator: 9132 Rate: 87.5 Tdap/Td Numerator: 8157.8 Denominator: 9132 Rate: 89.3 Combination (Meningococcal, Tdap/Td) Numerator: 7807.9 Denominator: 9132 Rate: 85.5	Meningococcal Numerator: 0 Denominator: 0 Rate: 86.5 Tdap/Td Numerator: 0 Denominator: 0 Rate: 88.5 Combination (Meningococcal, Tdap/Td) Numerator: 0 Denominator: 0 Rate: 84.2
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>	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>
Additional notes on measure: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.	Additional notes on measure:	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
Other Performance Measurement Data:	Other Performance Measurement Data:	Other Performance Measurement Data:

FFY 2012	FFY 2013	FFY 2014
<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:

Screening

MEASURE WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>	
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 10 health plans	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 10 health plans	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Eligible population who had notation of a BMI assessment in the medical record Definition of denominator: Eligible population 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year. (eligible population). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Eligible population who had notation of a BMI assessment in the medical record. Definition of denominator: Eligible population 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year. (eligible population 95,887). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Eligible population 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year. (eligible population 88,645). Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes

FFY 2012		FFY 2013		FFY 2014	
				If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011		Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012		Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		Performance Measurement Data: Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender		Performance Measurement Data: Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender	
<u>3-11 years</u> Numerator: 26585.5 Denominator: 50289 Rate: 52.9 <u>12-17 years</u> Numerator: 23934.8 Denominator: 45742 Rate: 52.3	<u>Total</u> Numerator: 50501.6 Denominator: 96031 Rate: 52.6	<u>3-11 years</u> Numerator: 26928.9 Denominator: 50420 Rate: 53.4 <u>12-17 years</u> Numerator: 22963.1 Denominator: 45467 Rate: 50.5	<u>Total</u> Numerator: 49786.8 Denominator: 95887 Rate: 51.9	<u>3-11 years</u> Numerator: 0 Denominator: 0 Rate: 60.7 <u>12-17 years</u> Numerator: 0 Denominator: 0 Rate: 61	<u>Total</u> Numerator: 0 Denominator: 0 Rate: 60.8
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>		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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.		Additional notes on measure:		Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator:	

FFY 2012	FFY 2013	FFY 2014
Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:

MEASURE DEV-CH: Developmental Screening in the First Three Years of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input checked="" type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input checked="" type="checkbox"/> Data inconsistencies/accuracy Please explain: Inconsistent use of developmental screening codes discovered in primary source verification. Awaiting guidance from CMS on measure specification modifications <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</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.</p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> CAHMI <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> OHSU <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> OHSU <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input 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> Administrative data from 10 health plans	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Eligible population who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Definition of denominator: Eligible population who turned one, two or three years old during the measurement year who were continuously enrolled for 12 months prior to the first, second or third birthday. (eligible population 4,892). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	Performance Measurement Data: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.	Performance Measurement Data: Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.
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: 82 Denominator: 382 Rate: 21.5 Children screened by 24 months of age Numerator: 626 Denominator: 1703 Rate: 36.8 Children screened by 36 months of age Numerator: 811 Denominator: 2807 Rate: 28.9	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:
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>	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:	Additional notes on measure:	Additional notes/comments 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 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE CHL-CH: Chlamydia Screening in Women

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> Measure not collected</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</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>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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS® used below:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input 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> Administrative data from 10 health plans</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who who had at least one test for chlamydia during the measurement year. Definition of denominator: Eligible population 16-20 years of age who were identified as sexually active and who were continuously enrolled during the measurement year (eligible population 6,004). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Eligible population 16-20 years of age who were identified as sexually active and who were continuously enrolled during the measurement year (eligible population 5,475). Definition of numerator: Eligible population who who had at least one test for chlamydia during the measurement year. Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	Performance Measurement Data: Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: 2240 Denominator: 6004 Rate: 37.3	Numerator: 1966 Denominator: 5475 Rate: 35.9
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>	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:	Additional notes on measure:	Additional notes/comments 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:

Well-child Care Visits (WCV)

MEASURE W15-CH: Well-Child Visits in the First 15 Months of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</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>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (8 health plans) and Administrative data (2 health plans)	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 checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (6 health plans) and Administrative data (1 health plans). Small denominator (2 health plans), one health plan did not report.	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Definition of denominator: Denominator includes eligible population who turned 15 months old during the measurement year (Total eligible population 772). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during 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. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Definition of denominator: Denominator includes eligible population who turned 15 months old during the measurement year (Total eligible population 675). Def of numerator: Seven separate numerators corresponding to number with 0-6 or more well-child visits with PCP during first 15 months of life.

FFY 2012		FFY 2013		FFY 2014	
				<p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</p> <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>		<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 12/2012</p>		<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>	
<p>Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life</p>		<p>Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life</p>		<p>Performance Measurement Data: Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life</p>	
<p><u>0 visits</u> Numerator: 5 Denominator: 772 Rate: 0.6</p>	<p><u>4 visits</u> Numerator: 42.6 Denominator: 772 Rate: 5.5</p>	<p><u>0 visits</u> Numerator: 0 Denominator: 820 Rate: 0</p>	<p><u>4 visits</u> Numerator: 39 Denominator: 820 Rate: 4.8</p>	<p><u>0 visits</u> Numerator: 0 Denominator: 0 Rate: 1.2</p>	<p><u>4 visits</u> Numerator: 0 Denominator: 0 Rate: 3.6</p>
<p><u>1 visits</u> Numerator: 4.1 Denominator: 772 Rate: 0.5</p>	<p><u>5 visits</u> Numerator: 176.6 Denominator: 772 Rate: 22.9</p>	<p><u>1 visits</u> Numerator: 3 Denominator: 820 Rate: 0.4</p>	<p><u>5 visits</u> Numerator: 149 Denominator: 820 Rate: 18.2</p>	<p><u>1 visits</u> Numerator: 0 Denominator: 0 Rate: 0.3</p>	<p><u>5 visits</u> Numerator: 0 Denominator: 0 Rate: 16.6</p>
<p><u>2 visits</u> Numerator: 6 Denominator: 772 Rate: 0.8</p>	<p><u>6+ visits</u> Numerator: 524.4 Denominator: 772 Rate: 67.9</p>	<p><u>2 visits</u> Numerator: 4 Denominator: 820 Rate: 0.5</p>	<p><u>6+ visits</u> Numerator: 610 Denominator: 820 Rate: 74.4</p>	<p><u>2 visits</u> Numerator: 0 Denominator: 0 Rate: 0.9</p>	<p><u>6+ visits</u> Numerator: 0 Denominator: 0 Rate: 76.0</p>
<p><u>3 visits</u> Numerator: 13.2 Denominator: 772 Rate: 1.7</p>		<p><u>3 visits</u> Numerator: 15 Denominator: 820 Rate: 1.8</p>		<p><u>3 visits</u> Numerator: 0 Denominator: 0 Rate: 1.3</p>	

FFY 2012	FFY 2013	FFY 2014
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>	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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.	Additional notes on measure:	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
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:

MEASURE W34-CH: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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. <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>	
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (8 health plans) and Administrative data (2 health plans)	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 checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (7 health plans) and Administrative data (3 health plans)	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year (Total eligible population 18,526). 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 Population Included in the Measure: Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year. Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year (Total eligible population 19,124). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year (Total eligible population 17,971). Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year

FFY 2012	FFY 2013	FFY 2014
<p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>		<p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</p> <p><input checked="" type="checkbox"/> Yes</p> <p>If yes, indicate whether the state-level rate is weighted:</p> <p><input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p> <p><input type="checkbox"/> The rates are weighted based on another weighting factor</p> <p><input type="checkbox"/> The rates are not weighted</p> <p><input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>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.</p>	<p>Performance Measurement Data: Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.</p>	<p>Performance Measurement Data: Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.</p>
<p><u>1+ visits</u> Numerator: 14936.6 Denominator: 18526 Rate: 80.6</p>	<p><u>1+ visits</u> Numerator: 15277.5 Denominator: 19124 Rate: 79.9</p>	<p><u>1+ visits</u> Numerator: 0 Denominator: 0 Rate: 81.2</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>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>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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit</p>

FFY 2012	FFY 2013	FFY 2014
<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>

MEASURE AWC-CH: Adolescent Well-Care Visit

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (2 health plans) and Hybrid data (8 health plans)</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (3 health plans) and Hybrid data (7 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (Total eligible population is 64,108). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (Total eligible population is 63,909). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Members 12-19 years of age during the measurement year (Total eligible population is 59,618). Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted:</p>

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	Performance Measurement Data: Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 41361.8 Denominator: 64108 Rate: 64.5	Numerator: 39258 Denominator: 63909 Rate: 61.4	Numerator: 0 Denominator: 0 Rate: 61.9
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>	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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.	Additional notes on measure:	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
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:

Dental

MEASURE PDENT-CH : Percentage of Eligibles That Received Preventive Dental Services

In an effort to reduce state burden of reporting on the Child Core Set measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section IIIG of this report.

FFY 2012	FFY 2013	FFY 2014
<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 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <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 Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i></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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	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>	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>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

Access

MEASURE CAP-CH: Child and Adolescent Access to Primary Care Practitioners

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</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>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
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> 10 health plans reported data	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> 10 health plans reported data	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year. Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year. Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years Def of numerator: Eligible pop: 12 mos-6 yrs who had 1 or more visits with a PCP during the measurement yr; 7-19 yrs who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range:	Date Range:	Date Range:

FFY 2012		FFY 2013		FFY 2014	
From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011		From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2012		From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013	
Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 2. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 3. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 4. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 5. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 6. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	
<u>12-24 months</u> Numerator: 1524 Denominator: 1556 Rate: 97.9	<u>7-11 years</u> Numerator: 25445 Denominator: 26757 Rate: 95.1	<u>12-24 months</u> Numerator: 1623 Denominator: 1652 Rate: 98.2	<u>7-11 years</u> Numerator: 2547 Denominator: 26576 Rate: 95.7	<u>12-24 months</u> Numerator: 1357 Denominator: 1391 Rate: 97.6	<u>7-11 years</u> Numerator: 23396 Denominator: 24557 Rate: 95.3
<u>25 months-6 years</u> Numerator: 20068 Denominator: 21677 Rate: 92.6	<u>12-19 years</u> Numerator: 45113 Denominator: 47642 Rate: 94.7	<u>25 months-6 years</u> Numerator: 20825 Denominator: 22327 Rate: 93.3	<u>12-19 years</u> Numerator: 45406 Denominator: 47493 Rate: 95.6	<u>25 months-6 years</u> Numerator: 19604 Denominator: 21094 Rate: 92.9	<u>12-19 years</u> Numerator: 42226 Denominator: 44369 Rate: 95.2
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>		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>	
Additional notes on measure: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.		Additional notes on measure:		Additional notes/comments 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 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE TDENT-CH: Percentage of Eligibles that Received Dental Treatment Services

In an effort to reduce state burden of reporting on the Core Measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Note: the denominator for this measure includes **only** individuals enrolled in a Medicaid or CHIP Medicaid expansion program determined to be eligible for EPSDT services. If you are reporting data about a separate CHIP program, you will be asked to provide dental data in Section IIIG of this report.

FFY 2012	FFY 2013	FFY 2014
<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 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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></p> <p><input type="checkbox"/> Final. <input type="checkbox"/> Same 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>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <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 Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i></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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	Performance Measurement Data: Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	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>	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>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments 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:

MEASURE AMB-CH: Ambulatory Care - Emergency Department (ED) Visits

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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>

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
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> 10 health plans reported data	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> 10 health plans reported data	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services Definition of denominator: Total member months for eligible population. Eligible population includes members <1 to 19 years with a visit for emergency department services. 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services. Definition of denominator: Total member months for eligible population. Eligible population includes members <1 to 19 years with a visit for emergency department services. 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Total member months for eligible population. Eligible population includes members <1 to 19 years with a visit for emergency department services. Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19	Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19	Performance Measurement Data: Rate of ED visits per 1,000 enrollee months among children up to age 19

FFY 2012		FFY 2013		FFY 2014	
<1 year Numerator: 615 Denominator: 16904 Rate:	10 to 19 years Numerator: 41730 Denominator: 1387238 Rate: 30.1	<1 year Numerator: 716 Denominator: 16760 Rate: 42.7	10 to 19 years Numerator: 40573 Denominator: 1353071 Rate: 30.0	<1 year Numerator: 602 Denominator: 17012 Rate: 35.4	10 to 19 years Numerator: 36254 Denominator: 1312043 Rate: 27.6
1 to 9 years Numerator: 29230 Denominator: 957722 Rate: 30.5	Total Numerator: 72575 Denominator: 2362045 Rate: 30.3	1 to 9 years Numerator: 29350 Denominator: 948041 Rate: 31.0	Total Numerator: 70639 Denominator: 2318107 Rate: 30.5	1 to 9 years Numerator: 27555 Denominator: 940990 Rate: 29.3	Total Numerator: 64411 Denominator: 2270323 Rate: 28.4
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>		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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.		Additional notes on measure:		Additional notes/comments on measure: Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services	
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:	

Inpatient

MEASURE CLABSI-CH: Pediatric Central Line-Associated Blood Stream Infections– Neonatal Intensive Care Unit and Pediatric Intensive Care Unit

Because the data for this measure are collected by hospitals and are not readily available to states, CMS plans to obtain data to calculate this measure from the National Healthcare Safety Network. Thus, states do not need to report this measure in CARTS.

FFY 2012	FFY 2013	FFY 2014
<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 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 type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i> <input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</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.</p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</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>	<i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate: Neonatal Intensive Care Unit Numerator: Denominator: Rate:
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>	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:	Additional notes on measure:	Additional notes/comments 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:

MEASURE ADD-CH: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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 Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i></p> <p><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></p> <p><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>

FFY 2012	FFY 2013	FFY 2014
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <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> 10 health plans total reporting: Initiation phase - small denominator for 1 health plan (1). Continuation phase: small denominator for 4 health plans (0-26)</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> 10 health plans total reporting: Initiation phase - small denominator for 1 health plan (4). Continuation phase: small denominator for 3 health plans (0-19)</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Initiation phase: eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: eligible population who had one visit during the initiation phase and at least two follow up visits within 270 days after the initiation phase.</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Definition of denominator: Initiation phase: members 6 to 12 years with a diagnosis of ADHD with an ambulatory prescription for ADHD. Continuation phase: members 6 to 12 years with an ambulatory prescription for ADHD medication who remained on the ADHD medication for at least 210 days.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Initiation phase: members of the eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: members of the eligible population who had once visit during the initiation phase and at least two follow up visits within 270 days after the initiation phase.</p> <p>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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Initiation phase: members 6 to 12 years with a diagnosis of ADHD with an ambulatory prescription for ADHD. Continuation phase: members 6 to 12 years with an ambulatory prescription for ADHD medication who remained on the ADHD medication for at least 210 days.</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>

FFY 2012	FFY 2013	FFY 2014
<p>Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three 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, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p>	<p>Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three 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, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p>	<p>Performance Measurement Data: 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 the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p>
<p>Initiation Phase Numerator: 679 Denominator: 1555 Rate: 43.7</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 210 Denominator: 433 Rate: 48.5</p>	<p>Initiation Phase Numerator: 594 Denominator: 1420 Rate: 41.8</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 168 Denominator: 346 Rate: 48.6</p>	<p>Initiation Phase Numerator: 626 Denominator: 1392 Rate: 45</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 146 Denominator: 285 Rate: 51.2</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.</p>	<p>Additional notes on measure: Definition of denominator: Initiation phase: members 6 to 12 years with a diagnosis of ADHD with an ambulatory prescription for ADHD. Continuation phase: members 6 to 12 years with an ambulatory prescription for ADHD medication who remained on the ADHD medication for at least 210 days.</p>	<p>Additional notes/comments on measure: Definition of numerator: Initiation phase: members of the eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: members of the eligible population who had once visit during the initiation phase and at least two follow up visits within 270 days after the initiation phase.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Mental Health

MEASURE FUH-CH: Follow-up after hospitalization for mental illness

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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> measure not collected</p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</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: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final.</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final.</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>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <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>	<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"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input 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> 10 health plans reported data. One health plan small denominator (9)	Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Eligible population who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge. Definition of denominator: Members 6-20 years old who were hospitalized for treatment of selected mental health disorders (eligible population 675). 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Members 6-20 years old who were hospitalized for treatment of selected mental health disorders (eligible population 706). Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013

FFY 2012	FFY 2013	FFY 2014
<p>Performance Measurement Data: Percentage of discharges for children aged 6 years and older that 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</p>	<p>Performance Measurement Data: Percentage of discharges for children ages 6 to 20 that 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 within 7 days of discharge and within 30 days of discharge</p>	<p>Performance Measurement Data: Percentage of discharges for children ages 6 to 20 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 within 7 days of discharge and within 30 days of discharge</p>
<p>7 Day Follow-Up Numerator: Denominator: Rate:</p> <p>30 Day Follow-Up Numerator: Denominator: Rate:</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 409 Denominator: 675 Rate: 60.6</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 550 Denominator: 675 Rate: 81.5</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 410 Denominator: 706 Rate: 58.1</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 553 Denominator: 706 Rate: 78.3</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**MEASURE CPC-CH: Consumer Assessment Of Healthcare Providers and Systems® (CAHPS) 5.0H
(Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)**

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <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 no, explain why data were not collected: <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 Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you collect on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure (select all that apply) <input type="checkbox"/> Submitted raw data to AHRQ. <input checked="" 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 no, explain why data were not collected: <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 Collect this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, How Did you Report this Measure (select all that apply): <input type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database) <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS) <input type="checkbox"/> Other: <i>Explain:</i></p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available <i>Explain why data not available</i> <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy <i>Please explain:</i> <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) <i>Enter specific sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator includes CHIP population only</p>	<p>Definition of Population Included in the Measure: Definition of population included in the survey sample: <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of population included in the survey sample: <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only. <input type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
<p>Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 4.0. <input checked="" type="checkbox"/> CAHPS 4.0H. <input type="checkbox"/> Other. Explain:</p>	<p>Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 5.0. <input checked="" type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:</p>	<p>Which Version of the CAHPS® Survey was Used? <input type="checkbox"/> CAHPS 5.0. <input checked="" type="checkbox"/> CAHPS 5.0H. <input type="checkbox"/> Other. Explain:</p>
<p>Which supplemental item sets were included in the survey? <input checked="" type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:</p>	<p>Which supplemental item sets were included in the survey? <input checked="" type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:</p>	<p>Which Supplemental Item Sets were Included in the Survey? <input checked="" type="checkbox"/> No supplemental item sets were included <input type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions <input type="checkbox"/> Other CAHPS Item Set. Explain:</p>
	<p>Which Administrative Protocol was Used to Administer the Survey? <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:</p>	<p>Which Administrative Protocol was Used to Administer the Survey? <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol <input type="checkbox"/> AHRQ CAHPS administrative protocol <input type="checkbox"/> Other administrative protocol. Explain:</p>

MEASURE HPV-CH: Human Papillomavirus (HPV) for Female Adolescents

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>	<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:</p>

	FFY 2013	FFY 2014
	<p>Measurement Specification:</p> <input type="checkbox"/> HEDIS. Specify version of HEDIS® below: <input type="checkbox"/> Other. Explain:	<p>Measurement Specification:</p> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
	<p>Data Source:</p> <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: <p>Explanation:</p>	<p>Data Source:</p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:

	FFY 2013	FFY 2014
	<p>Definition of Population Included in the Measure: Definition of numerator:</p> <p>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>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure:</p> <p>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>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No</p>
	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
	<p>Performance Measurement Data: Percentage of females that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>	<p>Performance Measurement Data: Percentage of females who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain</p>

	FFY 2013	FFY 2014
	Additional notes/comments on measure:	Additional notes/comments on measure:
	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>	<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><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>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify: Explanation:	Data Source: <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify:
	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment (continued)

	FFY 2013	FFY 2014
	<p>Performance Measurement Data: Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit</p>	<p>Performance Measurement Data: Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening</p>
	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	<p>Deviations from Measure Specifications:</p> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<p>Deviations from Measure Specifications:</p> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
	Additional notes/comments on measure:	Additional notes/comments on measure:
	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:</p>

MEASURE MMA-CH: Medication Management for People with Asthma

	FFY 2013	FFY 2014
	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: <input type="checkbox"/> Small sample size (less than 30). Specify sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>	<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected. <i>Select all that apply</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: Measure not collected</p>
	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.</p>	<p>Status of Data Reported:</p> <p><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>

	FFY 2013	FFY 2014
	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used below: <input type="checkbox"/> Other. Explain:	Measurement Specification: <input type="checkbox"/> HEDIS. Specify HEDIS® Version used below: <input type="checkbox"/> Other. Explain:
	Data Source: <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other: Specify:
	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)

MEASURE MMA-CH: Medication Management for People with Asthma (continued)

	FFY 2013	FFY 2014
	<p>Performance Measurement Data: Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period 2. Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period. <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p>	<p>Performance Measurement Data: Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 3. Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period 4. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p>

	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u> <u>5-11 Years</u> Numerator: Denominator: Rate: <u>12-18 Years</u> Numerator: Denominator: Rate: <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: Denominator: Rate:
	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	
	Additional notes/comments on measure:		Additional notes/comments on measure:	

	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:
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Reporting of state-specific measures:

In addition to reporting the Child Core Set 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 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	267073	258455	-3.23

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

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your state based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2011-2013. 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 2012 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	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7

2005 - 2007	145	21.0	5.0	.7
2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20.0	4.5	.7
2008 - 2010	128	17.0	4.4	.6
2009-2011	142	21.0	4.8	.7
2010-2012	143	22.0	5.0	0
2013	92	7.0	3.3	.2
Percent change 1996-1998 vs. 2011-2013	-9.6%	NA	-5.9%	NA

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

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

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	

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

- 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]**

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

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

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:

1. Reducing the number of uninsured children
2. CHIP enrollment
3. Medicaid enrollment
4. Increasing access to care
5. 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 2012 and FFY 2013) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have 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 2014).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the Child Core Set 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:

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

7. **Continuing:** Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
8. **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:

9. **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 2014.

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.

10. **Final:** Check this box if the data you are reporting are considered final for FFY 2014.
11. **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 2011, 2012). 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.

1. check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
 - i. 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, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

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:

- ii. Year of Data (e.g., partial year),
- iii. Data Source (e.g., use of different data sources among health plans or delivery systems),
- iv. Numerator (e.g., coding issues),
- v. Denominator (e.g., exclusion of MCOs, different age groups, definition of enrollment),
- vi. Other.

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

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 2014 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.

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). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), States must aggregate data from all these sources into one State rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.

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 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), 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 2 and 3)

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</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. <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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2011</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2013.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved. Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2014.</p>
<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2012</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2013</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2014</p>
<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 504456 Denominator: 757391 Rate: 66.6</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 498973 Denominator: 757391 Rate: 65.9</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved. Numerator: 529748 Denominator: 757391 Rate: 69.9</p>
<p>Additional notes on measure: Numerator: ((1,069,753+192,094)- (703,311+54,080)</p>	<p>Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number</p>	<p>Additional notes/comments on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the</p>

FFY 2012	FFY 2013	FFY 2014
Denominator: (703,311+54,080) Rate: 66.6% Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 67% by the end of FFY 2012.	of children enrolled in CHIP and Medicaid increased by 66% at the end of FFY 2013.	number of children enrolled in CHIP and Medicaid increased by 70% at the end of FFY 2014.
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The performance objective for FFY 2012 was 78% and the actual measure for 2012 was 66.6%. 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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The performance objective for FFY 2012 was 68% and the actual measure for 2012 was 65.9%. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities were limited during FFY 2013 because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment. Nevertheless, new outreach funding has been acquired which may bolster enrollment in CHIP and Medicaid in FFY 2014.	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The performance objective for FFY 2014 was 68% and the actual measure for 2014 was 69.9%. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program.
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 2013: 68% Annual Performance Objective for FFY 2014: 70% Annual Performance Objective for FFY 2015: 72% <i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.	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 2014: 68% Annual Performance Objective for FFY 2015: 70% Annual Performance Objective for FFY 2016: 72% <i>Explain how these objectives were set:</i>	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 2015: 70% Annual Performance Objective for FFY 2016: 72% Annual Performance Objective for FFY 2017: 74% <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</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>	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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</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>	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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>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. <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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</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> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/12 Enrollment – 05/98 Enrollment)</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998. Definition of numerator: (09/13 Enrollment – 05/98 Enrollment)</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (9/14 Enrollment - 5/98 Enrollment)</p>
<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2012</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2013</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2014</p>

FFY 2012	FFY 2013	FFY 2014
<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania’s initial state plan was approved.</p> <p>Numerator: 15318 Denominator: 4217 Rate: 363.2</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania’s initial state plan was approved.</p> <p>Numerator: 14753 Denominator: 4217 Rate: 349.8</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania’s initial state plan was approved.</p> <p>Numerator: 10980 Denominator: 4217 Rate: 260.4</p>
<p>Additional notes on measure: Numerator: 19,535-4,217</p> <p>Since May 1998, enrollment in the target counties has increased by 363.2%. This increase exceeds the statewide growth of 239.7% (56,548 to 192,094) during the same period.</p>	<p>Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 348.8%. This increase exceeds the statewide growth of 232.5% (56,548 to 188,025) during the same period.</p>	<p>Additional notes/comments on measure: Since May 1998, enrollment in the target counties increased by 260.4%. This increase exceeds the statewide growth of 179% (56,548 to 157,895) during the same period.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? We did not meet our 2012 performance target of 378%, which was set in our 2011 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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? the rate was less than the performance objective of 368% in the 2012 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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The rate was less than the performance objective of 354% in the 2013 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? Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled in the program. Further, outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a decline in CHIP enrollment.</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 2013: 368% Annual Performance Objective for FFY 2014: 373%</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 2014: 354% Annual Performance Objective for FFY 2015: 359%</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 2015: 359% Annual Performance Objective for FFY 2016: 368%</p>

FFY 2012	FFY 2013	FFY 2014
<p>Annual Performance Objective for FFY 2015: 378%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p>Annual Performance Objective for FFY 2016: 368%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p>Annual Performance Objective for FFY 2017: 377%</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 2012	FFY 2013	FFY 2014
<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</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. <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>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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> US Census Bureau</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" 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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> US Census Bureau</p>
<p>Definition of Population Included in the Measure: Definition of denominator: NA Definition of numerator: NA</p>	<p>Definition of Population Included in the Measure: Definition of denominator: None Definition of numerator: None</p>	<p>Definition of Population Included in the Measure: Definition of denominator: None Definition of numerator: None</p>
<p>Date Range: From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012</p>	<p>Date Range: From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013</p>	<p>Date Range: From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014</p>
<p>Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania. Numerator: 0 Denominator: 0 Rate:</p>

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<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 2013: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2014: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2015: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</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 2014: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2015: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2016: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</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 2015: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2016: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2017: CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</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 2012	FFY 2013	FFY 2014
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. <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>	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>	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>
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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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
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Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
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>
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FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013 compare with the Annual Performance Objective documented in your 2012 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 2014 compare with the Annual Performance Objective documented in your 2013 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>
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<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 2012	FFY 2013	FFY 2014
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>
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Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 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 2013 compare with the Annual Performance Objective documented in your 2012 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 2014 compare with the Annual Performance Objective documented in your 2013 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
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. <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>	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>	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:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
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. <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>	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>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
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> .	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:	Additional notes on measure:	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 2012 compare with the Annual Performance Objective documented in your 2011 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 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)

FFY 2012	FFY 2013	FFY 2014
Lead Screening – Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.	Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.	Lead Screening - Increase by 5 percent per year the percentage of PA CHIP two year old members who underwent lead screening prior to their second birthday.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <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>	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>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	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> Combination of hybrid data (9 health plans) and administrative data (1 health plan).	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> Combination of hybrid data (10 health plans).
Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: Number of members who turned two years of age during the measurement year (Eligible population 2,350). 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:	Definition of Population Included in the Measure: Definition of numerator: Number of members who turned two years of age during the measurement year (Eligible population 2,492). 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:	Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: Number of members who turned two years of age during the measurement year (Eligible population 2,145). 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: Definition of denominator: Number of members who turned two years of age during the measurement year (Eligible population 2,145).
Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1049.2	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1233.7	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0

FFY 2012	FFY 2013	FFY 2014
Denominator: 2350 Rate: 44.7	Denominator: 2492 Rate: 49.5	Denominator: 0 Rate: 49.9
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>	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: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.	Additional notes on measure:	Additional note/commentss on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
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 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The HEDIS 2012 PA CHIP Lead	Explanation of Progress: How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The HEDIS 2013 PA CHIP Lead Screening rate of 49.5% was 0.5 percentage points below the 2013 performance objective of 50%.	Explanation of Progress: How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The HEDIS 2014 PA CHIP Lead Screening rate of 49.9% was 5.1 percentage points below the 2014 performance objective of 55%.

FFY 2012	FFY 2013	FFY 2014
<p>Screening rate of 44.7% was 5.3 percentage points below the 2012 performance objective of 50%.</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? After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2012 the performance objectives were reviewed and extended to include an objective for 2015.</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 2013: 50% Annual Performance Objective for FFY 2014: 55% Annual Performance Objective for FFY 2015: 60%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.</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?After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2013 the performance objectives were reviewed and extended to include an objective for 2016.</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 2014: 55% Annual Performance Objective for FFY 2015: 60% Annual Performance Objective for FFY 2016: 65%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.</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?After analyzing the available data, it became evident that PA CHIP members were often not receiving the required lead screening because PCPs could not identify potentially high risk PA CHIP members within their patient population. PA CHIP is currently undertaking an initiative that will enable providers to identify CHIP members. Along with this effort, the CHIP health insurance companies are providing additional education explaining the need for this group of children to receive lead screening. CHIP health insurance companies are engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2014 the performance objectives were reviewed and extended to include an objective for 2017.</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 2015: 55% Annual Performance Objective for FFY 2016: 60% Annual Performance Objective for FFY 2017: 65%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.</p>

FFY 2012	FFY 2013	FFY 2014																																																																																										
Other Comments on Measure:	Other Comments on Measure:	<p data-bbox="1310 180 1898 207">Other Comments on Measure: Lead Screening in Children</p> <table data-bbox="1310 261 1898 509"> <thead> <tr> <th data-bbox="1310 261 1360 289">Ae</th> <th data-bbox="1360 261 1430 289">CBC</th> <th data-bbox="1430 261 1499 289">FPH</th> <th data-bbox="1499 261 1568 289">GHP</th> <th data-bbox="1568 261 1638 289">HBCBS</th> <th data-bbox="1638 261 1707 289">HBS</th> <th data-bbox="1707 261 1776 289">HHPH</th> <th data-bbox="1776 261 1845 289">KHPE</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td data-bbox="1310 289 1360 316">UHCP</td> <td data-bbox="1360 289 1430 316">UPMC</td> <td data-bbox="1430 289 1499 316">PA</td> <td data-bbox="1499 289 1568 316">W</td> <td data-bbox="1568 289 1638 316">Avg</td> <td colspan="5"></td> </tr> <tr> <td data-bbox="1310 316 1360 344">E-Pop</td> <td data-bbox="1360 316 1430 344">280</td> <td data-bbox="1430 316 1499 344">286</td> <td data-bbox="1499 316 1568 344">80</td> <td data-bbox="1568 316 1638 344">130</td> <td data-bbox="1638 316 1707 344">205</td> <td data-bbox="1707 316 1776 344">182</td> <td data-bbox="1776 316 1845 344">39</td> <td data-bbox="1845 316 1898 344">284</td> <td data-bbox="1898 316 1950 344">360</td> </tr> <tr> <td data-bbox="1310 344 1360 371">299</td> <td colspan="9"></td> </tr> <tr> <td data-bbox="1310 371 1360 399">Denom</td> <td data-bbox="1360 371 1430 399">279</td> <td data-bbox="1430 371 1499 399">285</td> <td data-bbox="1499 371 1568 399">80</td> <td data-bbox="1568 371 1638 399">130</td> <td data-bbox="1638 371 1707 399">204</td> <td data-bbox="1707 371 1776 399">182</td> <td data-bbox="1776 371 1845 399">39</td> <td data-bbox="1845 371 1898 399">284</td> <td data-bbox="1898 371 1950 399">.</td> </tr> <tr> <td data-bbox="1310 399 1360 427">299</td> <td colspan="9"></td> </tr> <tr> <td data-bbox="1310 427 1360 454">Num</td> <td data-bbox="1360 427 1430 454">134</td> <td data-bbox="1430 427 1499 454">112</td> <td data-bbox="1499 427 1568 454">38</td> <td data-bbox="1568 427 1638 454">57</td> <td data-bbox="1638 427 1707 454">98</td> <td data-bbox="1707 427 1776 454">66</td> <td data-bbox="1776 427 1845 454">24</td> <td data-bbox="1845 427 1898 454">150</td> <td data-bbox="1898 427 1950 454">224</td> </tr> <tr> <td data-bbox="1310 454 1360 482">Rate %</td> <td data-bbox="1360 454 1430 482">48.03</td> <td data-bbox="1430 454 1499 482">39.30</td> <td data-bbox="1499 454 1568 482">47.50</td> <td data-bbox="1568 454 1638 482">43.85</td> <td data-bbox="1638 454 1707 482">48.04</td> <td data-bbox="1707 454 1776 482">36.26</td> <td data-bbox="1776 454 1845 482">61.54</td> <td data-bbox="1845 454 1898 482">52.82</td> <td data-bbox="1898 454 1950 482"></td> </tr> <tr> <td data-bbox="1310 482 1360 509">62.22</td> <td data-bbox="1360 482 1430 509">55.52</td> <td data-bbox="1430 482 1499 509">49.90%</td> <td colspan="7"></td> </tr> </tbody> </table>	Ae	CBC	FPH	GHP	HBCBS	HBS	HHPH	KHPE			UHCP	UPMC	PA	W	Avg						E-Pop	280	286	80	130	205	182	39	284	360	299										Denom	279	285	80	130	204	182	39	284	.	299										Num	134	112	38	57	98	66	24	150	224	Rate %	48.03	39.30	47.50	43.85	48.04	36.26	61.54	52.82		62.22	55.52	49.90%							
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Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2012	FFY 2013	FFY 2014
<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the number of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department for treatment relating to their diagnosis of asthma.</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the number of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department for treatment relating to their diagnosis of asthma.</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2013.</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 type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Measure retired. CHIPRA Asthma measure adopted.</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> Continued collecting the retired CHIPRA Asthma ED measure</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> The percentage of PA CHIP members five years of age through 19 years of age with persistent asthma (same denominator as is used for HEDIS ASM) who were seen in an emergency department for asthma during the measurement year.</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 checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of PA CHIP members five years of age through 19 years of age with persistent asthma (same denominator as is used for HEDIS ASM) who were seen in an emergency department for asthma during the measurement year.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> the percentage of children and adolescents, two years of age through 19 years of age, with an asthma diagnosis who have =1 emergency department (ED) visit during 2013</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 numerator: Eligible population who were seen in an emergency department for asthma during the measurement year. Definition of denominator: Consistent with HEDIS ASM denominator specifications - number of members ages 5 through 19 years of age with persistent asthma.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more visits to the emergency department for Asthma during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2012	FFY 2013	FFY 2014
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:		If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year
From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <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>	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:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: Numerator: 277 Denominator: 2853 Rate: 9.7 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: 0 Denominator: 0 Rate: 7.81 Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit

FFY 2012	FFY 2013	FFY 2014
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The percent of members identified with persistent asthma who had emergency department visits for the treatment of their asthma at 9.7% was 0.4 percentage points below the 2012 performance objective of 10.1%.</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? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2012 the performance objectives were reviewed and extended to include an objective for 2015.</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 2013: 8.6% Annual Performance Objective for FFY 2014: 7.1% Annual Performance Objective for FFY 2015: 5.6%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 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 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? Measure not reported in the 2013 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? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2012 the performance objectives were reviewed and extended to include objectives for 2015 - 2017.</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 2015: 6.3% Annual Performance Objective for FFY 2016: 4.8% Annual Performance Objective for FFY 2017: 3.3%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>

FFY 2012	FFY 2013	FFY 2014
Other Comments on Measure:	Other Comments on Measure:	<p>Other Comments on Measure: Ae CBC FPH GHP</p> <p>HBCBS HBS HPH KHPE UHCP UPMC PA Wtd Avge</p> <p>E-Pop</p> <p>Denom 1288 1686 735 710 1487 1265 507</p> <p>3064 2282 991</p> <p>Num 93 84 27 46 94 69 68 275 192</p> <p>147</p> <p>Rate % 7.22 4.98 3.67 6.48 6.32 5.45 13.41</p> <p>8.98 8.41 14.83 7.81%</p>

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

FFY 2012	FFY 2013	FFY 2014
<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</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. <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>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> 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (2 health plans) and Hybrid data (8 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of administrative data (3 health plans) and hybrid data (7 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of administrative data (2 health plans) and hybrid data (8 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: Members 12-19 years of age during the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (eligible population 63,909) 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>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year (eligible population 59,618)</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>

FFY 2012	FFY 2013	FFY 2014
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 41361.8 Denominator: 64108 Rate: 64.5</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 39258 Denominator: 63909 Rate: 61.4</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 61.9</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>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>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>Additional notes on measure:</p>	<p>Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The PA CHIP HEDIS 2012 rate of 64.5% was 4.8 percentage points above the 2012 performance benchmark of 59.7%</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The PA CHIP HEDIS 2013 rate of 61.4% was 6.9 percentage points below the 2013 performance benchmark of 68.3%</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The PA CHIP HEDIS 2014 rate of 61.9% was 2.6 percentage points below the 2014 performance benchmark of 64.5%.</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? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a</p>

FFY 2012	FFY 2013	FFY 2014																																																																																																	
<p>dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2011 the performance objectives were reviewed and extended to include an objective for 2015.</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 2013: 68.3%</p> <p>Annual Performance Objective for FFY 2014: 72.1%</p> <p>Annual Performance Objective for FFY 2015: 75.9%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.8 percentage points from HEDIS 2010 to HEDIS 2011, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years.</p>	<p>dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2013 the performance objectives were reviewed and extended to include an objective for 2016.</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 2014: 64.5 Annual Performance Objective for FFY 2015: 67.6 Annual Performance Objective for FFY 2016: 70.7</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.1 percentage points each year over the next three years in order to reverse this observed decrease.</p>	<p>dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2014 the performance objectives were reviewed and extended to include an objective for 2017.</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 2015: 65.0 Annual Performance Objective for FFY 2016: 68.1 Annual Performance Objective for FFY 2017: 71.2</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.1 percentage points from HEDIS 2012 to HEDIS 2013, therefore the goal was set to increase the rate by 3.1 percentage points each year over the next three years in order to reverse this observed decrease.</p>																																																																																																	
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p> <table border="0"> <tr> <td></td> <td>H</td> <td>H</td> <td></td> <td></td> <td></td> </tr> <tr> <td>A</td> <td>H</td> <td>H</td> <td>H</td> <td>H</td> <td>H</td> </tr> <tr> <td>A</td> <td>H</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aet</td> <td>CBC</td> <td>FPH</td> <td>GHP</td> <td>HBCBS</td> <td>HBS</td> </tr> <tr> <td>HPHP</td> <td>KHPE</td> <td>UHCP</td> <td>UPMC</td> <td></td> <td></td> </tr> <tr> <td>E-Pop</td> <td>5159</td> <td>7453</td> <td>4078</td> <td>2073</td> <td>9933</td> <td>4850</td> </tr> <tr> <td></td> <td>1011</td> <td></td> <td>11029</td> <td>7967</td> <td>6065</td> <td></td> </tr> <tr> <td>Denom</td> <td>432</td> <td>401</td> <td>.</td> <td>398</td> <td>395</td> <td>401</td> </tr> <tr> <td></td> <td>384</td> <td>390</td> <td>.</td> <td>401</td> <td></td> <td></td> </tr> <tr> <td>Num</td> <td>259</td> <td>237</td> <td>2433</td> <td>240</td> <td>255</td> <td>253</td> <td>263</td> </tr> <tr> <td></td> <td>264</td> <td>4520</td> <td></td> <td>238</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rate(%)</td> <td>59.95</td> <td>59.10</td> <td>59.66</td> <td>60.30</td> <td>64.56</td> <td>63.09</td> <td>68.49</td> </tr> <tr> <td></td> <td>67.69</td> <td></td> <td>56.73</td> <td>59.35</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PA CHIP Wtd Avg</td> <td colspan="6">61.95</td> </tr> </table>		H	H				A	H	H	H	H	H	A	H					Aet	CBC	FPH	GHP	HBCBS	HBS	HPHP	KHPE	UHCP	UPMC			E-Pop	5159	7453	4078	2073	9933	4850		1011		11029	7967	6065		Denom	432	401	.	398	395	401		384	390	.	401			Num	259	237	2433	240	255	253	263		264	4520		238				Rate(%)	59.95	59.10	59.66	60.30	64.56	63.09	68.49		67.69		56.73	59.35				PA CHIP Wtd Avg	61.95					
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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2012	FFY 2013	FFY 2014
<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<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>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> 2012 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. 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>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. 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>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. 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: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior.</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1861.3 Denominator: 2350 Rate: 79.2</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1965.9 Denominator: 2492 Rate: 78.9</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 0 Denominator: 0 Rate: 81.0</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i></p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: Beginning in 2012, weighted averages were reported with the total eligible population as the denominator as per CMS methodology.	Additional notes on measure:	Additional notes/comments on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit
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 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The PA CHIP HEDIS 2012 rate of 79.2% was 0.3 percentage points above the 2012 performance benchmark of 78.9%.</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? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2011 the performance objectives were reviewed and extended to include an objective for 2015.</p>	Explanation of Progress: <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The PA CHIP HEDIS 2013 rate of 78.9% was 0.6 percentage points below the 2013 performance benchmark of 79.6%.</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? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2013 the performance objectives were reviewed and extended to include an objective for 2016.</p>	Explanation of Progress: <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The PA CHIP HEDIS 2014 rate of 81.0% was 0.8 percentage points above the 2014 performance benchmark of 79.2%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to engage in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2014 the performance objectives were reviewed and extended to include an objective for 2017.</p>

FFY 2012	FFY 2013	FFY 2014
<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 2013: 79.6%</p> <p>Annual Performance Objective for FFY 2014: 80.3%</p> <p>Annual Performance Objective for FFY 2015: 81.0%</p> <p><i>Explain how these objectives were set:</i> No distinct trend has been identified at this time, therefore it has been determined that continuing to establish objectives with an increase of 0.7% per year would be appropriate in light of previous improvements that were realized in past years.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: 79.2 Annual Performance Objective for FFY 2015: 79.5 Annual Performance Objective for FFY 2016: 79.8</p> <p><i>Explain how these objectives were set:</i> The rate for this measure decreased by 0.3 percentage points between HEDIS 2012 and HEDIS 2013, therefore the goal was set to increase this rate by 0.3 percentage points each year over the next three years in order to reverse the observed decrease.</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 2015: 81.7 Annual Performance Objective for FFY 2016: 82.4 Annual Performance Objective for FFY 2017: 83.1</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by 2.1 percentage points between HEDIS 2013 and HEDIS 2014, which also exceeded the three year projection for this measure. Therefore a goal was set to increase this rate by 0.7 percentage points each year over the next three years in order to replicate this observed increase.</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 2012	FFY 2013	FFY 2014
<p>Goal #3 (Describe) Annual Vision Screening: Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.</p>	<p>Goal #3 (Describe) Annual Vision Screening: Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.</p>	<p>Goal #3 (Describe) Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <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. <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>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 checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.</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>

FFY 2012	FFY 2013	FFY 2014
<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year.</p> <p>Definition of denominator: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.</p> <p>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>Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length. 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>Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.</p>
<p>Date Range: From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</p>	<p>Date Range: From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</p>	<p>Date Range: From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></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>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 17871 Denominator: 119101 Rate: 15</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 19861 Denominator: 116059 Rate: 17.1</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 20857 Denominator: 110417 Rate: 18.9</p>

FFY 2012	FFY 2013	FFY 2014
		Additional notes on measure: Aetna CBC FPH GHP HBCBS HBS HPHK KHPE UHCP UPMC PA Wtd Avg E-Pop Den 12088 14424 7600 4226 15191 8579 1754 21215 15109 10231 Num 2856 1407 1053 600 1026 358 516 6205 4458 2,378 Rate(%) 23.63 9.75 13.86 14.20 6.75 4.17 29.42 29.25 29.51 23.24 18.89
<p>Explanation of Progress:</p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? The HEDIS 2012 rate of 15.0% was 0.7 percentage points above the 2012 performance objective of 13.7% and equal to the 2013 performance benchmark.</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? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2011 the performance objectives were reviewed and extended to include an objective for 2015.</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 2013: 16.3% Annual Performance Objective for FFY 2014: 17.6%</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report? The HEDIS 2013 rate of 17.1% was 0.7 percentage points above the 2013 performance objective of 16.3%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2013 the performance objectives were reviewed and extended to include an objective for 2016.</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 2014: 17.6% Annual Performance Objective for FFY 2015: 18.9%</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report? The rate of 18.9% was 1.3 percentage points above the 2014 performance objective of 17.6%.</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? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2014 the performance objectives were reviewed and extended to include an objective for 2017.</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 2015: 20.2% Annual Performance Objective for FFY 2016: 21.5%</p>

FFY 2012	FFY 2013	FFY 2014
<p>Annual Performance Objective for FFY 2015: 18.9%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal of 15% was determined to be appropriate. The program rate met this goal after the first year, therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.</p>	<p>Annual Performance Objective for FFY 2016: 20.2%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal was established of 15% was determined to be appropriate. The program rate met this goal after the first year, therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.</p>	<p>Annual Performance Objective for FFY 2017: 22.8%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal of 15% was determined to be appropriate. The program rate met this goal after the first year, therefore the goal was extended to include projections for the next three years. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach</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]**

Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) have been used as primary measurement tools to date. In addition, PA CHIP health plans are contractually required to submit quarterly and annual reports that provide aggregated data on utilization of services.

The PA CHIP HEDIS 2014 report (based on 2012 and 2013 service dates, as appropriate to the measure) compared the PA CHIP health plan weighted average to the weighted average of all PA Medicaid managed care plans and to the average of National Medicaid plans that submitted data to NCQA. For HEDIS 2014, the PA CHIP weighted average was higher than the PA Medicaid managed care average across the majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA). For HEDIS 2013 Use of Services (UOS) measures, such as Ambulatory Care-Emergency Department Visits and Inpatient Utilization, PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members.

When compared to the National Medicaid health plan average, the PA CHIP health plan average is higher across most EOC, AA and UOS measures with the exception of the Lead Screening in Children measure (10th percentile), Chlamydia Screening in Women (Below 10th percentile) and the Appropriate Treatment for Children With Upper Respiratory Infection (URI) measure (25th percentile).

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]**

PA CHIP has multiple strategies for measurement and reporting on access to, quality, or outcomes of care received by the CHIP population. In 2007, PA CHIP set objectives and performance goals. Those objectives and goals were outlined in the FY 2007 Annual Report. These objectives and the status of each goal follow.

Objective: To expand the CHIP performance measurement set.

Performance goal status:

- For HEDIS 2011, PA CHIP required reporting of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) measure.
- For HEDIS 2012, PA CHIP continued requiring the reporting of the current HEDIS measures.
- For HEDIS 2013, PA CHIP required reporting of the Chlamydia Screening in Women and Follow-up after hospitalization for Mental Illness measures.
- For HEDIS 2014, continued requiring the reporting of the current HEDIS measures.
- For HEDIS 2015, PA CHIP required reporting of the Human Papillomavirus Vaccine for Female Adolescents (HPV) measure.

- In 2007, PA CHIP implemented a PA-specific performance measure – “Annual Body Mass Index Screening for Children and Adolescents.” In 2011 PA CHIP retired this PA-specific measure and required the reporting of the HEDIS WCC-BMI measure.
- In 2009, PA CHIP implemented a PA-specific performance measure – “Emergency Department Encounter Rate for Asthma in Children and Adolescents.”
- In 2010, PA CHIP implemented PA-specific performance measures - “Early and Periodic Screening Diagnosis and Testing - Annual Vision Screening,” “Early and Periodic Screening Diagnosis and Testing - Developmental Screening,” and “Periodic Dental Evaluations for Children and Adolescents and Dental Sealants for Children.”
- In 2013, PA CHIP implemented PA-specific performance measures - Annual Number of Asthma Patients with An Asthma Related ER Visit and Total Eligibles who Received Dental Treatment and Preventive Dental Services.
- In 2014, PA CHIP continued requiring the reporting of the current PA-specific performance measures.
- In 2015, PA CHIP will continue requiring the reporting of the current PA-specific performance measures.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- For HEDIS 2012, PA CHIP required that HEDIS performance measures be subject to audit by a National Committee for Quality Assurance (NCQA)-certified HEDIS audit organization. This requirement continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement continued for HEDIS 2013.
- For HEDIS 2012, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This continued for HEDIS 2013.
- In 2012, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2013 for all performance measures.
- In 2013, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2014 for all performance measures.

- In 2014, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2015 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2012, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2012 CAHPS survey results and 2012 HEDIS measures and compared those results to the statewide average using graphics.
- In 2013, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2013 CAHPS survey results and 2013 HEDIS measures and compared those results to the statewide average using graphics.
- In 2014, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2014 CAHPS survey results and 2014 HEDIS measures and compared those results to the statewide average using graphics.
- PA CHIP anticipates preparing and disseminating a similar report card using 2015 CAHPS survey results and 2015 HEDIS measures. The report card is expected to be available in the fourth quarter of 2015.

Objective: To implement a CHIP pay-for-performance program

Performance goal status:

- In 2007, PA CHIP received and reviewed the "Pay-For-Performance in State Medicaid Programs" survey that was prepared by IPRO and The Commonwealth Fund.
- In 2008, PA CHIP suspended development and implementation of a pay-for-performance methodology due to other Commonwealth priorities.

In 2009, 2010, 2011, 2012, 2013 and 2014, PA CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting issues.

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]**

In calendar year 2007, the PA CHIP program implemented a CHIP-specific Performance Improvement Project (PIP). Pennsylvania selected a PIP focus that is key to advancing CHIP population health outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. A new PIP cycle was implemented beginning in March 2013. CHIP health insurance contractors submitted a

project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. In March 2014, CHIP health insurance contractors submitted targeted interventions implemented during calendar year 2013 which were reviewed for clinical relevance by the contracted EQRO, IPRO. Insurance contractors will submit rates representing the first re-measurement to demonstrate improvement over baseline in March 2015 along with subsequent targeted interventions aimed at achieving sustained improvement.

In calendar year 2009, the PA CHIP program implemented a CHIP-specific Lead Screening in Children PIP which was chosen to address the problem of elevated blood lead levels. This remains an issue for children in PA. CHIP contractors were required to implement a new PIP with the topic, first quality measure and goal of at least a five percent increase in lead screening rates specified by the State. PA CHIP health insurance contractors were required to do a root cause or similar analysis to determine the reasons for low blood lead screening rates in the CHIP population and must clearly state why this issue is relevant to the contractor's CHIP population. A new PIP cycle was implemented beginning in December 2013. PA CHIP contractors submitted a project proposal consisting of a rationale for topic selection, quality indicators, baseline analysis, barrier analyses and proposed interventions. In November 2014, CHIP contractors submitted a list of interventions aimed at addressing the barriers identified during the baseline barrier analysis and will submit initial re-measurement rates in November 2015. The CHIP PIP submissions will be validated on an annual basis by IPRO, an independent external quality review organization.

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]**

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

CHIP Performance Measure Summaries

- For 2010, 17.4 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2009. Health plan rates ranged from 10.2 to 31.9 percent.
- For 2011, 11.6 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2010. Health plan rates ranged from 8.7 to 15.4 percent.
- For 2012, 9.7 percent of enrollees with persistent asthma were seen in an emergency department for asthma during 2011. Health plan rates ranged from 6.2 to 12.1 percent.
- For 2013, 8.0 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2012. Health plan rates ranged from 4.9 to 12.8 percent.
- For 2014, 7.8 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2013. Health plan rates ranged from 3.7 to 14.8 percent.
- For 2010, 11.1 percent of enrollees four through 19 years old received an annual vision screening during 2009. Health plan rates ranged from 2.8 to 22.9 percent.
- For 2011, 13.1 percent of enrollees four through 19 years old received an annual vision screening during 2010. Health plan rates ranged from 3.4 to 24.6 percent.
- For 2012, 15.0 percent of enrollees four through 19 years old received an annual vision screening during 2011. Health plan rates ranged from 4.1 to 27.3 percent.

- For 2013, 17.1 percent of enrollees four through 19 years old received an annual vision screening during 2012. Health plan rates ranged from 4.0 to 29.4 percent.
- For 2014, 18.9 percent of enrollees four through 19 years old received an annual vision screening during 2013. Health plan rates ranged from 4.2 to 29.5 percent.
- For 2010, 11.1 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 4.9 to 20.1 percent.
- For 2011, 14.7 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 5.9 to 25.8 percent.
- For 2012, 24.8 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 12.4 to 39.2 percent.
- For 2013, 31.1 percent of enrollees were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday. Health plan rates ranged from 18.9 to 51.1 percent.
- For 2014, this measure was placed on hold due to methodological concerns.
- For 2010, 58.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2009. Health plan rates ranged from 41.5 to 69.2 percent.
- For 2011, 56.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2010. Health plan rates ranged from 37.1 to 69.8 percent.
- For 2012, 49.1 percent of enrollees three through 19 years of age had a dental evaluation of preventive prophylaxis during 2011. Health plan rates ranged from 21.1 to 69.6 percent.
- For 2013, 20.1 percent of enrollees one through 20 years of age received dental treatment services during 2012. Health plan rates ranged from 12.3 to 28.1 percent.
- For 2014, 22.0 percent of enrollees one through 20 years old received dental treatment services during 2013. Health plan rates ranged from 18.8 to 27.4 percent.
- For 2013, 43.3 percent of enrollees one through 20 years of age received preventive dental services during 2012. Health plan rates ranged from 25.2 to 64.9 percent.
- For 2014, 48.1 percent of enrollees one through 20 years old received preventive dental services during 2013. Health plan rates ranged from 39.7 to 66.6 percent.
- For 2010, 27.5 percent of enrollees who turned eight in 2009 received a dental sealant during the prior three years. Health plan rates ranged from 0.0 to 50.2 percent.
- For 2011, 43.8 percent of enrollees who turned eight in 2010 received a dental sealant during the prior three years. Health plan rates ranged from 13.6 to 56.7 percent.
- For 2012, 44.8 percent of enrollees who turned eight in 2011 received a dental sealant during the prior three years. Health plan rates ranged from 15.1 to 60.1%.
- For 2013, 33.7 percent of enrollees who turned eight in 2012 received a dental sealant during the prior three years. Health plan rates ranged from 6.9 to 47.5 percent.
- For 2014, 39.1 percent of enrollees who turned eight in 2013 received a dental sealant during the prior three years. Health plan rates ranged from 11.8 to 50.5 percent.

CAHPS survey 5.0. See summary below.

- From the ten PA CHIP health plans which participated in the survey, 7,233 respondents completed the CAHPS 5.0 Questionnaire. The respondents completed the questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.

- Respondent Characteristics—PA CHIP CAHPS 5.0 Survey Respondents

- o For CAHPS 2014, the majority of respondents were female (82.9 percent). A large proportion of survey respondents had a high school diploma (35.4 percent) or some college education (36.3 percent). In addition, the majority of respondents indicated that their child is white (80.4 percent) and was in “excellent” or “very good” health (84.1 percent).

- Global Rating Questions

- o The Global Rating Questions asked respondents to rate each of four aspects of their child’s health care on a scale of 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”

- o For 2014, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 87.1 percent. Health plans’ rates for rating of child’s health plan ranged from 74.9 to 92.6 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 88.8 percent.

- Composite Scores

- o Each Composite contained a set of survey questions. To obtain a Composite Score, the responses for all questions comprising a Composite were averaged.

- o The PA CHIP health plans’ rates ranged from 87.2 to 98.6 percent of enrollees who indicated they are “usually” or “always” able to get urgent care quickly for their child. The PA CHIP plans’ rates ranged from 80.3 to 97.4 percent of enrollees who indicated that they are “usually” or “always” able to get routine care appointments for their child.

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]

General Market:

Our primary change for this year was to reinvest in a short television campaign. We were able to reenergize the marketing and outreach campaign that began in the last fiscal year by introducing TV spots statewide across all media markets including both broadcast and cable. Television combined with radio advertising in an attempt to penetrate the more underserved and harder to reach markets with a concentration in the urban areas and used Radio PA to reach the rural areas.

Additionally, with the growing popularity of urgent care centers, we could reach additional families by placing posters and brochures in the centers' waiting rooms. Another attempt at reaching the largest amount of individuals was to place CHIP advertisements on transit buses and bus shelters in Philadelphia, Pittsburgh, Harrisburg, Lancaster, Allentown, Reading and Wilkes-Barre. We also reintroduced our social media campaign in January and ran it through July. The campaign delivered successful efficiency and engagement with CHIP branded keyword searches maintaining a very effective 63% share of voice.

CHIP Minority Marketing

In 2013-14, we customized outreach initiatives in multicultural communities to motivate parents/guardians to apply for CHIP for their uninsured children. A dedicated, bilingual toll-free number was established for this initiative of a focused CHIP Minority Marketing campaign – which was separate and distinct from general market.

The goal of the CHIP Minority Marketing campaign was to enroll 2,500 children in CHIP during the period of January through June of 2014. Three distinct audiences were targeted:

1. African American families with uninsured children
2. Hispanic families with uninsured children.
3. Unauthorized Hispanic immigrant parents of uninsured children born in the U.S.

Core target areas included neighborhoods that met the target criteria and that promised the highest potential for enrollment.

Enrollment Teams

Enrollment Team Leaders were trained to serve as personal guides and were assigned to 6 communities in the State with high concentrations of minority populations. The following geographic areas were targeted:

- Philadelphia (African American)
- Philadelphia (Hispanic)
- Allentown-Bethlehem-Reading (Hispanic)
- Kennett Square-Avondale (Highest concentration of Hispanic immigrant population)
- Lancaster (Hispanic)

- Pittsburgh (African American)

The Enrollment Team Leader's role was essential in delivering communications and targeting pivotal community institutions to reach our target audiences. The intimate

On-site connection that our leaders made with parents while assisting them with their applications highlighted CHIP's commitment to sensitive, client-focused customer service.

Marketing materials were distributed in all market areas by enrollment teams and community partner organizations/affiliates. English- and Spanish-language materials included retail posters, flyers (program- and event-specific), brochures and postcards. All materials included Mendoza Group's CHIP Hotline number for personal assistance. More than 13,000 CHIP materials and 9,000 event-specific materials with the CHIP Hotline number were distributed to organizations and community establishments including but not limited to churches, healthcare clinics, supermarkets, convenience stores, bodegas, restaurants, pharmacies, thrift shops, housing projects, beauty shops, barber shops, day care centers, schools and cash exchange stores.

We fell short of our goal of 2,500 new CHIP enrollees, however at the same time, families could have been eligible for Medicaid and we could not readily track those numbers.

But we also learned that we should build on our greatest successes:

- CHIP Hotline support
 - o Assisting 317 callers
 - o Qualitative consumer insights
- Hands-on application assistance
 - o Online, by phone and in-person
- Vignettes on Univisión Spanish-language television
- Organization database

These were our greatest challenges:

- Low attendance on certain planned events
- Absence of innovative CHIP giveaways at events
- No shows for "walk-in" application assistance
- Unresponsive community organizations: too busy

So we would look carefully at doing those again.

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]**

While we have always found that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP's message, word of mouth and referrals continue to be CHIP's most valuable outreach method for general markets.

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

CHIP and its health insurance company contractors continually seek new avenues for community outreach and raising awareness about the CHIP program. Community-based organizations provide a significant point of entry into underserved, uninsured markets, and CHIP and its health insurance company contractors utilize our extensive community network of resources to reach out to their communities.

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]

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

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. Table 1.

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
	List all exemptions to imposing the period of uninsurance [1000]	
<input checked="" type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	If yes, what database? [1000] For applicants with incomes greater than 208% FPL, we match against a thirdparty vendor (currently Health Management	

	Systems). Each insurer also matches against their own enrollment database.	
	<input type="checkbox"/>	N/A

1. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] [5] 5.70 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] [5]? 3.58
Provide a combined percent if you cannot calculate separate percentages. [5]

2. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage [5] 1.68

1. 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]

3. 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]
3.1

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: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this? Yes No

If yes

1. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]
2. 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]

2. Select the measures from those below that 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

1. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
At least two
2. 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 initial notice is sent 90 days prior to the renewal due date. A follow-up letter is sent 60 days prior if no response is received to the 90-day notice.

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

Many of the insurance contractors make calls and send additional notices to the enrollees if responses are not received to the 60-day renewal notices, but these are not mandated by policy or contract.

3. 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]**

We have not evaluated the effectiveness of the strategies.

Section IIIC: Subpart B: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2014

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. 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	190138	100
2. Total number of application denials	98098	51.6
1. Total number of procedural denials	8591	4.5
2. Total number of eligibility denials	89507	47.1
1. Total number of applicants denied for title XXI and enrolled in title XIX	71606	37.7
(Check here if there are no additional categories <input type="checkbox"/>)		
2. Total number of applicants denied for other reasons Please indicate:		

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

Definitions:

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2014. 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 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
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 2014. This definition only includes denials for title XXI at the time of initial application (not redetermination).
1. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2014 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).

2. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2014 (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.)
 1. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
3. 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, reporting is required for FFY 2014.

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	197777	100%			
2. Total number of children screened for redetermination	197777	100	100%		
3. Total number of children retained after the redetermination process	108066	54.64	54.64		
4. Total number of children disenrolled from title XXI after the redetermination process	89711	45.36	45.36	100%	
1. Total number of children disenrolled from title XXI for failure to comply with procedures					
2. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	49625			55.32	100%
1. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
2. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	26120				52.63
3. 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"/>)	4425				8.92
4. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/>)	7298				14.71
5. Total number of children disenrolled from title XXI for other reason(s)	3733			4.16	

Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)					
--	--	--	--	--	--

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

Definitions:

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2014, 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 2014 (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 2014.
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 2014. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
1. 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 2014 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
2. 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.
3. 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 2014

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 required in 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). 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.**

NOTE: The first cohort of newly enrolled children was identified in the second quarter of 2012 (January, February, and March of 2012), was followed for 18 months (through FFY2013), and stopped. This new cohort is required for all states in the second quarter of FFY2014 (January, February, and March of 2014) for the purpose of measuring duration of public coverage (title XIX and title XXI), similar to the measurement of the first 2012 cohort.

Instructions: For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (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 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. 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. **Only enter a “0” (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

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 2014, he/she would not be enrolled in either title XXI or title XIX in December 2013, 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 2014, he/she would not be enrolled in title XXI in December 2013, 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 2014	37297	100%	810	100%	8774	100%	17507	100%	10206	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	29738	79.73	638	78.77	6934	79.03	13960	79.74	8206	80.4

3.	Total number of children with a break in title XXI coverage but re-enrolled in title XXI	378	1.01	4	0.49	54	0.62	196	1.12	124	1.21
	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	7181	19.25	168	20.74	1786	20.36	3351	19.14	1876	18.38
	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 2014” 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 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014
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 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
 - 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 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
 - 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 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015
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 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014

- + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015
- + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015

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 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
 - + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015
 - + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015

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 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

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 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015

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 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
 - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
 - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015

10.a. From the population in #10, provide the total number of children who are enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
 - a. Cost sharing is tracked by:
 - Enrollees (shoebox method)
If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**
The initial enrollment letter notifies the family of the requirement to maintain receipts for all out-of-pocket expenses related to the child's health care. We provide the family with the calculation of the five percent out-of-pocket maximum. The letter includes the address to send receipts for evaluation.
 - 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]**
Once the limits have been exceeded, a family can apply to the state for a rebate of any cost sharing already paid in excess of the limit. Upon verification that the family exceeded the 5% cost sharing limit, the state will issue a letter to each child in the family to present to the provider that explains that cost sharing is exempt until a specified date (redetermination date) that will be included on the letter. The appropriate contractors will also receive the letter and will then know that premiums will not be required from the enrollees until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new identification card is issued that shows the provider that no cost sharing is to be charged.

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]**
Zero

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]**

We have not increased or decreased cost sharing in the past federal fiscal year.

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))
 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
 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 2014

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. 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:

17. 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

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

19. 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]

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

- Yes
 No

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

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

- Yes
 No

22. Can you cap enrollment for your program?

- Yes
 No

23. 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]**

PA CHIP has written procedures for program integrity outlined in policy clarifications and transmittals. Cross Match Reports between CHIP, Medical Assistance, private insurance or enrollment in a state employee health benefit plan continues. This process assists in detecting fraudulent behavior, as well as assures that public funds are not spent on dual enrollments.

CHIP Contractors also have established policies and procedures for the prevention and/or detection of fraud perpetrated by enrollees, employees or by network providers. CHIP Contractors are required to provide an annual Fraud and Abuse Report to PID. These requirements are stated in the contract between PID and each CHIP Contractor. Contractors are required to include written provisions in all their contracts with providers and subcontracted entities stating that payments for their services are derived from government funds. Accordingly, each is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

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

Yes

No

Please Explain: **[500]**

Each CHIP MCO is required to establish written policies and procedures for the detection and prevention of Fraud and Abuse that may be committed by providers within their networks, by enrollees, or by the CHIP MCO employees. Any changes to policies and procedures must be reported to the CHIP office. Each must designate appropriate staff to be responsible for the proactive detection, prevention, and elimination of instances or patterns of fraud and abuse involving services to enrollees.

2. For the reporting period, please report the

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

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

a. Provider Credentialing

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

b. Provider Billing

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

c. Beneficiary Eligibility

6 Number of cases investigated

1

Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please explain: **[500]**

MCOs do the fraud investigation and enforcement and PID provides the oversight.

G. DENTAL BENEFITS – Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs.

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.

Explain: **[7500]**

1. Information on Dental Care Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g., MCO, PCCM, FFS.

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

1. Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).

State: PA	Age Group
-----------	-----------

FFY: 2014	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days¹	223661	0	8318	28375	53437	74596	58935
Total Enrollees Receiving Any Dental Services² [7]	158573	0	1415	15598	43306	57799	40455
Total Enrollees Receiving Preventive Dental Services³	109031	0	1235	12074	29824	39819	26079
Total Enrollees Receiving Dental Treatment Services⁴	49542	0	180	3524	13482	17980	14376

¹ **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the Federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st, this child is considered continuously enrolled for at least 90 continuous days in the Federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

²**Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program 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).

³**Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program 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).

⁴**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program 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 - D9999).

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

- b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]**

⁵**Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351).

Report all sealant data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

- 2. Does the state provide supplemental dental coverage?** Yes No

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

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

H. CHIPRA CAHPS REQUIREMENT

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Items for Children with Chronic Conditions (CCC) to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP. Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement? Yes No

If Yes, How Did you Report this Survey (select all that apply):

- Submitted raw data to AHRQ (CAHPS Database)
 Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw

- CAHPS data to CMS)
 Other. Explain:

If No, Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
- Entire population not covered
 - Partial population not covered
- Explain the partial population not covered:

- Data not available

Explain why data not available

- Budget constraints
- Staff constraints
- Data inconsistencies/accuracy

Please explain:

- Data source not easily accessible

Select all that apply:

- Requires medical record review
- Requires data linkage which does not currently exist
- Other:

- Information not collected.

Select all that apply:

- Not collected by provider (hospital/health plan)
- Other:

- Other:

- Small sample size (less than 30).

Enter specific sample size:

- Other. *Explain:*

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

- Denominator includes CHIP (Title XXI) population only.

- Survey sample includes CHIP Medicaid Expansion population.
- Survey sample includes Separate CHIP population.
- Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

PA CHIP is a Separate CHIP state

Which Version of the CAHPS® Survey was Used?

- CAHPS® 5.0
- CAHPS® 5.0H
- Other.

Explain:

Which Supplemental Item Sets were Included in the Survey?

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?

- NCQA HEDIS CAHPS 5.0H administrative protocol
- AHRQ CAHPS administrative protocol
- Other administrative protocol. Explain:

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 2014. 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

	2014	2015	2016
Benefit Costs			
Insurance payments			
Managed Care	409938113	346769538	358256631
Fee for Service	2441842	1500000	
Total Benefit Costs	412379955	348269538	358256631
(Offsetting beneficiary cost sharing payments)	-15326272	-12943582	-13314756
Net Benefit Costs	\$ 397053683	\$ 335325956	\$ 344941875

Administration Costs

Personnel	2273325	2315308	2912027
General Administration	10835326	16234810	13876000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	3003185	3000000	3000000
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	16111836	21550118	19788027
10% Administrative Cap (net benefit costs ÷ 9)	44117076	37258440	38326875

Federal Title XXI Share	278721459	236501774	241706506
State Share	134444060	120374300	123023396

TOTAL COSTS OF APPROVED CHIP PLAN	413165519	356876074	364729902
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2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month (PMPM) 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.

	2014		2015		2016	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	174752	\$ 197	153064	\$ 188	157291	\$ 194
Fee for Service		\$		\$		\$

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

SECTION V: 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]**

Several political and fiscal factors have affected CHIP in Pennsylvania. The Affordable Care Act drastically changed the landscape of health insurance. Several of these changes, including the shift in eligible FPL ranges, resulted in approximately 30,000 children shifting from CHIP to Medicaid. The Commonwealth attempted to minimize the drastic disenrollment of children from the CHIP program by negotiating an extension on the MA transition date.

Additionally, federal ACA mandates requiring coordination with Medicaid and the Federally-Facilitated Marketplace (FFM) have consumed a significant amount of Pennsylvania's available time and resources for CHIP. Many of these mandates, such as increased data collection, has substantially altered the program's project prioritization agenda. As a result, these new requirements have largely supplanted previously planned system upgrades.

The future of CHIP is currently being discussed at the federal level, with recent hearings suggesting that funding may continue, albeit for an unknown period of time. Compounded with a potential shift in program prioritization accompanying a change in state leadership, PA CHIP has been reluctant to pursue several promising CHIP initiatives, such as centralizing eligibility functions and utilizing state assets to streamline the distribution of renewals and notifications.

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

The greatest challenge the program has faced during this reporting period is minimizing the disruption of enrollment. Pennsylvania had obtained permission from CMS to delay renewal due dates for January, February, and March 2014 renewals in order to accommodate an expected high volume of FFM referral applications. These applications did not arrive as expected, and were mostly received around April. This delay resulted in insurance contractors having to process two months of renewals in addition to the significant volume of FFM applications. This resulted in a backlog of applications, causing some children to experience a brief interruption in enrollment until reinstatements could occur. Additionally, shifting the MA eligibility threshold from 100% to 133% of FPL resulted in an anticipated loss of over 30,000 children from CHIP. These factors help precipitate an overall loss of 40,000 children from CHIP (Enrollment of 188,600 in February 2013, dropped to 147,464 by January 2015).

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

Despite the challenges presented by increased FFM applications and the shift in FPLs, Pennsylvania's CHIP program has been able to stabilize its enrollment numbers and is still providing services for approximately 149,000 children.

In addition, CHIP has taken significant steps to meet new requirements set forth by the Affordable Care Act. Most of these upgrades have been to our systems platform, CAPS. These upgrades were made in several phases, labeled Phase 2, Phase 2A, and Phase 2B. These phases enhanced CAPS to allow real-time eligibility (RTE) by verifying identity and citizenship electronically, as well as enable communication with data exchanges, once available. The CAPS T-MSIS initiative also began its design phase, which will facilitate seamless data collection and reporting. Along with these changes, CHIP has dedicated a significant amount of resources to increase our data security.

PA CHIP also conducted a thorough analysis to identify potential strategies for improving efficiency, accuracy, and cost reduction. Our analysis found several opportunities for improving quality and accuracy, while potentially saving several million dollars. However, the initial outlays and significant

organizational restructuring are not appropriate at a time when the future of the program remains uncertain.

Even with the changing landscape of health insurance due to the Affordable Care Act and expansion of Medicaid, the CHIP program continues to enjoy broad bipartisan support.

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]**

Pennsylvania CHIP is planning several significant upgrades to CAPS that will provide insurance contractors, central eligibility workers, and clients with a wider set of tools. The first planned upgrade is a dashboard system to facilitate easier eligibility determinations and better program monitoring. In addition, CHIP would like to add an imaging application to CAPS, which would allow policy and central eligibility workers to view documents sent from applicants to the insurance contractors without manually requesting them through fax or e-mail. CHIP also plans to expand the use of “My COMPASS Account”, which is currently available to clients enrolled in programs through the Department of Human Services. Access to “My COMPASS Account” would allow applicants access to digital notices about their case, and the ability to scan verifications to accompany an application or renewal. Lastly, CHIP plans to expand the amount of available exchanges, including real-time data from the Department of Labor and Industry. This could potentially increase the percentage of RTE determinations by a sizable amount.

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