

# **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: \_\_\_\_\_  
(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: \_\_\_\_\_

CHIP Program Name(s): \_\_\_\_\_

CHIP Program Type:

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

Reporting Period: \_\_\_\_\_  
*Note: Federal Fiscal Year 2016 starts 10/1/2015 and ends 9/30/2016.*

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Submission Date: \_\_\_\_\_

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1<sup>st</sup> 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
	<b>* Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u></b>	

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	\$32	\$ 67	% of FPL 208	% of FPL 262
	\$	\$	% of FPL	% of FPL	\$45	\$ 94	% of FPL 262	% of FPL 288
	\$	\$	% of FPL	% of FPL	\$51	\$ 107	% 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 <b>[500]</b>				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) <b>[500]</b>			

	<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]	

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 2016, 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 checked="" type="checkbox"/>	<input 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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- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

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

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	_____
b) Application	_____
c) Benefits	_____
d) Cost sharing (including amounts, populations, & collection process)	_____
e) Crowd out policies	_____
f) Delivery system	_____
g) Eligibility determination process	_____
h) Implementing an enrollment freeze and/or cap	_____
i) Eligibility levels / target population	_____
j) Eligibility redetermination process	_____

k) Enrollment process for health plan selection	When using COMPASS, individuals are able to choose any provider (previously could choose between one of the low cost insurance contractors).
l) Outreach	
m) Premium assistance	
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)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text related to Section I below. **[7500]**

## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

### SECTION IIA: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2015	FFY 2016	Percent change FFY 2015-2016
CHIP Medicaid Expansion Program	64638	103951	60.82
Separate Child Health Program	229704	238317	3.75

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

Enrollment decreases were a direct result of Affordable Care Act rules that changed family composition. As a result, children whose family income range between 100% and 133% who were previously eligible for CHIP now fall under Medical Assistance. Also, the Affordable Care Act changed the household composition so that some children were transitioned to Medical Assistance based on individual's whose income was no longer calculated in their household.

- The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in this information automatically, and 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.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

	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
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Period	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

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

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 (In Thousands)	Margin of Error	Rate	Margin of Error
2013	92	7.0	3.3	.2
2014	86	6.0	3.1	.2
2015	66	6.0	2.4	.2
Percent change 2014 vs. 2015	0%	NA	0%	NA

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

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

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

Yes (please report your data in the table below)

No (skip 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	

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

B. What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**

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

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

Enter any Narrative text related to Section IIA below. **[7500]**

## SECTION IIB: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2014 and FFY 2015) 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 2016).

In this section, the term performance measure is used 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 for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.**

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

### Goal:

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

### Type of Goal:

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

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

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

### **Status of Data Reported:**

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2016.

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

- **Final:** Check this box if the data you are reporting are considered final for FFY 2016.
- **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 2015). 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.

- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, 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 Specification**

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

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

The five types (and examples) of deviations are:

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

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

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 2016 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 2017, 2018 and 2019. Based on your recent performance on the measure (from FFY 2014 through 2016), 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 IIA, Questions 2 and 3)**

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>	<p><b>Goal #1 (Describe)</b> Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998 by 2 percentage points per year.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       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><b>Definition of Population Included in the Measure:</b>                       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><b>Definition of Population Included in the Measure:</b>                       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 2016</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2016</b></p>
<p><b>Performance Measurement Data:</b>                      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><b>Performance Measurement Data:</b>                      Described what is being measured:                      Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Numerator: 580850                      Denominator: 757391                      Rate: 76.7</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved.                       Numerator: 618854                      Denominator: 757391                      Rate: 81.7</p>
<p>Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 70% at the end of FFY 2014.</p>	<p>Additional notes on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 66% at the end of FFY 2015</p>	<p>Additional notes/comments on measure: Since approval of the PA State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 66% at the end of FFY 2016</p>

FFY 2014	FFY 2015	FFY 2016
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The performance objective for FFY 2014 was 68% and the actual measure for 2014 was 69.9%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The performance objective for FFY 2015 was 70% and the actual measure for 2015 was 77%</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The performance objective for FFY 2016 was 72% and the actual measure for 2016 was 82%</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 70%  <b>Annual Performance Objective for FFY 2016:</b> 72%</p> <p><b>Annual Performance Objective for FFY 2017:</b> 74%</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 72%  <b>Annual Performance Objective for FFY 2017:</b> 74%  <b>Annual Performance Objective for FFY 2018:</b> 76%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> 74%  <b>Annual Performance Objective for FFY 2018:</b> 76%</p> <p><b>Annual Performance Objective for FFY 2019:</b> 78%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of enrollment changes.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2014	FFY 2015	FFY 2016
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b>

FFY 2014	FFY 2015	FFY 2016
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2014	FFY 2015	FFY 2016
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b>

FFY 2014	FFY 2015	FFY 2016
<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>	<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to CHIP Enrollment**

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #1 (Describe)</b> 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><b>Goal #1 (Describe)</b> 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><b>Goal #1 (Describe)</b> 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><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      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><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: (9/14 Enrollment - 5/98 Enrollment)</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: 09/15 Enrollment - 05/98 Enrollment</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children enrolled in May 1998                       Definition of numerator: 09/16 Enrollment - 05/1998</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2016</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                       Numerator: 10980                      Denominator: 4217                      Rate: 260.4</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                       Numerator: 15721                      Denominator: 4217                      Rate: 372.8</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial state plan was approved.                       Numerator: 15567                      Denominator: 4217                      Rate: 369.1</p>

FFY 2014	FFY 2015	FFY 2016
Additional notes 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.	Additional notes on measure: Since May 1998, enrollment in the target counties increased by 372.8%. This increase exceeds the statewide growth of 163.6% (56,548 to 149,081) during the same period.	Additional notes/comments on measure: Since May 1998, enrollment in the target counties increased by 369.1%. This increase exceeds the statewide growth of 292.5% (56,548 to 165,418) during the same period.
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The rate was less than the performance objective of 354% in the 2013 Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The rate was more than the performance objective of 260.4% in the Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a total decline in CHIP enrollment.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The rate was less than the performance objective of 372.8% in the Annual Report.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Efforts have been made by the CHIP program office to improve the accuracy of eligibility determinations and ensure that only eligible applicants are enrolled. Further outreach activities have been limited because of budgetary constraints. These factors have likely contributed to a total decline in CHIP enrollment.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 359%  <b>Annual Performance Objective for FFY 2016:</b> 368%  <b>Annual Performance Objective for FFY 2017:</b> 377%</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 372%  <b>Annual Performance Objective for FFY 2017:</b> 373%  <b>Annual Performance Objective for FFY 2018:</b> 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><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> 373%  <b>Annual Performance Objective for FFY 2018:</b> 378%  <b>Annual Performance Objective for FFY 2019:</b> 397%</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>

FFY 2014	FFY 2015	FFY 2016
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Aetna CBC FPH GHP HBCBS HBS HPHP KHPE UHCP UPMC Eligible 3,258 6,073 3,021 2,262 6,953 3,808 1,125 8,869 6,907 6,121 Denominator 432 398 3,021 395 376 384 432 403 407 398 Numerator 280 249 1,829 255 244 255 303 263 260 242 Rate (%) 64.81% 62.56% 60.54% 64.56% 64.89% 66.41% 70.14% 65.26% 63.88% 60.80% Weighted Average 63.96%	<b>Other Comments on Measure:</b> Other Comments on Measure: Adolescent Well-Care Visit (All Contractors are an "H" except FPH is "A") Ae CBC FPH GHP HBCBS HBS HPHP KHPE UHC UPMC Elig 2529 5057 2173 2379 4792 2931 1390 7252 7362 6776 Denom 432 388 2173 380 4792 2931 383 414 384 395 Num 275 263 1368 243 3075 1886 256 292 241 276 Rate (%) 63.7 67.8 63.0 63.9 64.3 64.2 66.8 70.5 62.8 69.9 wt. ave 66.3%

Objectives Related to CHIP Enrollment (Continued)

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p><b>Goal #2 (Describe)</b> Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      US Census Bureau</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input checked="" 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><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input checked="" 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><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: None                       Definition of numerator: None</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: None                       Definition of numerator: None</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2013 To: (mm/yyyy) 09/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</b></p>
<p><b>Performance Measurement Data:</b>                      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><b>Performance Measurement Data:</b>                      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><b>Performance Measurement Data:</b>                      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 of Pennsylvania.                       Numerator: 0                      Denominator: 0                      Rate:</p>

FFY 2014	FFY 2015	FFY 2016
<p>Additional notes on measure: Race PA CHIP  Native?Hawaiian 0.1 0.05  or Other Pacific  Islander  ?  American Indian or 0.3 0.8  Alaska Native?    Asian 3.1 3.8  ?  Black or African 11.5 14.0  American?    White 83.2 65.0  ?  Two or more races 1.8 1.1  ?  Unspecified race 0 15.9    Ethnicity  Hispanic/Latino 6.3 10.9    Unspecified 78.4 89.1  ethnicity?</p>	<p>Additional notes on measure: Available Data Race/Ethnicity PA CHIP  Native Hawaiian/Pacific Islander 0.00% 0.05%  Native American/Alaskan Native 0.10% 0.01%  Asian 2.80% 4.09%  Black or African American 10.50% 14.20%  White 1.50% 1.10%  Two or More Races 5.90% 11.20%  Unspecified Race 0.00% 16.40%    Hispanic or Latino 5.90% 11.20%  Unspecified Ethnicity 94.10% 88.80%</p>	<p>Additional notes/comments on measure: US Census Bureau PA CHIP    Hispanic/Latino 6.1% 12.3%  Not Hispanic/Latino 93.9% 87.7%  White alone 78.5% 63.2%  Black or African American 10.5% 14.8%  American Indian/Alaska native 0.1% 0.01%  Asian alone 2.9% 4.14%  Native Hawaiian &amp; other 0.0% 0.05%  Two or more races 1.6% 1.1%</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> CHIP enrollment continued to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> CHIP enrollment continues to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> CHIP enrollment continues to reflect the general population in Pennsylvania.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</p>

FFY 2014	FFY 2015	FFY 2016
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2016:</b> CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2017:</b> CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> For CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2017:</b> For CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2018:</b> For CHIP enrollment continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2018:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><b>Annual Performance Objective for FFY 2019:</b> For CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2014	FFY 2015	FFY 2016
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b>

FFY 2014	FFY 2015	FFY 2016
<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 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>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment**

FFY 2014	FFY 2015	FFY 2016
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2014	FFY 2015	FFY 2016
<p><b>Explanation of Progress:</b></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><b>Explanation of Progress:</b></p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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><b>Explanation of Progress:</b></p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2014	FFY 2015	FFY 2016
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2014	FFY 2015	FFY 2016
<p><b>Explanation of Progress:</b></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><b>Explanation of Progress:</b></p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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><b>Explanation of Progress:</b></p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2014	FFY 2015	FFY 2016
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2014	FFY 2015	FFY 2016
<p><b>Explanation of Progress:</b></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><b>Explanation of Progress:</b></p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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><b>Explanation of Progress:</b></p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2014	FFY 2015	FFY 2016
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: 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:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2014	FFY 2015	FFY 2016
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:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2015:</b> <b>Annual Performance Objective for FFY 2016:</b> <b>Annual Performance Objective for FFY 2017:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2016:</b> <b>Annual Performance Objective for FFY 2017:</b> <b>Annual Performance Objective for FFY 2018:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2017:</b> <b>Annual Performance Objective for FFY 2018:</b> <b>Annual Performance Objective for FFY 2019:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FY 2014	FFY 2015	FFY 2016
<p><b>Goal #2 (Describe)</b> 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.</p>	<p><b>Goal #2 (Describe)</b> 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.</p>	<p><b>Goal #2 (Describe)</b> 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.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> HEDIS 2014</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of hybrid data (10 health plans).</p>	<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>                      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).</p>	<p><b>Definition of Population Included in the Measure:</b>                      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:  <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: Number of members two years of age through 19 years of age who were diagnosed with asthma during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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:  <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: Number of members who turned two years of age during the measurement year (Eligible population 1,967).</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>

FY 2014	FFY 2015	FFY 2016
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 52.90</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 0 Denominator: 0 Rate: 55.10</p>
<p><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></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: The state weighted average is based on the size of the measure-eligible population for each reporting unit.</p>	<p>Additional note/commentss on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The HEDIS 2014 PA CHIP Lead</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The HEDIS 2015 PA CHIP Lead Screening rate of 52.9 was 2.1 percentage points below the 2015 performance objective of 55%.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The HEDIS 2016 PA CHIP Lead Screening rate of 55.1 was 0.7 percentage points below the 2016 performance objective of 55.5%.</p>

FY 2014	FFY 2015	FFY 2016
<p>Screening rate of 49.9% was 5.1 percentage points below the 2014 performance objective of 55%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 55%  <b>Annual Performance Objective for FFY 2016:</b> 60%  <b>Annual Performance Objective for FFY 2017:</b> 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><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>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 2015 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 55.5%  <b>Annual Performance Objective for FFY 2017:</b> 58.3%  <b>Annual Performance Objective for FFY 2018:</b> 61.2%</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><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>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 2016 the performance objectives were reviewed and extended to include an objective for 2019.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> 58.28%  <b>Annual Performance Objective for FFY 2018:</b> 61.22%  <b>Annual Performance Objective for FFY 2019:</b> 64.26%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of 5% each year for the next three years.</p>

FY 2014	FFY 2015	FFY 2016
<p><b>Other Comments on Measure:</b> Lead Screening in Children</p> <p>Ae CBC FPH GHP HBCBS HBS HPHP 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 24 150 224 166  Rate % 48.03 39.30 47.50 43.85 48.04 36.26 61.54 52.82  62.22 55.52 49.90%</p>	<p><b>Other Comments on Measure:</b> AETNA CBC FPH  GHP HBCBS HBS HPHP KHPE UHCP UPMC  E-Pop 213 261 66 197 123 153 49 262 457  369  Denom 212 260 66 197 123 153 49 261 411  369  Num 141 69 21 130 57 43 25 143 259 218  Rate % 66.51 26.54 31.82 65.99 46.34 28.10 51.02 57.79  63.02 59.08  Pa CHIP Weighted Average 52.86%</p>	<p><b>Other Comments on Measure:</b> Ae IBC NEPA HPHP  UPMC GHP CBC HPPO HHMO UHC PA Wtd Avge  Elig-pop: 137 195 51 69 424 224 191 104 94 478  Denom: 137 194 51 69 411 223 191 104 94 384  Num: 101 104 23 45 246 161 46 35 45 216  Rate % 73.7 53.6 45.1 65.2 59.9 72.2 24.1 33.7 47.9 56.3  55.1%</p>

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

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #3 (Describe)</b> 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><b>Goal #3 (Describe)</b> Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points 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 2014.</p>	<p><b>Goal #3 (Describe)</b> Asthma Emergency Encounter Rate: Decrease by 1.5 percentage points 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 2015.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Continued collecting the retired CHIPRA Asthma ED measure</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input 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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS 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 2014</p>	<p><b>Measurement Specification:</b>  <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 2015</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of 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).                      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</p>	<p><b>Definition of Population Included in the Measure:</b>                      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).                      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</p>	<p><b>Definition of Population Included in the Measure:</b>                      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).                      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</p>
<p><b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>

FFY 2014	FFY 2015	FFY 2016
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></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:</p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: 0 Denominator: 0 Rate: 7.81</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 1146 Denominator: 12047 Rate: 9.5</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 782 Denominator: 9529 Rate: 8.2</p> <p>Additional notes on measure: Weighted Average calculated based on the size of the measure-eligible population for each reporting unit.</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> Measure not reported in the 2013 Annual Report.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The 2015 Asthma Emergency Department encounter rate of 9.5% was 2.7 percentage points above the 2014 performance objective of 6.8%.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The 2016 Asthma Emergency Department encounter rate of 8.2% was 2.5 percentage points above the 2015 performance objective of 8.0%.</p>

FFY 2014	FFY 2015	FFY 2016
<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 6.3%  <b>Annual Performance Objective for FFY 2016:</b> 4.8%  <b>Annual Performance Objective for FFY 2017:</b> 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>	<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 2018.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 8.0%  <b>Annual Performance Objective for FFY 2017:</b> 6.5%  <b>Annual Performance Objective for FFY 2018:</b> 5.0%</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><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 2016 the performance objectives were reviewed and extended to include an objective for 2019.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> 7.88%  <b>Annual Performance Objective for FFY 2018:</b> 6.40%  <b>Annual Performance Objective for FFY 2019:</b> 4.92%</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 improvement in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>
<p><b>Other Comments on Measure:</b> Ae CBC FPH GHP HBCBS HBS HPH KHPE UHCP UPMC PA Wtd Ave E-Pop  Denom 1288 1686 735 710 1487 1265 507  3064 2282 991  Num 93 84 27 46 94 69 68 275 192  147  Rate % 7.22 4.98 3.67 6.48 6.32 5.45 13.41  8.98 8.41 14.83 7.81%</p>	<p><b>Other Comments on Measure:</b> AETNA CBC FPH GHP HBCBS HBS HPH KHPE UHCP UPMC  E-Pop 835 1,307 532 695 1,012 941 630 2,585  2,363 1,147  Denom 835 1,307 532 695 1,012 941 630 2,585  2,363 1,147  Num 83 75 21 54 67 49 96 271 250  180  Rate % 9.94 5.74 3.95 7.77 6.62 5.21 15.24 10.48  10.58 15.69  Pa CHIP Weighted Average 9.51%</p>	<p><b>Other Comments on Measure:</b> Ae CBC NEPA GHP HHMO HPPO HPH IBC UHC UPMC PA Wtd Ave  Elig-pop: 716 1170 307 698 692 795 816 919 2467 949  Den: 716 1170 307 698 692 795 816 919 2467 949  Num: 61 39 13 35 40 31 97 103 230 133  Rate% 8.5 3.3 4.2 5.0 5.8 3.9 11.9 11.2 9.3 14.0  8.2%</p>

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

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #1 (Describe)</b> 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><b>Goal #1 (Describe)</b> 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><b>Goal #1 (Describe)</b> 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><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2014  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      Combination of administrative data (1 health plans) and hybrid data (9 health plans)</p>
<p><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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 44,408)</p>	<p><b>Definition of Population Included in the Measure:</b>                      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 42,641)</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 0                      Denominator: 0</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator: 0                      Denominator: 0</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator: 0                      Denominator: 0</p>

FFY 2014	FFY 2015	FFY 2016
Rate: 61.9	Rate: 64.0	Rate: 66.34
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The PA CHIP HEDIS 2014 rate of 61.9% was 2.6 percentage points below the 2014 performance benchmark of 64.5%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 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</p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The PA CHIP HEDIS 2015 rate of 64.0 was 1.0 percentage point below the 2015 performance benchmark of 65.0%</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2015 the performance</p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The PA CHIP HEDIS 2016 rate of 66.34 was 2.2 percentage point above the 2016 performance benchmark of 65.0%</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 dance for this population, social networking and various member recognitions have been key to PA CHIP's success with this measure. In 2016 the performance</p>

FFY 2014	FFY 2015	FFY 2016																																																																																																																																																																																																																																																																																																															
<p>objectives were reviewed and extended to include an objective for 2017.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 65.0  <b>Annual Performance Objective for FFY 2016:</b> 68.1  <b>Annual Performance Objective for FFY 2017:</b> 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>objectives were reviewed and extended to include an objective for 2018.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 67.8%  <b>Annual Performance Objective for FFY 2017:</b> 71.6%  <b>Annual Performance Objective for FFY 2018:</b> 75.4%</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 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>	<p>objectives were reviewed and extended to include an objective for 2019.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> 70.38%  <b>Annual Performance Objective for FFY 2018:</b> 74.32%  <b>Annual Performance Objective for FFY 2019:</b> 78.27%</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 3.8 percentage points each year over the next three years in order to reverse this observed decrease.</p>																																																																																																																																																																																																																																																																																																															
<p><b>Other Comments on Measure:</b></p> <table border="0"> <tr><td>A</td><td>H</td><td></td><td></td><td>H</td><td>H</td></tr> <tr><td>A</td><td>H</td><td></td><td></td><td>H</td><td>H</td></tr> <tr><td>Aet</td><td>CBC</td><td>FPH</td><td></td><td>GHP</td><td>HBCBS</td><td>HBS</td></tr> <tr><td>HPHP</td><td></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</td><td colspan="7">Wtd Avg 61.95</td></tr> </table>	A	H			H	H	A	H			H	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							<p><b>Other Comments on Measure:</b> Adolescent Well-Care Visit (all Contractors are "H", except FPH is "A")</p> <table border="0"> <tr><td>Aetna</td><td>CBC</td><td>FPH</td><td>GHP</td><td>HBCBS</td><td>HBS</td><td>HPHP</td><td></td><td></td></tr> <tr><td>KHPE</td><td></td><td></td><td>UHCP</td><td></td><td></td><td>UPMC</td><td></td><td></td></tr> <tr><td>Eligible</td><td>3,258</td><td>6,073</td><td>3,021</td><td>2,262</td><td>6,953</td><td>3,808</td><td>1,125</td><td></td></tr> <tr><td></td><td>8,869</td><td></td><td>6,907</td><td></td><td></td><td></td><td>6,121</td><td></td></tr> <tr><td>Denominator</td><td>432</td><td>398</td><td>3,021</td><td>395</td><td>376</td><td>384</td><td>432</td><td>403</td></tr> <tr><td></td><td>407</td><td></td><td></td><td></td><td></td><td></td><td>398</td><td></td></tr> <tr><td>Numerator</td><td>280</td><td>249</td><td>1,829</td><td>255</td><td>244</td><td>255</td><td>303</td><td>263</td></tr> <tr><td></td><td>260</td><td></td><td></td><td></td><td></td><td></td><td>242</td><td></td></tr> <tr><td>Rate (%)</td><td>64.81%</td><td>62.56%</td><td>60.54%</td><td>64.56%</td><td>64.89%</td><td>66.41%</td><td></td><td></td></tr> <tr><td></td><td>70.14%</td><td></td><td>65.26%</td><td>63.88%</td><td></td><td>60.80%</td><td></td><td></td></tr> <tr><td>Weighted Average</td><td colspan="8">63.96%</td></tr> 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**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #2 (Describe)</b> 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><b>Goal #2 (Describe)</b> Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>	<p><b>Goal #2 (Describe)</b> Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7 percentage points per year for the next three years.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional..  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2014  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2015  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2016  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Data Source:</b>  <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><b>Definition of Population Included in the Measure:</b>            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><b>Definition of Population Included in the Measure:</b>            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:</p>	<p><b>Definition of Population Included in the Measure:</b>            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:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2015 To: (mm/yyyy) 12/2015</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>             Numerator: 0            Denominator: 0            Rate: 81.0</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 0            Denominator: 0            Rate: 75.1</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 0            Denominator: 0            Rate: 80.1</p>

FFY 2014	FFY 2015	FFY 2016
<p><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></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><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: The state weighted average is based on the size of the measure-eligible population for each reporting unit</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The PA CHIP HEDIS 2014 rate of 81.0% was 0.8 percentage points above the 2014 performance benchmark of 79.2%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The PA CHIP HEDIS 2014 rate of 75.1 was 6.6 percentage points below the 2015 performance benchmark of 81.7%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b> The PA CHIP HEDIS 2016 rate of 80.1 was 5.6 percentage points above the 2016 performance benchmark of 75.8%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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</p>

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

FFY 2014	FFY 2015	FFY 2016
<p><b>Goal #3 (Describe)</b> 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><b>Goal #3 (Describe)</b> Annual Vision Screening: Increase by 1.3 percentage points 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><b>Goal #3 (Describe)</b> For 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input 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><b>Measurement Specification:</b>  <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><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Eligible population with a visual acuity screening (CPT 99173) during the measurement year.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

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<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>																																																																																																																						
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Denominator	8,691	13,107	6,176	5,310	10,901	6,648	2,455																																																																																																																	
	18,643		16,782				13,357																																																																																																																	
Number	2,427	1,483	920	1,129	1,211	404	836																																																																																																																	
	4,860						3,087																																																																																																																	
Rate %	27.93	11.31	14.90	21.26	11.11	6.08	34.05																																																																																																																	
	28.96						23.11																																																																																																																	
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The rate of 18.9% was 1.3</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b> The 2014 Vision Screening rate of 21.9% was 1.7 percentage points above the 2015</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</b></p>																																																																																																																						

FFY 2014	FFY 2015	FFY 2016
<p>percentage points above the 2014 performance objective of 17.6%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> 20.2%</p> <p><b>Annual Performance Objective for FFY 2016:</b> 21.5%</p> <p><b>Annual Performance Objective for FFY 2017:</b> 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>	<p>performance objective of 20.2% and 0.4 percentage points above the performance objective for 2016.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> 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 2015 the performance objectives were reviewed and extended to include an objective for 2018.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2016:</b> 23.2%</p> <p><b>Annual Performance Objective for FFY 2017:</b> 24.5%</p> <p><b>Annual Performance Objective for FFY 2018:</b> 25.8%</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>	<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2017:</b> <b>Annual Performance Objective for FFY 2018:</b></p> <p><b>Annual Performance Objective for FFY 2019:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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 2016 report (based on 2014 and 2015 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 2016, the PA CHIP weighted average was higher than the PA Medicaid managed care average across a majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA) with the exception of Weight Assessment and Counseling for BMI and Nutrition, Human Papillomavirus for Female Adolescents, Lead screening in Children, Chlamydia Screening in Women, Appropriate Treatment for Children with Upper Respiratory Infection and Medication Management for People With Asthma. For HEDIS 2016 Use of Services (UOS) measures, Well-Child Visits in the First 15 Months of Life (0, 1, 2, 3, and 4 visits) and Ambulatory Care (Outpatient visits and ED visits), PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members of comparable age.

When compared to the National Medicaid HMO 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 (below 25th percentile) and Chlamydia Screening in Women (Below 5th percentile). The PA CHIP health plan average is lower for the Well-Child Visits in the First 15 Months of Life: 0, 1, 2, and 3 Visits (at or below the 10th percentile), but is higher for 5 visits and 6 or more visits (above 75th 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.
- For HEDIS 2016, PA CHIP required the reporting of the Medication Management for People with Asthma (MMA) 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 CHIP Annual Report Template – FFY 2016

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 continued requiring the reporting of the current PA-specific performance measures.
- In 2016, PA CHIP continued requiring the reporting of three of the current PA-specific performance measures. PA CHIP implemented a PA-specific performance measure – “Dental Sealants for 6 to 9 Year Old Children at Elevated Carries Risk” this measure replaced “Dental Sealants for Children” which was retired by CMS.

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 continued in 2015 for all performance measures.
- In 2015, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement continued in 2016 for all performance measures.
- In 2016, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2017 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.
- In 2015, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2015 CAHPS survey results and 2015 HEDIS measures and compared those results to the statewide average using graphics.
- PA CHIP will prepare and disseminate a similar report card using 2016 CAHPS survey results and 2016 HEDIS measures. The report card will be available in the fourth quarter of 2016.

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, 2014, 2015, and 2016 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. Re-measurement rates summarizing utilization in 2014 which were submitted in March 2015 revealed mixed results with demonstrable improvement over baseline achieved for at least one quality indicator for eight of nine PA CHIP Contractors. In March 2016, CHIP contractors submitted subsequent re-measurement rates to demonstrate sustained improvement over baseline 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. 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. 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 they submitted 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]**

#### 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 2015, 9.5 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2014. Health plan rates ranged from 3.9 to 15.7 percent.
- For 2016, 8.2 percent of enrollees with persistent asthma had at least one visit to the emergency department for asthma during 2015. Health plan rates ranged from 3.3 to 14.0 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 2015, 21.9 percent of enrollees four through 19 years old received an annual vision screening during 2014. Health plan rates ranged from 6.1 to 34.1 percent.
- For 2016, the Annual Vision Screening measure was removed as a Contractor submission requirement, and is not a CMS reportable measure.
- 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 2015, 38.9 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 23.1 to 59.0 percent.
- For 2016, 48.9 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 23.1 to 63.9 percent.

- 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 2015, 21.9 percent of enrollees one through 20 years old received dental treatment services during 2014. Health plan rates ranged from 18.1 to 26.8 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 2015, 48.0 percent of enrollees one through 20 years old received preventive dental services during 2014. Health plan rates ranged from 37.8 to 66.3 percent.
- For 2016, 53.3 percent of enrollees one through 20 years old received preventive dental services during 2015. Health plan rates ranged from 44.9 to 67.5 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.
- For 2015, 41.6 percent of enrollees who turned eight in 2014 received a dental sealant during the prior three years. Health plan rates ranged from 13.1 to 53.3 percent
- For 2016, the Dental Sealants for Children measure was retired by PA CHIP, and was replaced in 2016 by the Dental Sealants for 6 to 9 Year Old Children at Elevated Risk measure.

Continued below

Enter any Narrative text related to Section IIB below **[7500]**.

CAHPS survey 5.0H. See summary below.

- From the ten PA CHIP health plans which participated in the survey, 6,135 respondents completed the CAHPS 5.0H 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 5.0H Survey Respondents

- o For CAHPS 2016, the majority of respondents were female (84.0 percent). A large proportion of survey respondents had a high school diploma (30.9 percent) or some college education (37.2 percent). In addition, the majority of respondents indicated that their child is white (71.7 percent) and was in “excellent” or “very good” health (85.9 percent).

- Global Rating Questions

- o The Global Rating Questions asked respondents to rate each of four aspects of their child’s health care

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on a scale of 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”

o For 2016, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 86.0 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 86.7 percent, with health plan ratings ranging from 79.6 to 92.6.

- 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 plan rates ranged from 86.4 to 99.0 percent of enrollees who indicated that they are “usually” or “always” able to get urgent care quickly for their child. The PA CHIP plan rates ranged from 84.0 to 96.6 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**

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

### **A. OUTREACH**

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

We continued the use of our existing "Within Reach" creative to build upon the momentum created by the campaign in 2014 - 2015. We ran a statewide multi-media mix campaign from May 2016 through July 2016 to reach markets with the highest percentage of uninsured children in Pennsylvania and to heighten the awareness of the program. We aired TV spots statewide across all media markets including both broadcast and cable. A mix of television combined with radio advertising (English and Spanish) was used in an attempt to penetrate the more underserved and harder to reach markets with a concentration in the urban areas, and Radio PA was used to reach the rural areas of the state.

Another attempt at reaching the largest amount of individuals was to use digital, social media, and mobile marketing tactics statewide that would drive the target to the CHIP website [www.CHIPcoversPAkids.com](http://www.CHIPcoversPAkids.com) to apply for or renew CHIP coverage. Key search words were also used to drive search engine results to the CHIP website.

Univision Network, a Spanish television station, aired a series of two minute vignettes promoting CHIP on their number one Spanish language morning show in Philadelphia called Despierta America. The vignettes aired five times per week for a total of 12 weeks from May through July.

Additionally, with the growing popularity of urgent care centers, we were able to reach parents and guardians who were seeking treatment for healthcare issues by placing banner stands and brochures in the centers' waiting rooms and lobbies. Signage was placed in 48 urgent care locations across Philadelphia, Pittsburgh, and Harrisburg and a few in rural areas for a three month period.

Grassroots outreach efforts focused on identifying and educating community-based organizations as well as healthcare and educational institutions in an effort to reach the parents of uninsured kids and teens. Outreach included both general and minority markets. Core target areas for outreach efforts included counties with the highest percentages and highest numbers of uninsured children in the state, thus the highest potential to enroll. Those counties included Philadelphia, Lancaster, Berks, Chester, Montgomery, Franklin, Lebanon, and Dauphin.

The outreach efforts used CHIP Enrollment Teams which consisted of Outreach Service Representatives (OSRs who are trained on the program and served as community guides educating the public about CHIP and leading activities through community and family events. OSRs are knowledgeable on the eligibility criteria, the application process, and on using the COMPASS website for enrollment. The enrollment teams participated in 22 events in May and June with attendance of nearly 90,000 people who were exposed to CHIP's message to apply for or renew CHIP benefits.

CHIP implemented an inbound call center May 2016 to provide customer service to Pennsylvanians seeking information on the program. Over 40,552 calls came to the 1-800-986-KIDS toll free number. Application assistance is also available through the call center.

In August, CHIP launched a new-and-improved website that will help CHIP efficiently provide health care to Pennsylvania's children by making it easier for families looking for health care coverage for their children, CHIP recipients, and providers to access important information. Improving customer service is at the heart of each decision we make at CHIP.

In the fall, CHIP staff worked with the Pennsylvania Department of Education (PDE) to see that Intermediate Units and public schools received electronic files of a flyer to promote CHIP (Attachment #1) to all school-aged children in Pennsylvania. The flyers are in English and Spanish (front and back). By working with the PDE, we are assured that the flyers are being seen by parent(s) or guardians of children potentially eligible for CHIP. Intermediate Units can request paper flyers if that is more suitable for their families.

CHIP also printed approximately 120,000 “New Birth” flyers (Attachment #2) for insertion with each complimentary birth certificate that was mailed to the households of Pennsylvania newborns. The Pennsylvania Department of Health (DOH) has been a great partner in extending our message to new parents.

CHIP insurance company contractors conduct community outreach at the local level in each of their service areas. Each county has two to six CHIP contractors, which provides for creative and effective coverage to underserved populations. Each CHIP contractor conducts marketing and outreach efforts in a different way, thus reaching different segments of Pennsylvania’s diverse population. By conducting different outreach efforts across a range of contractors, CHIP has been successful in reaching a large portion of Pennsylvania’s uninsured families.

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]**

A multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP’s message. However, grassroots outreach, word-of-mouth, and referrals continue to be CHIP’s most valuable outreach methods for general markets. CHIP outreach always encourages citizens to tell family, friends, co-workers and neighbors about the program.

We measure our success by the increased number of enrollments and the number of calls coming to the toll free number during the period when outreach is being conducted.

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

It is difficult to point to one best practice because it is a combination of our efforts – driving awareness from marketing campaigns, grassroots efforts, contract outreach and word of mouth that equal success.

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.

Mendoza Group Inc. (MGI) specializes in multi-cultural communications and urban and community marketing. MGI worked on CHIP’s behalf to target the minority population by being our “feet on the street”, reaching our target where they live, work, and worship. Our grassroots efforts were organized across the state and provided opportunities for face-to-face conversation about the CHIP program.

CHIP has created Spanish marketing and outreach materials including a radio spot, brochures and posters, applications, and website.

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]**

Enter any Narrative text related to Section IIIA below. **[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 checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
	List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes
	If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A

2. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] **[5]** 4 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**? 1.3 Provide a combined percent if you cannot calculate separate percentages. **[5]** 4

3. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 4

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

4. 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]**  
5.9

Enter any Narrative text related to Section IIIB below. **[7500]**

## 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

- a) What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
- b) Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? **[5]**

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
- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**  
2 Notices: The first at 90 days prior to the the renewal due date and the second at 60 days.
  - 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]**  
90 days and 60 days in advance of due date
- Other, *please explain*: **[500]**

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]**

Many families will renew as soon as they receive the first 90 day notice, but many will wait until the later period. If they do not renew prior to the 30 days, contractors will conduct additional outreach.

### Section IIIC: Subpart B: Eligibility Data

**Table 1. Data on Denials of Title XXI Coverage in FFY 2016**  
CHIP Annual Report Template – FFY 2016

States are required to report on all questions (1,1.a.,1.b., and 1.c) in FFY 2016. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI Coverage	40910	100
a. Total number of procedural denials	3650	8.9
b. Total number of eligibility denials	35079	85.7
i. Total number of applicants denied for title XXI and enrolled in title XIX	4714	11.5
c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )	2181	5.3

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

**Definitions:**

1. The “the total number of denials of title XXI Coverage” 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 2016. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2016 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2016 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

**Table 2. Redetermination Status of Children**

For this table, reporting is required for FFY 2016.

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

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 enrolled in title XXI and eligible to be redetermined	151560	100%			
2. Total number of children screened for redetermination for title XXI	151560	100	100%		

3. Total number of children retained in title XXI after the redetermination process					
4. Total number of children disenrolled from title XXI after the redetermination process	51633	34.07	34.07	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	29579			57.29	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	21305			41.26	100%
I. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	0				
II. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	14155				66.44
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/> )	1828				8.58
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate:  (If unable to provide the data check here <input type="checkbox"/> )	5322				24.98
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )	749			1.45	

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

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, 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 must 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. This total number must also 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.
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 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
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 2016.
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 2016. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

**Table 2b. Redetermination Status of Children Enrolled in Title XIX**

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 enrolled in title XIX and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the redetermination process					

4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/> )					
vi. Disenrolled from title XXI for other eligibility reason(s) Please indicate:  (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate:  (Check here if there are no additional categories <input type="checkbox"/> )					

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

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2016, 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 must 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. This total number must also 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.

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 2016 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
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 2016.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2016. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2016 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX 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 XIX (line 4).

**Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2016**

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required.**

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. 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.**

**The FFY 2016 CARTS report is the first year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2016.** States will continue to report on the same table in the FFY 2017 CARTS reports. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March 2018).

**Instructions:** For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. 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 tables below, and the template will tabulate the percentages. In this report you will only enter data on the 6-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

**Note that all data must sum correctly in order to save and move to the next page.** The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.

**Table 3a. Duration Measure of Children Enrolled in Title XIX**

**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 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

**Not Previously Enrolled in Medicaid**—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)

Duration Measure, Title XIX	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 XIX in the second quarter of FFY 2016		100%		100%		100%		100%		100%
2.										
<b>Enrollment Status 6 months later</b>										
3. Total number of children continuously enrolled in title XIX										
4. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
5. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX										

(If unable to provide the data, check here <input type="checkbox"/> )											
<b>Enrollment Status 12 months later</b>											
6. Total number of children continuously enrolled in title XIX											
7. Total number of children with a break in title XIX coverage but re-enrolled in title XIX											
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )											
8. Total number of children disenrolled from title XIX											
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )											
<b>Enrollment Status 18 months later</b>											
9. Total number of children continuously enrolled in title XIX											
10. Total number of children with a break in title XIX coverage but re-enrolled in title XIX											
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break											

(If unable to provide the data, check here <input type="checkbox"/> )										
11. Total number of children disenrolled from title XIX										
10.a Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, 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 XIX for 6 months is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016  
 + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017  
 + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 2017

6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
  - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
  - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2017

9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

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

**Table 3b. Duration Measure of Children Enrolled in Title XXI**

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 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, 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 2016, he/she would not be enrolled in title XXI in December 2015, 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 2016	15499	100%	273	100%	3816	100%	7482	100%	3928	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	11794	76.1	188	68.86	2914	76.36	5639	75.37	3053	77.72
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	172	1.11	3	1.1	29	0.76	96	1.28	44	1.12
3.a. Total number of children enrolled in Medicaid (title XXI) during title XXI coverage break										

	(If unable to provide the data, check here <input checked="" type="checkbox"/> )										
4.	Total number of children disenrolled from title XXI	3533	22.8	82	30.04	873	22.88	1747	23.35	831	21.16
	4.a. Total number of children enrolled in Medicaid (title XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment Status 12 months later</b>											
5.	Total number of children continuously enrolled in title XXI										
6.	Total number of children with a break in title XIX coverage but re-enrolled in title XXI										
	6.a. Total number of children enrolled in Medicaid (title XXI) 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 XXI) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>											
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 XXI) 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 XXI) 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 2016” 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 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
  - 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 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
  - 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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017
  
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 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 2017
  - 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 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
  - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
  - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017
  - 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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 were continuously enrolled through the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
  
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2017

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 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
  - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
  - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to section IIIC below. **[7500]**

## 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]**

Enrollees are notified by CHIP regarding their maximum expenses and advising them to notify us if they believe they have exceeded this amount. Once they believe they have exceeded the amount, CHIP will review and notify the contractor to stop collecting the premiums and send a new insurance card if more than 60 days remain until their renewal due date.

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?

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 reached, 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 cease premiums until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new insurance 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]**

Cost sharing has not changed significantly in the past federal fiscal year.

Enter any Narrative text related to section IIID below. **[7500]**

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

1. Does your state offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?
- Yes, please answer questions below.
- No, skip to Program Integrity subsection.

### **Children**

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

### **Adults**

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
- 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 2016

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 related to Section III E 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. CHIP utilizes Cross Match Reports between CHIP, Medical Assistance, private insurance or enrollment in a state employee health benefit plan. This process assists in detecting fraudulent behavior, as well as assuring public funds are not spent on dual enrollments or those ineligible for the program. 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 the department. These requirements are stated in the contract between DHS 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 Contractor 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

\_\_\_\_\_ Number of fair hearing appeals of eligibility denials

\_\_\_\_\_ Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

386 Number of cases investigated

\_\_\_\_\_

2 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

4 Number of cases investigated

2 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]**

CHIP Contractors perform the fraud investigation and enforcement, the department provides the oversight.

Enter any Narrative text related to section IIIIF below. **[7500]**

**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)

**a. 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 FFY: 2016	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days <sup>1</sup>	183216	0	7321	24051	44366	56993	44627
Total Enrollees Receiving Any Dental Services <sup>2</sup> [7]	97837	0	1485	11956	27553	33712	21241
Total Enrollees Receiving Preventive Dental Services <sup>3</sup>	97837	0	1485	11956	27553	33712	21241
Total Enrollees Receiving Dental Treatment Services <sup>4</sup>	0	0	0	0	0	0	0

<sup>1</sup> **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 1<sup>st</sup> to March 31<sup>st</sup>, this child is considered continuously enrolled for at least 90 continuous days in the Federal fiscal year. If a child was enrolled from August 1<sup>st</sup> to September 30<sup>th</sup> and from October 1<sup>st</sup> to November 30<sup>th</sup>, 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 15<sup>th</sup>, the child should be counted in the 3-6 age grouping.

<sup>2</sup>**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 who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

**<sup>3</sup>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 who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

**<sup>4</sup>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 who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

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 1<sup>st</sup>, 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 tooth<sup>5</sup>? [7]**

**<sup>5</sup>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 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

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 1<sup>st</sup>, 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]**

Enter any Narrative text related to section III G below. **[7500]**

## 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 align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). 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.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 coveredExplain 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:

**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:

Enter any Narrative text related to section IIIH below. **[7500]**

## 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 2015. 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

	2016	2017	2018
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	341759328	400088263	436082055
Fee for Service			
<b>Total Benefit Costs</b>	341759328	400088263	436082055
(Offsetting beneficiary cost sharing payments)	-12701627	-14869446	-16207171
<b>Net Benefit Costs</b>	\$ 329057701	\$ 385218817	\$ 419874884

### Administration Costs

Personnel	2353250	2377500	2672083
General Administration	8600151	3046391	3320566
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	3057636	3155000	3155000
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	14011037	8578891	9147649
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	36561967	42802091	46652765

<b>Federal Title XXI Share</b>	306737759	351464454	382902611
<b>State Share</b>	36330979	42333254	46119922

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	343068738	393797708	429022533
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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]**

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.

	2016		2017		2018	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	162006	\$ 169	168707	\$ 190	174329	\$ 201
Fee for Service		\$		\$		\$

Enter any Narrative text related to Section IV below. **[7500]**

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

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

Act 84 of 2015 transferred the administration and oversight of Pennsylvania CHIP from the Pennsylvania Insurance Department to the Pennsylvania Department of Human Services effective December 20, 2015. The intent behind the move was to consolidate resources allowing the state to merge information technology (IT) systems and better meet federal regulations, along with providing better coordination of care between CHIP and Medicaid. The transition was implemented so that families with children enrolled in CHIP would not see any changes to their eligibility, co-payments, benefits, or coverage. Additionally, the legislation reauthorized CHIP in Pennsylvania through December 31, 2017.

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

In May 2016, the Centers for Medicare and Medicaid Services (CMS) finalized sweeping regulatory changes for managed care in Medicaid and CHIP. The new provisions have a greater impact on states that operate a separate CHIP program, Pennsylvania being one of those states. Review and plans for implementation of the new regulations has stretched our resources and is proving to be a challenging undertaking.

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

CHIP enrollment has increased over 10 percent for the reporting period. CHIP has seen an increase across all of the different programs in CHIP – Free, Subsidized, and At Cost. Families have expressed their satisfaction with the value of the CHIP coverage offered by the CHIP contractors. CHIP implemented an inbound call center May 2016 to provide customer service to Pennsylvanians seeking information on the program. Over 40,552 calls came to the 1-800-986-KIDS toll free number. Application assistance is also available through the call center. CHIP has continued to enjoy broad bi-partisan support. Child advocates are pleased with the comprehensive child-centered benefits and the affordable rates.

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]**

CHIP began IT Transition meetings in April of 2016 as we prepare to merge into the Department of Human Services (DHS) platform to gain both technical and financial efficiencies. The current CHIP Application Processing System's (CAPS) contract expires June 30, 2018 and will not be re-procured. CHIP is also evaluating the impact of the CMS Managed Care Rules recently published. Many of these rules will impact both the administration of the program and the CHIP contractors.

Enter any Narrative text related to Section V below. **[7500]**