

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

Preamble

Section 2108(a) and Section 2108(e) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to CHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their CHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: 1115 Demonstration Waivers (Financed by CHIP)
- Section VI: Program Challenges and Accomplishments

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., [500] are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

		CHIP Medicaid Expansion Program				Separate Child Health Program				
* Upper % of FPL are defined as <u>Up to and Including</u>										
Gross or Net Income: ALL Age Groups as indicated below										
		Is income calculated as gross or net income?	<input type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>		Gross Income		
						<input type="checkbox"/>		Income Net of Disregards		
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	185	% of FPL for infants	300	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	133	% of FPL for children ages 1 through 5	300	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	100	% of FPL for children ages 6 through 16	300	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	100	% of FPL for children ages 17 and 18	300	% of FPL *
					From		% of FPL for pregnant women ages 19 and above		% of FPL *	

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

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] Children who are disenrolled from Medicaid because of a change in their circumstances and who are eligible for CHIP may be retroactively enrolled to avoid a lapse in health care coverage. Additionally, newborns are retro-enrolled to either the first of the month following birth or to the date of birth depending upon circumstances and receipt of an application within 30 days of birth.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Please check all the methods of application utilized by your state.	<input type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input type="checkbox"/>	Phoned-in application	<input checked="" type="checkbox"/>	Phoned-in application
	<input type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in
	<input type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in

	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 6	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>Children in families with household income of no greater than 200% FPL do not have any waiting period. Children over the age of two in families with household income greater than 200% FPL must be without private insurance for a period of six (6) months.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <ul style="list-style-type: none"> • Child has not passed its second birthday; • The child's parent is eligible to receive benefits pursuant to the act of December 5, 1936 (2nd Sp. Session, 1937 P.L. 2897, No. 1) known as the "Unemployment Compensation Law"; • The child's parent was covered by a health insurance plan, a self-insurance plan, or a self-funded plan, but at the time of application for coverage is no longer employed and is ineligible to receive benefits under the "unemployment Compensation Law"; or • A child is transferring from one government-subsidized health care program to another. 	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? [1000] New applicants in households with income greater than 200% of the FPL are matched against a third party contractor (currently Health Management Systems) to determine if they are currently covered or if they meet the period of uninsurance. Each of our insurers is also required to match all new applicants against their internal data bases.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]	
		<ul style="list-style-type: none"> • Moves to another state; • Reaches 19 years of age; • Obtains private health insurance or is enrolled in Medicaid; • Is found eligible for Medicaid or potentially eligible for Medicaid and refuses to cooperate with the determination of Medicaid eligibility • Becomes an inmate of a public institution or a patient in an institution for mental diseases; • Death of the child; • Non payment of required premiums • The child was conditionally enrolled pending resolution of inconsistencies with information provided to the SSA for verification of citizenship status. The child will be enrolled for a maximum of 120 days while we attempt to work through the inconsistencies. • Misinformation provided at application which would have resulted in a determination of ineligibility if the correct information had been known; or • Voluntary termination request. 		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount		Premium Amount	
	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL
	\$29	\$ 50	% of FPL 200	% of FPL 250
	\$40	\$ 70	% of FPL 250	% of FPL 275
\$46	\$ 80	% of FPL 275	% of FPL 300	
\$124	\$ 256	% of FPL 300	% of FPL	

	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family		\$		Yearly Maximum Premium Amount per family		\$	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			
				Premiums are required for enrollees with household income greater than 200% of poverty. State law requires a premium of 25%, 35% and 40% of the total premium for households with incomes greater than 200%, 250% and 275% of the FPL respectively. Maximum out-of-pocket expenses is equal to 5% of the adjusted income.				
<input type="checkbox"/>		N/A		<input type="checkbox"/>		N/A		

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

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

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below [500]		If Yes, please describe below [500]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require income	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
			<ul style="list-style-type: none"> • Work deduction for each employed family member whose income must be counted in determining eligibility (\$120 monthly; \$1,440 annually); • Day care expense incurred up to \$200 monthly/\$2400 annually for a child under the age of two; up to \$175 monthly/\$2100 annually for a child over the age of two or for a disabled adult; • After income disregards above are applied and adjusted income is determined for eligibility and cost-sharing purposes, all income above 200% FPL to 300% FPL is disregarded. 	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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]	

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

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? Yes No N/A
3. Is it different from the assets test in your separate child health program? Yes No N/A
4. Are there income disregards for your Medicaid program? Yes No N/A
5. Are they different from the income disregards in your separate child health program? Yes No N/A

6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?

Yes No N/A

7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?

Yes No N/A

8. Indicate what documentation is required at initial application for

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

9. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

l) Income disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x) Other – please specify						
a. Retroactivity to enroll a newborn in CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	We made a slight modification to the process. Instead of contacting the state first, the applicant/enrollee will contact the insurer to see if their issue can be appropriately addressed. If the insurer cannot resolve the inconsistency, the insurer will forward the appeal to the state for a formal review.
b) Application	
c) Application documentation requirements	

d) Benefits	Modified outpatient physical health benefits to achieve mental health parity
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process	Implemented the verification of citizenship and identity for applicants claiming to be U.S. citizens
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	

	Expanded coverage to eliminate the 5-year wait for certain targeted low-income immigrant children
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a. Retroactivity to enroll a newborn in CHIP	Allow enrollment of an eligible newborn to be retroactive to the first of the month following the birth of the child if the application is completed within 30 days of the birth.
b.	
c.	

Enter any Narrative text below. [7500]

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

The core set measures will be implemented in at least two phases—however, CARTS will serve as the interim reporting vehicle for all phases until another system is named. The measures for the first phase of reporting are included in the table below with general measure information. States that volunteer are required to report using the standardized methodologies and specifications and report on the populations to which the measures are applied. Below are the measure stewards and general description of the measures - please reference the individual measure steward's technical specifications manual for detailed information for standardized measure reporting. **The reporting of the Core Performance Measures 1-23 are voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States may begin reporting in the 2010 CARTS.**

	Measure	Measure Steward	Description	Reporting
1	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA/HEDIS	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
2	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Measure is voluntary. States may begin reporting in the 2010 CARTS
3	Percent of live births weighing less than 2,500 grams	NVSS	The measure assesses the number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period	Measure is voluntary. States may begin reporting in the 2010 CARTS
4	Cesarean rate for nulliparous singleton vertex	CMQCC	Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Measure is voluntary. States may begin reporting in the 2010 CARTS
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	Measure is voluntary. States may begin reporting in the 2010 CARTS
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender	Measure is voluntary. States may begin reporting in the 2010 CARTS
8	Screening using standardized screening tools for potential delays in social and emotional development	ABCD Project	Assesses the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized, documented tool or set of tools	Measure is voluntary. States may begin reporting in the 2010 CARTS
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary. States may begin reporting in the 2010 CARTS
11	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
13	Total Eligibles who Received Preventive Dental Services	EPSDT	Total Eligibles who Received Preventive Dental Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary. States may begin reporting in the 2010 CARTS
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary. States may begin reporting in the 2010 CARTS
16	Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	AMA/PCPI	Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Measure is voluntary. States may begin reporting in the 2010 CARTS
17	Total Eligibles who Received Dental Treatment Services	EPSDT	Total Eligibles who Received Dental Treatment Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
20	Annual number of asthma patients (≥ 1 yo) with > 1 asthma-related emergency room visits	Alabama	Asthma emergency department utilization for all children >1 year of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with more than one asthma-related ER visit	Measure is voluntary. States may begin reporting in the 2010 CARTS
21	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Measure is voluntary. States may begin reporting in the 2010 CARTS
22	Annual Pediatric hemoglobin A1c testing	NCQA/HEDIS	Percentage of pediatric patients with diabetes with an HBA1c test in a 12-month measurement period	Measure is voluntary. States may begin reporting in the 2010 CARTS
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary. States may begin reporting in the 2010 CARTS
24	CAHPS® 4.0 (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Family of surveys of experiences of care, an aspect of patient-centeredness. Parents or other responsible adults report about experiences of care during visits in which they accompany their children	States may begin reporting in 2010 Reporting Required in 2013 Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States have a few options for submitting these data: 1) States can submit the CAHPS data using the CARTS attachment facility. 2) If States are already working with the Agency for Healthcare Research and Quality to report CAHPS, they can continue doing so.

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data 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 2010). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – 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). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and 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 HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: CARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

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. 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 2011, 2012, and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

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

Other Comments on Measure:

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

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

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

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Prenatal and Postpartum Care: Timeliness of Prenatal Care

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>		
Other Comments on Measure:		

MEASURE 2: Frequency of Ongoing Prenatal Care

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits 	<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits 	<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>		
<p>Other Comments on Measure:</p>		

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

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Percent of live births weighing less than 2,500 grams</p>	<p>Performance Measurement Data: Percent of live births weighing less than 2,500 grams</p>	<p>Performance Measurement Data: Percent of live births weighing less than 2,500 grams</p>
<p>Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Numerator: Denominator: Rate: Additional notes on measure:</p>

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

MEASURE 4: Cesarean rate for nulliparous singleton vertex

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>	<p>Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>	<p>Performance Measurement Data: Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>

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

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 9 health plans</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who received all vaccinations in Combination 2</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who received all vaccinations in Combination 2</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who received all vaccinations in Combination 2</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>
<p>Numerator: 1013 Denominator: 1322 Rate: 76.6</p>	<p>Numerator: 1240 Denominator: 1566 Rate: 79.2</p>	<p>Numerator: 1650 Denominator: 2161 Rate: 76.4</p>
<p>Additional notes on measure: Definition of denominator: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 1,433). HEDIS Data: Percentage of children who turned two years of age during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday.</p>	<p>Additional notes on measure: Definition of denominator: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 1,605). HEDIS Data: Percentage of children who turned two years of age during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday.</p>	<p>Additional notes on measure: Definition of denominator: Eligible population who turn two years of age during the measurement year with continuous enrollment 12 months prior to the child's second birthday. (eligible population 2,314). HEDIS Data: Percentage of children who turned two years of age during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The HEDIS 2010 rate of 76.4 percent was 2.8 percentage points below the 2009 performance objective of 79.2 percent.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In June 2008, the State released revised 2008-2010 performance objectives for the Childhood Immunization Status (CIS) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the Childhood Immunization Status performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State revised the performance projections to include projections for HEDIS 2013.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 77.35%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 78.35%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 79.35%</p> <p><i>Explain how these objectives were set:</i> The Childhood Immunization Status – Combination 2 measure rate decreased by 2.8 percentage points (3.5 percent) for 2010 after increasing by 2.6 percentage points (3.4 percent) for 2009 and decreasing by one percentage point (1.3 percent) for 2008. Because there was no trend noted, a goal was set to increase the rate by one percentage point per year over the next three years in order to approximate the three percentage point increase that occurred between 2008 and 2009.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in November 2009 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CIS measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

MEASURE 6: Immunizations for Adolescents

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> discontinued measure</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Discontinued measure</p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Hybrid data from 9 health plans</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who received all vaccinations in Combination 1</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 2149 Denominator: 3418 Rate: 62.9</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure: Definition of denominator: Eligible population 13 years of age during the measurement year with continuous enrollment 12 months prior to the child's thirteenth birthday. (Total eligible population 7,706).</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measure was not reported in the 2009 Annual Report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In November 2010, the State set performance objectives for the Immunizations for Adolescents (IMA) performance measure to include projections for the HEDIS 2011, HEDIS 2012 and HEDIS 2013 measurement years.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 65.37%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 67.87%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 70.37%</p> <p><i>Explain how these objectives were set:</i> Because the Combination 1 rate is the total immunization rate, a goal was set for this measure. The Immunizations for Adolescents measure is a first year measure with no prior year's rates available for comparison. Therefore the goal was set to increase the rate by 2.5 percentage points each year over the next three years in order to approximate the highest health plan rate from HEDIS 2010 (70.56 percent).</p> <p>Other Comments on Measure: Please note that the above goals set November 2010 are based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the IMA measure. This measure was first publicly reported beginning with HEDIS 2010 rates.</p>		

Screening

MEASURE 7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>

FFY 2008		FFY 2009		FFY 2010	
<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:
<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Explanation of Progress:					
<p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>					
Other Comments on Measure:					

MEASURE 8: Screening using standardized screening tools for potential delays in social and emotional development

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p> <p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>	<p>Year of Data:</p> <p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>	<p>Year of Data:</p> <p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>

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

MEASURE 9: Chlamydia Screening

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

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

Well-child Care Visits (WCV)

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

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (4 health plans) and administrative data (5 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (5 health plans) and Administrative data (4 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (7 health plans) and Administrative data (2 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.</p>
Year of Data: 2007	Year of Data: 2008	Year of Data: 2009

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits	
<u>0 visits</u> Numerator: 7 Denominator: 465 Rate: 1.5	<u>4 visits</u> Numerator: 36 Denominator: 465 Rate: 7.7	<u>0 visits</u> Numerator: 14 Denominator: 567 Rate: 2.5	<u>4 visits</u> Numerator: 37 Denominator: 567 Rate: 6.5	<u>0 visits</u> Numerator: 21 Denominator: 878 Rate: 2.4	<u>4 visits</u> Numerator: 57 Denominator: 878 Rate: 6.5
<u>1 visits</u> Numerator: 5 Denominator: 465 Rate: 1.1	<u>5 visits</u> Numerator: 94 Denominator: 465 Rate: 20.2	<u>1 visits</u> Numerator: 6 Denominator: 567 Rate: 1.1	<u>5 visits</u> Numerator: 135 Denominator: 567 Rate: 23.8	<u>1 visits</u> Numerator: 8 Denominator: 878 Rate: 0.9	<u>5 visits</u> Numerator: 180 Denominator: 878 Rate: 20.5
<u>2 visits</u> Numerator: 5 Denominator: 465 Rate: 1.1	<u>6+ visits</u> Numerator: 307 Denominator: 465 Rate: 66	<u>2 visits</u> Numerator: 7 Denominator: 567 Rate: 1.2	<u>6+ visits</u> Numerator: 359 Denominator: 567 Rate: 63.3	<u>2 visits</u> Numerator: 9 Denominator: 878 Rate: 1	<u>6+ visits</u> Numerator: 584 Denominator: 878 Rate: 66.5
<u>3 visits</u> Numerator: 11 Denominator: 465 Rate: 2.4		<u>3 visits</u> Numerator: 9 Denominator: 567 Rate: 1.6		<u>3 visits</u> Numerator: 19 Denominator: 878 Rate: 2.2	
Additional notes on measure: Nine health plans total reporting: small denominator for 4 health plans (3-23)		Additional notes on measure: Nine health plans total reporting: small denominator for 3 health plans (6-25)		Additional notes on measure: Nine health plans total reporting. Definition of denominator: Denominator includes eligible population who turned 15 months old during the measurement year (Total eligible population 892).	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 rate of 66.5% was 2.2 percentage points above the 2010 performance objective of 64.3%.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? See previous notes for March 20, 2007 meeting. In June 2008, the State released revised 2008-2010 performance objectives for the Well-Child Visits in the First 15 Months of Life (W15) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the W15 performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State revised the performance objectives for the W15 performance measure to account for HEDIS 2010 performance which included new projections for the HEDIS 2011, HEDIS 2012 and HEDIS 2013 measurement years.

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

Annual Performance Objective for FFY 2011: HEDIS 2011 - 67.51%

Annual Performance Objective for FFY 2012: HEDIS 2012 - 68.51%

Annual Performance Objective for FFY 2013: HEDIS 2013 - 69.51%

Explain how these objectives were set: Because the 6+ visits rate is the most preferred outcome, goals were set for this measure. The rate for this measure increased by approximately three percentage points (5.1 percent) for HEDIS 2010 which was above the performance goals established for HEDIS 2010, HEDIS 2011 and HEDIS 2012. Therefore the goal was set to increase this rate by one percentage point each year over the next three years in order to approximate the increase observed from HEDIS 2009 to HEDIS 2010.

Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in November 2009 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the W15 measure. This measure was first publicly reported beginning with HEDIS 2008 rates.

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

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of hybrid (5 health plans) and administrative (4 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (5 health plans) and Administrative data (4 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination of Hybrid data (7 health plans) and Administrative data (2 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population with at least 1 well-child visit with PCP during measurement year</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes eligible population with at least 1 well-child visit with PCP during the measurement year</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p>

FFY 2008	FFY 2009	FFY 2010
1+ visits Numerator: 4026 Denominator: 5818 Rate: 69.2	1+ visits Numerator: 4559 Denominator: 6376 Rate: 71.5	1+ visits Numerator: 4587 Denominator: 6075 Rate: 75.5
Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	Additional notes on measure: Definition of denominator: Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year (Total eligible population 15,030).
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 rate at 75.5% was 1.7 percentage points above the 2010 performance objective of 73.8%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? See previous notes on March 2007 meeting. In June 2008, the State released revised 2008-2010 performance objectives for the Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the W34 performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State adjusted the performance benchmarks to include a projection for HEDIS 2013.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 76.10%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 78.40%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 80.70%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure increased by approximately 2.3 percentage points (3.3 percent) from HEDIS 2008 to HEDIS 2009, therefore a goal was set to increase this rate by 2.3 percentage points (3.3 percent) each year over the next three years in order to approximate the HEDIS 2008 to HEDIS 2009 increase.</p> <p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in November 2008 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the W34 measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

MEASURE 12: Adolescent Well-Care Visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (2 health plans) and Hybrid data (7 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 9233 Denominator: 16296 Rate: 56.7
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: Definition of denominator: Hybrid population: members 12 through 19 years of age during the measurement year (Total eligible population is 52,833).
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 8495 Denominator: 17108 Rate: 49.7 Additional notes on measure: Definition of denominator: Hybrid population: members 12-19 years of age during the measurement year (eligible population is 55,574).	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 10026 Denominator: 19174 Rate: 52.3 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP 2010 rate of 56.7% was one percentage point above the 2010 performance objective of 55.7%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In June 2008, the State released revised 2008-2010 performance objectives for the Adolescent Well-Care Visits (AWC) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the AWC performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State adjusted the performance objectives to include a projection for HEDIS 2013.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 58.66%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 61.66%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 64.66%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by approximately three percentage points (6.0 percent) each year over the prior three years. A goal was set to increase the rate by three percentage points (6.0 percent) each year over the next three years.</p>		

FFY 2008	FFY 2009	FFY 2010
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in November 2008 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the AWC measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

Dental

MEASURE 13: Total Eligibles who Received Preventive Dental Services

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>

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

Access

MEASURE 14: Child and Adolescent Access to Primary Care Practitioners

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 9 health plans reported data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months - 6 years who had 1 or more visits with PCP during measurement year; 7 - 19 years who had 1 or more visits with PCP during measurement year or year prior to measurement year</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 		HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 		HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	
<u>12-24 months</u> Numerator: 871 Denominator: 931 Rate: 93.6	<u>7-11 years</u> Numerator: 18083 Denominator: 20094 Rate: 90	<u>12-24 months</u> Numerator: 1237 Denominator: 1275 Rate: 97	<u>7-11 years</u> Numerator: 21097 Denominator: 23048 Rate: 91.5	<u>12-24 months</u> Numerator: 1744 Denominator: 1807 Rate: 96.5	<u>7-11 years</u> Numerator: 24773 Denominator: 26177 Rate: 94.6
<u>25 months-6 years</u> Numerator: 14939 Denominator: 16964 Rate: 88.1	<u>12-19 years</u> Numerator: 33800 Denominator: 38158 Rate: 88.6	<u>25 months-6 years</u> Numerator: 16730 Denominator: 18694 Rate: 89.5	<u>12-19 years</u> Numerator: 38712 Denominator: 42786 Rate: 90.5	<u>25 months-6 years</u> Numerator: 19999 Denominator: 21692 Rate: 92.2	<u>12-19 years</u> Numerator: 44587 Denominator: 47445 Rate: 94
Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months to 6 years, 7 to 11 years, 12 to 19 years		Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years		Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 rate for the 12-24 month age cohort at 96.5% was 0.6 percentage points below the 2010 performance objective of 97.1%. The 25 months - 6 years age cohort rate of 92.2% was 1.7 percentage points above the 2010 performance objective of 90.5%. The 7-11 years age cohort rate at 94.6% was 2.1 percentage points above the 2010 performance objective of 92.5%. The 12-19 years age cohort rate at 94.0% was 2.5 percentage points above the 2010 performance benchmark of 91.5%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In June 2008, the State released revised 2008-2010 performance objectives for the Children's Access to Primary Care Practitioners (CAP) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the CAP performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State revised the performance objectives to include projections for the HEDIS 2011, HEDIS 2012 and HEDIS 2013 measurement years.</p>					

FFY 2008	FFY 2009	FFY 2010
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p>		
<p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 12-24 months: 96.56% 25 months - 6 years: 92.70% 7-11 years: 95.14% 12-19 years: 94.48%</p>		
<p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 12-24 months: 96.61% 25 months - 6 years: 93.20% 7-11 years: 95.64% 12-19 years: 94.98%</p>		
<p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 12-24 months: 96.66% 25 months - 6 years: 93.70% 7-11 years: 96.14% 12-19 years: 95.48%</p>		
<p><i>Explain how these objectives were set:</i> The rates for three of four age cohorts increased for HEDIS 2010, and as a result of this increase and because of the challenges associated with continually improving on rates as they approach 100 percent, goals were set for the 12-24 month age cohort to increase by 0.05 percentage point and the remaining three cohorts to increase by 0.5 percentage point per year over the next three years.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in November 2009 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CAP measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 9 health plans reported data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population 2-18 who were prescribed an antibiotic and who received a group A streptococcus test.</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 8323 Denominator: 11783 Rate: 70.6
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: Eligible population 2-18 who were prescribed an antibiotic and who received a group A streptococcus test.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measure was not reported to CMS in the 2009 Annual Report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In March 2010, the State released performance objectives for the Appropriate Testing for Children with Pharyngitis (CWP) performance measure to CHIP Contractors which included a comparison of performance over the previous two years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State adjusted the performance benchmarks to include a projection for HEDIS 2013.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 72.64%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 74.64%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 76.64%</p> <p><i>Explain how these objectives were set:</i> Rates for this measure have risen over the past three years, increasing by approximately six percentage points (8.4 percent) from HEDIS 2008. Because of this, the goal was set to increase by two percentage points each year over the next three years in order to approximate the increase observed over the previous three years.</p> <p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in March 2010 based on actual CHIP HEDIS 2010 performance and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CWP measure. This measure was first publicly reported beginning with HEDIS 2010 rates.</p>		

MEASURE 16: Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>

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

Dental

MEASURE 17: Total Eligibles who Received Dental Treatment Services

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>

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

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 9 health plans reported data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.
Numerator: 59579 Denominator: 2004825 Rate: 356	Numerator: 66175 Denominator: 2162192 Rate: 367	Numerator: 78976 Denominator: 2382581 Rate: 398
Additional notes on measure: 356.6 visits/1000 member years (29.72 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: eligible population	Additional notes on measure: 367.3 visits/1000 member years (30.61 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: eligible population	Additional notes on measure: 397.8 visits/1000 member years (33.15 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: Total member months for eligible population. Eligible population includes members <1 to 19 years with a visit for emergency department services.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 ED utilization rate at 397.8 visits/1000 member years was 36.9 visits/1000 member years higher than the 2010 performance objective of 360.9 visits/1000 member years.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In 2007, a program-wide performance improvement project (PIP) targeting ED overutilization was implemented. Interventions implemented in early 2008 were anticipated to impact 2009 rates. The health plans were expected to achieve demonstrable improvement and sustain improvement over a multiple year PIP, validated yearly by an External Quality Review Organization (EQRO) on behalf of the state. In March 2008, the health plans submitted methodology and baseline data including January 1, 2007 to June 30, 2007 service dates, and quality measures developed through root cause or similar analysis. In March 2009, the health plans submitted interventions that were implemented in late 2007 and during the 2008 Calendar Year. In March 2010, the health plans submitted re-measurement rates which included January 1 - June 30, 2009 service dates and interventions implemented in the 2009 Calendar Year. The second re-measurement is scheduled for submission in March 2011.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 384.06 visits/1000 member years (32.01 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 370.35 visits/1000 member years (30.86 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 356.64 visits/1000 member years (29.72 visits/1000 member months)</p> <p><i>Explain how these objectives were set:</i> Rates for this measure have steadily risen over the past three years, increasing by approximately 41.1 visits/1000 MY from HEDIS 2008 (12 percent). Because of this, the goal was set to decrease by 13.7 visits/1000 MY (4.0 percent) each year over the next three years, in order to approximate HEDIS 2008 rates.</p>		

FFY 2008	FFY 2009	FFY 2010
<p>Other Comments on Measure: Note that the above goals were adjusted in November 2010 from the goals set in November 2009 based on actual CHIP HEDIS 2010 performance. The new goals were set in November 2010 and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Ambulatory Care – Emergency Department (ED) visits measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

Inpatient

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

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units</p>	<p>Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units</p>	<p>Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units</p>

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

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

MEASURE 20: Annual number of asthma patients (≥ 1 yo) with > 1 asthma -related emergency room visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit</p>	<p>Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit</p>	<p>Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit</p>

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

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-Up Care for Children Prescribed ADHD Medication

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not required by CMS</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not required by CMS</p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 9 health plans total reporting: Initiation phase - small denominator for 1 health plan (14). Continuation phase: small denominator for 4 health plans (1-18)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Initiation phase: members of the eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: members of the eligible population who had once visit during the initiation phase and at least two follow up visits within 270 days after the initiation</p>

FFY 2008	FFY 2009	FFY 2010
		phase.
Year of Data:	Year of Data:	Year of Data: 2009
<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: 527 Denominator: 1361 Rate: 38.7</p> <p>Continuation and Maintenance (C&M) Phase: Numerator: 151 Denominator: 325 Rate: 46.5</p>
Additional notes on measure:	Additional notes on measure:	<p>Additional notes on measure: 9 health plans total reporting: Initiation phase - small denominator for 1 health plan (14). Continuation phase: small denominator for 4 health plans (1-18) Definition of denominator: Initiation phase: members 6 to 12 years with a diagnosis of ADHD with an ambulatory prescription for ADHD. Continuation phase: members 6 to 12 years with an ambulatory prescription for ADHD medication who remained on the ADHD medication for at least 210 days.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measure was not reported in the 2009 Annual Report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In March 2010, the State released revised 2010-2012 performance objectives for the Follow-up Care for Children Prescribed ADHD Medication (ADD) - Initiation phase performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2010, the State revised the performance objectives to include projections for HEDIS 2011, HEDIS 2012 and HEDIS 2013.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 - 40.27%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 41.82%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 43.37%</p> <p><i>Explain how these objectives were set:</i> Because of small denominators for multiple health plans for the continuation phase, a goal was set for the initiation phase measure. The rate for this measure has increased by 1.55 percentage points since HEDIS 2008. Therefore the goal was set to increase this rate by 1.55 percentage points each year over the next three years in order to approximate the increase observed between HEDIS 2008 and HEDIS 2010.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2010 from the goals set in March 2010 based on actual CHIP HEDIS 2010 performance. The new goals were set in November 2010 and may be subject to change pending HEDIS 2011 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the ADD. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>		

Diabetes

MEASURE 22: Annual Pediatric hemoglobin A1C testing

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>	<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>	<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>

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

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>		
Other Comments on Measure:		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2009	FFY 2010	Percent change FFY 2009-2010
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	264847	273221	3.16

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

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2008-2009. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2010 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	157	25.1	5.1	.8
1998 - 2000	115	21.5	3.7	.7
2000 - 2002	162	21.2	5.5	.7
2002 - 2004	195	23.3	6.5	.8
2003 - 2005	175	22.9	5.9	.7
2004 - 2006	155	22.0	5.3	.7
2005 - 2007	145	21.0	5.0	.7

2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20	4.5	0.7
Percent change 1996-1998 vs. 2006-2010	-16.6%	NA	-11.8%	NA

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

The drop in the rate of uninsured children could be attributed to our marketing efforts and enhancements in our IT systems that ensure eligible children that apply for the program get in and stay enrolled. Additionally, use of the healthcare handshake to transfer children between Medicaid and CHIP continues to be a factor in keeping children continuously enrolled.

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

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

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

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

4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

While no exact figure is available, it is reasonable to assume that a portion of the increase is caused by CHIP outreach activities and initiatives such as the Healthcare Handshake, which is an automated electronic referral system between the Department of Public Welfare's Medicaid programs and the Pennsylvania Insurance Department's CHIP program. This figure was obtained from reports obtained from the Department of Public Welfare which administers the Medicaid program in Pennsylvania.

In addition each month approximately 25% of applicants for CHIP are screened as potentially eligible for Medicaid. Applications associated with these children are automatically sent to Medicaid for disposition. This data was obtained from our centralized eligibility and enrollment system - CHIP and adultBasic Processing System (CAPS).

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data 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 2010).

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

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

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

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

Goal:

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

Type of Goal:

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

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- 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, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

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:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

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

Year of Data:

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.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

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 2011, 2012 and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Utilize different marketing and outreach strategies (detailed in each annual report) to increase combined CHIP and Medicaid enrollment by two percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2008</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2009</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2010</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>
<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved Numerator: ((1,005,268+176,151)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 56.0% Numerator: 424028 Denominator: 757391 Rate: 56 Additional notes on measure: Since approval of the</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved Numerator: ((1,071,832+195,932)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 67.4% Numerator: 510373 Denominator: 757391 Rate: 67.4 Additional notes on measure: Since approval of the</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment in CHIP and Medicaid from the month that the CHIP state plan was first approved Numerator: 550982 Denominator: 757391 Rate: 72.7 Additional notes on measure: Numerator: ((1,115,616+192,757)-(703,311+54,080)) Denominator: (703,311+54,080) Rate: 72.7% Since approval of the Pennsylvania State Plan for CHIP in</p>

FFY 2008	FFY 2009	FFY 2010
<p>Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 48% by the end of FFY 2006, 52% by the end of FFY 2007, and 56% by the end of FFY 2008.</p>	<p>Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 48% by the end of FFY 2006, 52% by the end of FFY 2007, 56% by the end of FFY 2008, and 67% by the end of FFY 2009.</p>	<p>May 1998, the number of children enrolled in CHIP and Medicaid increased by nearly 48% by the end of FFY 2006, 52% by the end of FFY 2007, 56% by the end of FFY 2008, 67% by the end of FFY 2009, and nearly 73% by the end of FFY 2010.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The Pennsylvania State Plan for CHIP surpassed the Annual Performance Objective for FFY 2008 by three percentage points.</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? In early summer, we piloted an electronic referral process between Medicaid and SCHIP to ensure that no children were impacted due to transfers between the two programs. A purely manual and paper-based process was moved to a full electronic process. Since its statewide implementation, we have seen an increase in the number of referrals between the two agencies.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The performance objective for 2009 was 58%. The actual measure for 2009 was 67%</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The performance objective for 2010 was 69%. The actual measure for 2009 was 72%.</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 2009: 58% Annual Performance Objective for FFY 2010: 60% Annual Performance Objective for FFY 2011: 62%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: 69% Annual Performance Objective for FFY 2011: 71% Annual Performance Objective for FFY 2012: 73%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 74% Annual Performance Objective for FFY 2012: 76% Annual Performance Objective for FFY 2013: 78%</p> <p><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
<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 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
<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 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Increase enrollment in rural counties by at least 5% each of the next three years. Seek to establish a working relationship with the Center for Rural Pennsylvania, a not-for-profit organization dedicated to identifying, studying, and offering solutions to public policy issues of concern to rural areas of the Commonwealth, and to identify barriers to access in central and northeastern Pennsylvania.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Eliminated the intention to establish a working relationship with the Center for Rural Pennsylvania.</p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2008</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2009</p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/08 Enrollment – 05/98 Enrollment)</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/09 Enrollment – 05/98 Enrollment)</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/10 enrollment - 05/98 enrollment)</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania’s initial state plan was approved. Numerator: 17,866 – 4,217 Denominator: 4,217 Rate: 323.7%</p> <p>Numerator: 13649 Denominator: 4217 Rate: 323.7</p> <p>Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 323.7%. This increase exceeds the statewide growth of 211.5% during the same period.</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania’s initial state plan was approved. Numerator: 19,579 – 4,217 Denominator: 4,217 Rate: 364.3%</p> <p>Numerator: 15362 Denominator: 4217 Rate: 364.3</p> <p>Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 364.3%. This increase exceeds the statewide growth of 246.5% during the same period.</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in the designated counties since May 1998, when Pennsylvania's initial stat plan was approved. Numerator: 19,688-4,217 Denominator: 4,217 Rate: 366.4%</p> <p>Numerator: 15451 Denominator: 4217 Rate: 366.4</p> <p>Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 366.45%. This increase exceeds the statewide growth of 240.9% during the same period.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The 2008 Annual Performance Objective was 300%, which was exceeded by almost 24%.</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? Four of the rural counties involved in the measure participated in the pilot of the Healthcare Handshake, resulting in exaggerated increases in enrollment due to better communication between the CAOs and the CHIP eligibility offices.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 2009 Annual Performance Objective was 330%, which was exceeded by over 34 percentage points.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The 2010 annual performance objective was 370%, so the performance fell short by 4 percentage points.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The healthcare handshake and other process improvements regarding transfers not only helps in the rural counties, but statewide. However, as the number of uninsured in these counties continues to decrease, our ability to continually exceed the original goals will decrease.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: 330% Annual Performance Objective for FFY 2010: 335%</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: 370% Annual Performance Objective for FFY 2011: 375%</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 368% Annual Performance Objective for FFY 2012: 370%</p>

FFY 2008	FFY 2009	FFY 2010
<p>Annual Performance Objective for FFY 2011: 340%</p> <p><i>Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</i></p>	<p>Annual Performance Objective for FFY 2012: 380%</p> <p><i>Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment in the rural counties</i></p>	<p>Annual Performance Objective for FFY 2013: 372%</p> <p><i>Explain how these objectives were set: Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
<p>Goal #2 (Describe) Increase the proportion of CHIP enrollees to reflect the general population of Pennsylvania by contractually requiring insurance contractors to increase outreach focus on community-based agencies in predominantly minority or non-English speaking areas.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Since CHIP enrollment proportions reflect the population of Pennsylvania, our goal is to maintain those proportions.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2009</p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Census data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010																																																																																																			
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<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2010: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2011: CHIP enrollment to continue to reflect the general population in Pennsylvania.</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 2010: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2011: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2012: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2012: CHIP enrollment to continue to reflect the general population in Pennsylvania. Annual Performance Objective for FFY 2013: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
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Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
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Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

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

Objectives Related to Medicaid Enrollment

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Please refer to Goal #1 in Section IIC labeled “Objectives Related to Reducing the Number of Uninsured Children.”</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
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<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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Explanation of Progress: <p style="text-align: center;">How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>

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Objectives Related to Medicaid Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
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Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
<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 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Reduce the unnecessary overutilization of Ambulatory Care, Emergency Department (ED) visits by 2.2% each of the next three years.</p>	<p>Goal #1 (Describe) Reduce the unnecessary overutilization of Ambulatory Care, Emergency Department (ED) visits by 1.8% each of the next three years</p>	<p>Goal #1 (Describe) Reduce the unnecessary over-utilization of Emergency Department visits.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Performance improvement project was slated to occur over a period of three years (2008 - 2010). Project has now been completed. PA CHIP intends to continue implementing project derived interventions that proved to be effective. In future years, PA CHIP will continue to monitor unnecessary over-utilization of ED services by collecting and analyzing the results of related ambulatory care HEDIS measures.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 59579 Denominator: 2004825 Rate: 356.6</p> <p>Additional notes on measure: Rate: 356.6 visits/1000 member years (29.72 visits/1000 member months). Lower rate means less utilization (preferred)</p> <p>Definition of denominator: eligible population</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 66175 Denominator: 2162192 Rate: 367.3</p> <p>Additional notes on measure: Numerator: 66,175 Denominator: 2,162,192 (enrollees X 12 months) Rate: 367.3 visits/1000 member years (30.61 visits/1000 member months). Lower rate means less utilization (preferred) Definition of denominator: eligible population (number of enrollees X 12 months)</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 78976 Denominator: 2382581 Rate: 397.8</p> <p>Additional notes on measure: 397.8 visits/1000 member years (33.15 visits/1000 member months). Lower rate means less utilization (preferred)</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The PA CHIP HEDIS 2008 ED utilization rate at 356.6 visits/1000 member years was 21.7 visits/1000 member years higher than the 2008 performance objective of 334.9 visits/1000 member years.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 ED utilization rate at 367.3 visits/1000 member years was 18.7 visits/1000 member years higher than the 2009 performance objective of 348.6 visits/1000 member years.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 utilization rate at 397.8 visits/1000 member years is 37.1 visits/1000 member years above the 2010 performance objective. Analysis demonstrated that circumstances such as the H1N1 flu outbreak accounted in part for the elevated ED utilization the program experienced.</p>

FFY 2008	FFY 2009	FFY 2010
<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? On March 20, 2007, the State met with all CHIP health insurance contractors. The State addressed 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In 2007, a program-wide performance improvement project (PIP) targeting ED overutilization was implemented. Interventions implemented in early 2008 are anticipated to impact 2009 rates. The contractors are expected to achieve demonstrable improvement and sustain improvement over a multiple year PIP, validated yearly by an External Quality Review Organization (EQRO) on behalf of the state. In March 2008, the contractors submitted methodology and baseline data including January 1 - June 30, 2007 service dates, and quality measures developed through root cause or similar analysis. Interventions were implemented during the 2008 Calendar Year, with the first remeasurement scheduled for the first quarter of calendar year 2009.</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 2009: HEDIS 2009 348.61 visits/1000 member years (29.05 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010 340.79 visits/1000 member years (28.40 visit/1000 member months)</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? On March 20, 2007, the State met with all CHIP health insurance contractors. The State addressed 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In 2007, a program-wide performance improvement project (PIP) targeting ED overutilization was implemented. Interventions implemented in early 2008 are anticipated to impact 2009 rates. The health plans are expected to achieve and sustain improvement over a multiple year PIP, validated yearly by an External Quality Review Organization (EQRO). In March 2008, the health plans submitted methodology and baseline data including January 1 - June 30, 2007 service dates, and quality measures developed through root cause or similar analysis. In March 2009, the health plans submitted Interventions that were implemented in late 2007 and during the 2008 Calendar Year, with the first remeasurement data scheduled for submission in March 2010.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010 360.91 visits/1000 member years (30.08 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011 354.50 visits/1000 member years (29.54 visits/1000 member months)</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Since 2007 we have been working closely with all CHIP insurers to reduce the inappropriate use of ED services. Root cause analysis were collected and identified areas where improvement could be realized were aggressively targeted. Each insurer was encouraged to tailor interventions to their unique population and geographic area. Best practices and improved monitoring processes were shared amongst the insurers. Despite aggressive efforts to reduce over-utilization of ED services, the issue has proved resistant to most improvement efforts. While this measure will continue to be monitored through ongoing HEDIS collection, PA CHIP is now attempting to impact this issue by other means such as encouraging insurers to improve care coordination, provide more effective disease management programs along with earlier identification of needy members, encourage medical homes, adoption of electronic medical records, and to include FQHCs and Urgent Care Centers in their network.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Not applicable – this performance improvement project is being retired.</p> <p>Annual Performance Objective for FFY 2012: Not applicable – this performance improvement project is being retired.</p>

FFY 2008	FFY 2009	FFY 2010
<p>Annual Performance Objective for FFY 2011: HEDIS 2010 333.14 visits/1000 member years (27.76 visit/1000 member months)</p> <p><i>Explain how these objectives were set:</i> This is an inverted measure; lower Emergency Department visit rates are preferable. Rates have steadily risen over the past three years, increasing by about 8 Visits/1000 Member Years (2.2%) each year. Thus, goals were set to decrease proportionately by 2.2% each year over the next three years, to approximate HEDIS 2006 rates. The above goals were adjusted from the December 2007 goals based on actual 2008 performance. Likewise, the new goals may be subject to change pending 2009 results.</p>	<p>Annual Performance Objective for FFY 2012: HEDIS 2012 348.09 visits/1000 member years (29.01 visits/1000 member months)</p> <p><i>Explain how these objectives were set:</i> Rates for this measure have steadily risen over the past three years, increasing by approximately 5.5% from HEDIS 2007 (19.24 visits/1000 MY). Because of this, the goal was set to decrease by 6.41 visits/1000 MY (1.8%) each year over the next three years, in order to approximate HEDIS 2007 rates.</p>	<p>Annual Performance Objective for FFY 2013: Not applicable – this performance improvement project is being retired.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Ambulatory Care, Emergency Department (ED) visits measure. This measure will be publicly reported beginning with HEDIS 2008 rates.</p>	<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance. The new goals were set in November 2009 and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Ambulatory Care – Emergency Department (ED) visits measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>	<p>Other Comments on Measure: ED utilization will continue to be monitored via the HEDIS ambulatory care ED measure. These results will continue to be publicly reported.</p>

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #2 (Describe) Mental Health Utilization - monitor utilization for inpatient, intermediate and ambulatory services</p>	<p>Goal #2 (Describe) Mental Health Utilization - monitor utilization for inpatient, intermediate and ambulatory services</p>	<p>Goal #2 (Describe) 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>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> No specific goal identified for this measure; therefor, does not meet criteria to report</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> No specific goal identified for this measure; therefore, does not meet criteria to report</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday.</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 903 Denominator: 2235 Rate: 40.4</p> <p>Additional notes on measure: In 2009, PA CHIP selected lead</p>

FFY 2008	FFY 2009	FFY 2010
		screening as a performance improvement project. The data collected from this year is being used as the baseline data for this project. The percent of eligible children to receive lead screening decreased by 1.2% in 2010 when compared to the data obtained in 2009. This decrease in performance caused PA CHIP to reevaluate the project and develop new interventions in the hopes of increasing the program's performance in future years.
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 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</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? In 2009, PA CHIP selected lead screening as a performance improvement project. The data collected from this year is being used as the baseline data for this project. The percent of eligible children to receive lead screening decreased by 1.2% in 2010 when compared to the data obtained in 2009. This decrease in performance caused PA CHIP to reevaluate the project and develop new interventions in the hopes of increasing the program's performance in future years.</p>

FFY 2008	FFY 2009	FFY 2010
<p>improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?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.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 45% Annual Performance Objective for FFY 2012: 50% Annual Performance Objective for FFY 2013: 55%</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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #3 (Describe) Chemical Dependency and Substance Abuse: Identify and monitor utilization of services for chemical dependency and substance abuse; monitor for trends and outliers</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the number of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department for treatment relating to their diagnosis of asthma.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> No specific goal identified for this measure; therefore, does not meet criteria to report</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of PA CHIP members five years of age through 19 years of age with persistent asthma (same denominator as is used for HEDIS ASM) who were seen in an emergency department for asthma during the measurement year.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Denominator: Consistent with HEDIS ASM denominator specifications – number of members ages 5 through 19 years of age with persistent asthma. Definition of numerator: Eligible population who were seen</p>

FFY 2008	FFY 2009	FFY 2010
		in an emergency department for asthma during the measurement year.
Year of Data:	Year of Data:	Year of Data: 2009
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 543 Denominator: 3126 Rate: 17.4 Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The percent of members identified with persistent asthma who had emergency department visits for the treatment of their asthma increased by 2.2% when compared with 2009. Analysis indicates that the increase may have been a result of the H1N1 epidemic.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time.</p>

FFY 2008	FFY 2009	FFY 2010
	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 15.9% Annual Performance Objective for FFY 2012: 14.4% Annual Performance Objective for FFY 2013: 12.9%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.5% per year may be feasible over the next three years with improvements in disease management and care coordination that are CHIP insurers are anticipating undertaking.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Increase frequency of Adolescent Well-care visits by 3% per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3 percentage points per year for the next three years; monitor for trends and outliers.</p>	<p>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3 percentage points per year for the next three years; monitor for trends and outliers.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination administrative data (4 health plans) and hybrid data (5 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Definition of Denominator: Members 12-19 years of age during the measurement year Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 8495 Denominator: 17108</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 10026 Denominator: 19174</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 9233 Denominator: 16296</p>

FFY 2008	FFY 2009	FFY 2010
<p>Rate: 49.7</p> <p>Additional notes on measure: Definition of denominator: eligible population 12-19 years of age during the measurement year (eligible population is 55,574). In the 2007 annual report, the information for 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented.</p>	<p>Rate: 52.3</p> <p>Additional notes on measure: Definition of denominator: Hybrid population: members 12-19 years of age during the measurement year (Total eligible population is 61,649).</p>	<p>Rate: 56.7</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The PA CHIP HEDIS 2008 rate of 49.7% exceeded the 2008 performance objective of 47.7% by 2.0%.</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? On March 20, 2007, the State held a meeting for all CHIP health insurance contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In June 2008, the State released revised 2008-2010 performance objectives for the Adolescent Well-Care Visits performance measure to the CHIP health insurance contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009:</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate of 52.3% was 0.4 percentage points below the 2009 performance objective of 52.7%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In June 2008, the State released revised 2008-2010 performance objectives for the Adolescent Well-Care Visits (AWC) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the AWC performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The PA CHIP HEDIS 2010 rate of 56.7% showed 1% greater improvement than the 2010 performance objective of 55.66%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 2009 onsite reviews specifically addressed this area as one of PA CHIP's priorities. Contractor meetings where best practices are shared and encouragement of health insurers to try innovative outreach programs such as sponsoring a dance for this population, social networking, and various member recognitions have been key to PA CHIP's success with this measure.</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS 2009: 52.66%</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010: 55.66%</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011: 58.66%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by approximately 3% each year over the prior three years. The goal was set to increase the rate by 3% each year over the next three years. Please note that the above goals were adjusted from the goals set in December 2007 based on actual CHIP HEDIS 2008 performance. The new goals were set in November 2008 and may be subject to change pending HEDIS 2009 results.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010: 55.66%</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011: 58.66%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012: 61.66%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by approximately 3 percentage points (6%) each year over the prior three years. A goal was set to increase the rate by 3 percentage points (6%) each year over the next three years.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 59.7%</p> <p>Annual Performance Objective for FFY 2012: 62.7%</p> <p>Annual Performance Objective for FFY 2013: 65.7%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by approximately 3% each year over the prior three years. The goal was set to increase the rate by 3% each year over the next three years.</p>
<p>Other Comments on Measure: A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Adolescent Well-Care visits measure. This measure will be publicly reported beginning with HEDIS 2008 rates</p>	<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the AWC measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Added direction and target to the goal.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who receive all vaccinations in combination 2</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Eligible population who receive all vaccinations in Combination 2</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. Definition of numerator: Eligible population who receive all vaccinations in Combination 2</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1013 Denominator: 1322 Rate: 76.6</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1240 Denominator: 1566 Rate: 79.2</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 1650 Denominator: 2161 Rate: 76.4</p>

FFY 2008	FFY 2009	FFY 2010
<p>Additional notes on measure: Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior (eligible population 1,433). In the 2007 annual report, the information for 2006 was presented differently using eligible population as the denominator; however, if changed, the rates remain the same as presented</p>	<p>Additional notes on measure: Definition of denominator: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior. (eligible population 1,605).</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The HEDIS 2008 rate of 76.6% was 2.3% below the performance objective of 78.9% for 2008.</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? On March 20, 2007, the State held a meeting for all CHIP health insurance contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In June 2008, the State released revised 2008-2010 performance objectives for the Childhood Immunization Status - Combination 2 performance measure to the CHIP health insurance contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The HEDIS 2009 rate of 79.2% was 1.9 percentage points above the 2009 performance objective of 77.3%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? On March 20, 2007, the State held a meeting for all CHIP contractors. At this meeting, the State addressed CHIP HEDIS 2006 rates, provided comparisons to benchmarks, discussed performance objectives and addressed future plans for public reporting and a pay-for-performance program. In June 2008, the State released revised 2008-2010 performance objectives for the Childhood Immunization Status (CIS) performance measure to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the HEDIS 2008, HEDIS 2009 and HEDIS 2010 measurement years. In November 2009, the State revised the performance objectives for the CIS performance measure to include a comparison of performance over the previous three years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The HEDIS 2010 rate of 76.4% was 2.8% below the 2010 performance objective of 79.2%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 2009 onsite reviews specifically explored this measurement topic with CHIP health insurers. The availability of vaccines, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule.</p>

FFY 2008	FFY 2009	FFY 2010
<p>Annual Performance Objective for FFY 2009: HEDIS 2009: 77.32%</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010: 78.12%</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011: 78.87%</p> <p><i>Explain how these objectives were set:</i> The Childhood Immunization Status - Combination 2 measure rate decreased by 1.31% for 2008 after decreasing by 1.68% for 2007. A goal was set to increase the rate by 0.7% each year over the next three years to approximate the 2006 rate, which was the highest of the prior three rates.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: HEDIS 2010: 79.73%</p> <p>Annual Performance Objective for FFY 2011: HEDIS 2011: 80.28%</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012: 80.83%</p> <p><i>Explain how these objectives were set:</i> The Childhood Immunization Status – Combination 2 measure rate increased by 2.6 percentage points (3.4%) for 2009 after decreasing by 1 percentage point (1.3%) for 2008. Because there was no trend noted, a goal was set to increase the rate by 0.55 percentage points (0.7%) per year over the next three years in order to approximate the 2% increase that has occurred between 2007 and 2009.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 77.1 Annual Performance Objective for FFY 2012: 77.8</p> <p>Annual Performance Objective for FFY 2013: 78.5</p> <p><i>Explain how these objectives were set:</i> No distinct trend has been identified at this time and thus it has been determined that continuing to establish objectives with an increase of 0.7% per year would be appropriate in light of previous improvements that were realized in past years.</p>
<p>Other Comments on Measure: Please note that the above goals were adjusted from the goals set in December 2007 based on actual CHIP HEDIS 2008 performance. The new goals were set in November 2008 and may be subject to change pending HEDIS 2009 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the Children's Access to Primary Care Practitioners measure. This measure will be publicly reported beginning with the HEDIS 2008 rate.</p>	<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2009 from the goals set in November 2008 based on actual CHIP HEDIS 2009 performance and may be subject to change pending HEDIS 2010 results. A "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the CIS measure. This measure was first publicly reported beginning with HEDIS 2008 rates.</p>	<p>Other Comments on Measure:</p>

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #3 (Describe) Adolescent Immunization Status</p>	<p>Goal #3 (Describe) Adolescent Immunization Status</p>	<p>Goal #3 (Describe) Annual Vision Screening: Increase by 1.3% per year the number of members ages four through 19 years of age who receive an annual vision screening exam during the measurement year.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> NCQA discontinued this measure effective HEDIS 2009</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> NCQA discontinued this measure effective HEDIS 2009</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screening (CPT 99173) during the measurement year.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Definition of denominator: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length. Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year.</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2009</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 12597 Denominator: 113228 Rate: 11.1</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This is a new measure and there is no comparison data available at this time.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: 12.4% Annual Performance Objective for FFY 2012: 13.7%</p>

FFY 2008	FFY 2009	FFY 2010
	<p>Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2013: 15%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal was established of 15% was determined to be appropriate. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternate approach.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found?

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 2010 report (based on 2008 and 2009 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 2010, the PA CHIP weighted average was higher than the PA Medicaid managed care average across the majority of measures assessing Effectiveness of Care (EOC) and Access and Availability (AA). For HEDIS 2010 Use of Services (UOS) measures, such as Ambulatory Care and Inpatient Utilization, PA CHIP members had lower utilization of health care services than did PA Medicaid managed care health plan members.

When compared to the National Medicaid health plan average, the PA CHIP health plan average is higher across most EOC, AA and UOS measures with the exception of the Lead Screening in Children measure (40.3 vs. 66.4 percent) and the Appropriate Treatment For Children with Upper Respiratory Infections measure (78.7 vs. 86.0 percent).

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?

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 2010, PA CHIP replaced retired HEDIS measures and required reporting of new HEDIS measures.
- For HEDIS 2011, PA CHIP will again replace retired HEDIS measures and require reporting of new HEDIS measures. For HEDIS 2011, the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) measure will be required.
- In 2007, PA CHIP implemented a PA-specific performance measure – “Annual Body Mass Index Screening for Children and Adolescents.” Results for 2010 will be available in January 2011.
- In 2009, PA CHIP implemented a PA-specific performance measure – “Emergency Department Encounter Rate for Asthma in Children and Adolescents.” Results for 2010 will be available in January 2011.
- 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.” Results for 2010 will be available in January 2011.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- For HEDIS 2010, 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 will continue for HEDIS 2011.
- For HEDIS 2010, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement will continue for HEDIS 2011.
- For HEDIS 2010, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement will continue for HEDIS 2011.
- For HEDIS 2010, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This will continue for HEDIS 2011.
- In 2010, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2011 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2010, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2010 CAHPS survey results and 2010 HEDIS measures and compares those results to the statewide average using graphics.
- PA CHIP will prepare and disseminate a similar report card using 2011 CAHPS survey results and 2011 HEDIS measures. The report card will be available in the fourth quarter of 2011.

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 and 2010, 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?

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. The PIP must use as its basis the HEDIS Ambulatory Care measure. The CHIP health insurance contractors were required to implement a new PIP. The PIP could not be a continuation of an existing project. The CHIP health insurance contractors were required to conduct the PIP as defined by the State. Although the PIP must be related to reduction of emergency department visits, the CHIP health insurance contractors could

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select the specific PIP topic. The CHIP health insurance contractors were required to do a root cause or similar analysis to determine the reasons for over-utilization in the CHIP population. The reason why each CHIP contractor chooses the topic must be clearly stated and relevant to the contractor's CHIP population. CHIP health insurance contractors received detailed instructions in October 2007 and a follow-up training session in November 2007. CHIP health insurance contractors submitted their topic selection, quality indicators and study design in March 2008, which were validated in April 2008. In March 2009, CHIP health insurance contractors submitted targeted interventions implemented during calendar year 2008, which were aimed at reducing emergency department visits. These interventions were validated in April 2009. The first re-measurement rates reflecting utilization in the first half of calendar year 2009 was submitted in March 2010. Despite the targeted interventions, ED utilization by CHIP members continued to increase with lack of appointment availability outside traditional Primary Care Practitioner (PCP) office hours serving as an important driver of higher ED utilization rates. The second re-measurement rates reflecting utilization in the first half of calendar year 2010, and demonstrating sustained improvement will be submitted in March 2011. The CHIP PIP submissions will be validated on an annual basis by IPRO, an independent organization.

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 which 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. CHIP health insurance contractors received detailed instructions in September 2009. CHIP health insurance contractors are required to submit their topic selection, quality indicators and study design in December 2009, with targeted interventions implemented during calendar year 2010 submitted in November 2010. The first re-measurement period scheduled for calendar year 2010 will be submitted in November 2011, with results available in January 2011. The CHIP PIP submissions will be validated on an annual basis by IPRO, an independent 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 list attachments here and summarize findings or list main findings.

Enter any Narrative text below

CHIP Performance Improvement Projects

- Four of eight PA CHIP health plans reported improved rates on one or more indicators including reducing the percentage of members with an ED visit for URI, sinusitis, pharyngitis, otitis media, viral infection NOS (12.4 to 11.6 percent), increasing the percentage of new members with at least one PCP visit in the first six months of membership (25.2 to 30 percent), and increasing the percentage of members with an ED visit who also had a visit with a PCP during the measurement period (53.2 to 62.4 percent).

Body Mass Index (BMI) Measure Summary

- For 2008, 90.7 percent of enrollees had a height and weight or BMI calculated at a well-visit during 2007. Health plan rates ranged from 74.5 to 98.8 percent.
- For 2009, 92.5 percent of enrollees had a height and weight or BMI calculated at a well-visit during 2008. Health plan rates ranged from 85.9 to 98.55 percent.
- For 2008, 55.5 percent of enrollees had a BMI calculated at a well-visit during 2007. Health plan rates ranged from 35.3 to 70.8 percent.
- For 2009, 66.6 percent of enrollees had a BMI calculated at a well-visit during 2008. Health plan rates ranged from 38.43 to 88.89 percent.
- 37.9 percent of enrollees had a BMI equal to or greater than the 85th percentile (overweight) in 2008 with health plan rates ranging from 32.2 to 42.3 percent.
- For 2009, 39.3 percent of enrollees had a BMI equal to or greater than the 85th percentile (overweight) with health plan rates ranging from 37.2 to 41.7 percent.

- For 2008, 61.7 percent of enrollees with a BMI greater than or equal to the 85th percentile had a BMI calculated at a well-visit in 2007 with health plan rates ranging from 49.0 to 73.1 percent.
- For 2009, 73.0 percent of enrollees with a BMI greater than or equal to the 85th percentile had a BMI calculated at a well-visit in 2008 with health plan rates ranging from 43.2 to 100 percent.
- 2010 data are not available at this time.

CAHPS survey 4.0. See summary below.

- From the nine PA CHIP health plans which participated in the survey, 7,740 respondents completed the CAHPS 4.0 Questionnaire. The respondents completed the questionnaire on behalf of a child enrolled in one of the commercial-based or Medicaid-based HMO plans.
- Respondent Characteristics—PA CHIP CAHPS 4.0 Survey Respondents
 - For CAHPS 2010, the majority of respondents were female (84.9 percent). A high proportion of survey respondents had a high school diploma (38.4 percent) or some college education (38.0 percent). In addition, the majority of respondents indicated that their child is white (77.5 percent) and was in “excellent” or “very good” health (85.6 percent).
- Global Rating Questions
 - The Global Rating Questions asked respondents to rate each of four aspects of their child’s health care on a scale of 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”
 - For 2010, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 86.0 percent. Health plans’ rates for rating of child’s health plan ranged from 75.1 to 91.6 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 86.4 percent.
- Composite Scores
 - Each Composite contained a set of survey questions. To obtain a Composite Score, the responses for all questions comprising a Composite were averaged.
 - The PA CHIP health plans’ rates ranged from 78.8 to 97.5 percent of enrollees who indicated they are “usually” or “always” able to get urgent care quickly for their child. The PA CHIP plans’ rates ranged from 72.8 to 93.3 percent of enrollees who indicated that they are “usually” or “always” able to get routine care appointments for their child.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

CHIP further focused its marketing and outreach efforts on motivating parents to “apply now” and enroll their children in the program. We also focused our messaging in a micro campaign to encourage unemployed parents to apply. Headlines read “While you’re looking for a job, your kids won’t be waiting for health insurance.” This message was integrated into an online buy and some limited collateral. Online advertising directed parents to apply by calling our toll-free number or to get more information online at www.ChipCoversPaKids.com.

Due to budget cuts, we did not run any TV advertising; however, we participated in a Commonwealth sponsorship with CBS 3 in Philadelphia. This included a CHIP phone bank from 4-7 p.m. and a special interview segment on their noon show – Talk Philly. Calls from the phone bank were directed into our Helpline, which received four times the number of calls typically received during that timeframe. We placed a statewide radio buy with our existing CHIP radio spot on general market and Hispanic radio stations. We also tried bus transit advertising on the exterior and interior of buses in six cities across the state. Data collected from callers to the CHIP Helpline once again showed that when CHIP advertising ran, calls to the Helpline, hits to the CHIP Web site, requests for applications and over-the-phone applications increased.

Additionally, the program updated general collateral and added new pieces to the CHIP e-toolkit on the CHIP Website. CHIP also developed a “tell a friend” card that is distributed by the CHIP Helpline in every request for more information they receive. This extends to other helplines they answer for the Commonwealth – approximately 15,000 per month. The program has also partnered with the Helpline to have a presence on Facebook and now has a LiveChat service through the Helpline.

Outreach to CareerLink centers and Hospitals:

CHIP expanded its outreach to the unemployed and uninsured through its expanded partnership with the Commonwealth’s one-stop CareerLink centers by providing our unemployment-focused posters and flyer inserts to CareerLink’s across the state.

CHIP and its insurance plan contractors also partnered with Lancaster General Health system to provide CHIP outreach targeted to uninsured citizens of Lancaster County. Outreach included enrollment fairs at local community centers and libraries, as well as development of plans to reach out to Lancaster General’s extensive provider network with the CHIP message and how it can help both the uninsured they see as well as their bottom line.

In addition, The Children’s Hospital of Philadelphia (CHOP) hosted their 2nd annual Healthy Kids Day on May 22, 2010. More than 8,000 children and their families attended this free day of healthy fun, education and entertainment. Attendance doubled from last year. CHOP asked CHIP to participate as an in-kind sponsor with a booth space, signage and special CHIP coloring book station.

Community Marketing Initiative (CMI): We worked with a few of the past CMI partners to really focus efforts on enrolling more children – primarily in urban areas. Two of these organizations focused on minority communities – Consumer Health Coalition in Pittsburgh continued their grassroots efforts in the Latino community, and the African Methodist Episcopal (AME) churches once again focused on the African American population in Philadelphia with their “Cover the Kids” gospel concert. The AME churches also hosted a Cover the Kids pastors’ breakfast with more than 75 pastors in attendance.

School Notices: CHIP continued its partnership with the Department of Education by sending out the annual CHIP flyers to all public schools statewide (2.2 million flyers) to be disseminated to all students during back to school season. We also conducted a focused outreach effort to Charter Schools across the state which historically have not been included in the Department of Education distribution.

CHIP Web site: CHIP continued to develop its popular Web site (www.chipcoverspakids.com) and made a few navigation changes to be more user-friendly. After analyzing GoogleAnalytics, we added a section on “reasons to be insured” and updated the main navigation to have a more natural flow. We also enhanced the e-toolkit and included sections focused on school districts, community organizations and legislators. In addition, the site now contains a “Livechat” connection which connects users to our Helpline and allows them to ask questions and receive responses online. A Facebook icon also was added which links to the Helpline’s Facebook page – Help in Pa.

COMPASS (Commonwealth of Pennsylvania Access to Social Services): COMPASS, the web-based application and renewal system (www.COMPASS.state.pa.us), continued to be a well-used tool by citizens applying for health care coverage and other human service programs. An upgrade to the COMPASS Web site occurred in June 2010. Enhancements include:

- It is now in flash so the whole application is brought forward at one time and saved per page rather than going back and forth to the server every time the page advances.
- It has more user-friendly wording and appearance.
- It is also arranged in smaller sections so if a person does not get to elect to save an application, the application automatically saves to the nearest completed page. This has really helped when there are computer/network issues. It saves people from having to start at the beginning of an application.
- At the end of the application, prior to submitting, it reviews the entire application and directs the user back to required questions they may have missed so that the application can be easily submitted.

Cover the Uninsured Week: In coordination with the Robert Wood Johnson (RWJ) national effort, Pennsylvania continued its statewide outreach efforts during “Cover the Uninsured Week” in March. CHIP celebrated its 18th birthday in Pennsylvania and we hosted a celebration event during Cover the Uninsured Week with members of the media, CHIP insurance companies, CHIP champions, legislators and most importantly, CHIP families. Senator Casey recorded a welcome message for the event and a local TV personality emceed the event. In addition to the CHIP 18th Birthday celebration, we also conducted a radio media tour with Commissioner Joel Ario and Deputy Commissioner Peter Adams. The media tour focused on the basics of CHIP as well as some discussion on healthcare reform.

Pennsylvania Farm Show: CHIP sponsored a Farm Show booth again in January 2010 where information and giveaways were distributed and application assistance was provided to families. CHIP’s theme was “tell a friend or family member to apply today”. More than 500,000 citizens attended the 10-day Farm Show event.

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?

We find that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP’s message. CHIP continued to utilize valuable data provided by the Helpline to measure how callers heard about CHIP. The data showed that TV and radio ads reached the broadest

audience; flyers distributed through schools and County Assistance Offices drew the most CHIP calls overall in the shortest amount of time; and word of mouth continued to strongly fuel awareness. CHIP always encourages citizens to tell family, friends, co-workers and neighbors about the program and the results of this message were reflected in call volumes to the Helpline. In addition to these overarching strategies, CHIP implemented a number of other strategies to reach uninsured Pennsylvania families.

- CHIP radio advertising is the second most effective form of traditional advertising behind TV. It's less expensive than TV and still produces an increase in calls to the Helpline. Historically, radio has ranked in the top reasons that citizens called the Helpline for applications or application assistance.
- CHIP's web-based search engine and online advertising continued to be an affordable and excellent driver to the CHIP Web site and also to the Helpline. When CHIP advertises at its highest levels, the CHIP Web site receives nearly 3 million hits a month. Although hits to the site dropped over the last two years, callers to the Helpline consistently cited the CHIP Web site as the number one reason they called to apply for or inquire more about CHIP.
- CHIP and its insurance company contractor outreach staff continued daily grassroots outreach, focusing on venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings. We continue to develop and support partnerships with grassroots organizations as CHIP Champions.
- Word of mouth via friends and family consistently ranked as a major source of information and referrals to the CHIP Helpline. Many families learn about and apply for the CHIP program based on the valued and trusted information provided to them from friends and family. To that end, CHIP developed a specific "tell a friend or family member" campaign that is mailed with information requests to the Helpline to "keep those referrals coming!"

Helpline – Connecting Citizens with CHIP and Tracking Progress

- PSI has high-quality operations standards that it constantly monitors to ensure a consistent level of service excellence. Quality assurance monitoring is also conducted by the partner agencies. PSI met or exceeded all key performance indicators for SFY 2009-10. In SFY 2009-10, the call center answered 83,581 CHIP calls, mailed 24,740 CHIP/adultBasic applications, and completed 2,553 COMPASS applications online.
- LiveChat: Pennsylvanians can now visit the CHIP Web site and select to "chat" online with a Helpline representative during normal business hours. Helpline representatives can answer any questions a web user might have concerning the helpline service. In SFY 2009-10, Helpline reps provided 4,782 LiveChats.
- TTY: The Commonwealth is sensitive to the needs of hearing impaired callers and offers a TTY telephone line for the CHIP Helpline, and requires that all of its contractors utilize the same service for their hearing impaired callers. Using the TTY line, the Helpline communicates with the hearing impaired by typing our responses which are then displayed on the caller's phone. E-mail and live WebChat are also available as communication channels for hearing impaired callers.
- 30-Day Renewal Outreach: The Helpline made approximately 5,000 outbound telephone calls a month to families who did not complete renewal applications after receiving three notices from CHIP. Helpline representatives offered renewal assistance over the phone (using COMPASS) and provided reminders to families to mail back their renewal applications.

- CHIP offered three ways to apply and renew for the program
 - Online via COMPASS, the Commonwealth of Pennsylvania’s Web Access to Health and Human Services – a one stop shop where citizens can apply for many social service programs with one application;
 - By paper application; and
 - Over the phone through the CHIP Helpline
- Established working relationships with County Assistance Offices of the Department of Public Welfare
 - County Assistance Offices are the largest source of CHIP applications and referrals. They refer more than 3,000 applicants per month to the program. The program worked with the Department of Public Welfare to enhance internal and external communications between the two agencies to further improve the “any form is a good form” process whereby an application can go to either agency and be referred to the agency that will provide the family benefits.

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

We find that a multi-pronged marketing and outreach approach is a very effective best practice in reaching Pennsylvania’s citizens with CHIP’s message. In 2009, CHIP continued to utilize valuable data provided by the CHIP Helpline to measure how callers heard about CHIP. The data showed that the CHIP Web site, County Assistance Offices, Web search engines (such as Google), and word of mouth referrals from friends, neighbors and family members reached the broadest audience. Flyers distributed through schools drew the most CHIP calls overall in the shortest amount of time. Overall, we continue to find that word of mouth strongly fuels citizen awareness of the program. To that end, CHIP always encourages citizens to tell family, friends, co-workers, and neighbors about the program. The results of this message are reflected in call volumes to the CHIP Helpline.

We have found that having a multi-agency, multi-program call center is a very effective best practice in assisting citizens with various social service needs that they may or may not be aware are available to them. Helpline specialists from the Pennsylvania Health and Human Services Call Center can connect individuals and families seeking information and referrals to human services in a single call and in any language. For example, a family can call the Helpline to learn about CHIP coverage, receive referral information for their child who has special needs, learn about services in Pennsylvania for an aging parent, and get information for a relative who has experienced a brain injury, all in one call.

LiveChat: Pennsylvanians can now visit the CHIP Web site and select to “chat” online with a Helpline representative during normal business hours. Helpline representatives can answer any questions a web user might have concerning the helpline service.

CHIP and its insurance company contractor outreach staff continued daily grassroots outreach, focusing on venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings. We continue to develop and support partnerships with grassroots organizations as CHIP Champions.

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?

Historically, CHIP has worked with two minority marketing partners to conduct specific Hispanic and African American outreach. However, over the past year we've scaled back these efforts to primarily focus on minority outreach through radio advertising and the Community Marketing Initiative. As part of our radio buy, we did include Hispanic radio which was tied closely to a spike in Spanish application downloads on the CHIP Spanish site in April, May and June 2010.

Community-Based Organizations, many of which are part of our Community Marketing Initiative, provide a significant point of entry into these markets, with CHIP's marketing partners utilizing their extensive community network of resources to reach out to their communities.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? 88%

Kaiser State Health Facts

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

- Yes
 No

If yes, indicate if you have the following policies:

- Imposing waiting periods between terminating private coverage and enrolling in CHIP
 Imposing cost sharing in approximation to the cost of private coverage
 Monitoring health insurance status at the time of application
 Other, please explain

Pennsylvania has taken a number of steps to guard against and monitor for crowd-out. Questions regarding insurance coverage are contained on the application and renewal forms and electronic cross matches against Medicaid and private insurance files are completed to help determine that only uninsured children are enrolled. We also continue to use an electronic third party check to determine if an applicant has private insurance or meets the required period of uninsurance prior to enrolling in CHIP.

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

Applications for coverage include questions relating to other forms of health insurance coverage. Applicants reporting they have other types of health insurance are denied coverage through Pennsylvania's CHIP. In addition, electronic matches with Medicaid and private insurance occur in an effort to prevent children with other insurance from being covered by CHIP. Various reports are available and used to measure substitution. As mentioned above, we conduct a third party check to determine if an applicant has private insurance. We continually receive reports based on all of the various data matching efforts.

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy.

If Pennsylvania finds a significant level of substitution (10% of enrollees dropping or being dropped from private coverage), it will reevaluate the exceptions to the waiting period to determine if they are

contributing to substitution and modify them as necessary. We would also consider incrementally increasing the uninsured period up to an additional 6 months to reverse the substitution trend.

Another strategic option that is available is to increase the cost sharing requirements for this target population to deter substitution.

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] 3.5 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] ? 3.6
Provide a combined percent if you cannot calculate separate percentages.

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage .01
- 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]?

83.5

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

- Yes
 No

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

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

- Yes
 No

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

- b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?)
- c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled).
- d. Does the State conduct surveys or focus groups that examine whether affordability is a concern?

- Yes
 No

If yes, please provide relevant findings.

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

No

8. Does the State's CHIP application ask whether applicants have access to private health insurance?

- Yes
 No

If yes, do you track the number of individuals who have access to private insurance?_

- Yes
 No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]?

C. ELIGIBILITY

(This subsection should be completed by all States)

Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?

- Yes
 No

If no, please describe the screen and enroll process.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain.

Children who are being disenrolled from Medicaid because of a change in family circumstances and who are eligible for CHIP can be enrolled in CHIP retroactively back to the first of the month in which disenrollment from Medicaid occurred to avoid a gap in health care coverage. The challenge was to ensure that the paperwork gets to the correct insurance plan and the family knows to which plan the paperwork was sent. To remove this challenge, we automated the referral process.

Income too low: If an application for health care coverage is filed with a CHIP contractor and the child appears to be eligible for Medicaid, the CHIP contractor sends a notice of ineligibility to the parent or guardian that explains that the application has been forwarded to the local County Assistance Office (CAO) for a determination of Medicaid eligibility. The contractor sends an e-

referral to the CAO and will maintain the application on file. The CAO will determine eligibility for Medicaid and notify the family of the result of that determination. If it is determined that income is not within Medicaid guidelines, the children are found to be ineligible and are e-referred back to the originating CHIP contractor. To avoid “bouncing” between Medicaid and CHIP, the CHIP contractors accept any information provided by the CAO and enroll the children in CHIP if denied Medicaid for high income. A challenge here is that applicants will ignore correspondence from the local CAO because they did not apply for Medicaid. This results in the applicants being denied Medicaid for not providing sufficient information for the CAO to determine eligibility. In this case, the file is not referred back to the contractor and the applicant remains uninsured.

Income too high: If an application is filed with a CAO and the applicant is found not eligible for Medicaid, the CAO sends a notice of ineligibility to the applicant and explains that the application has been forwarded to one of the CHIP health insurance contractors operating within that county. The CAO sends an e-referral to the contractor. All information contained on the transmittal is considered verified and does not require any additional verification by the contractor. Upon receipt of the application from the CAO, the CHIP contractor determines eligibility for CHIP and notifies the family of the determination.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP?

- Yes
 No

If no, please explain.

Of our ten CHIP health insurance contractors, five participate in Medicaid managed care. However, many providers participate in more than one insurer’s provider network, which allows a child to continue receiving treatment from the same physician when the child’s coverage shifts from Medicaid to CHIP and vice versa. Medicaid continues to utilize fee-for-service in areas of the state where Medicaid managed care is not available. CHIP uses managed care programs statewide (either traditional HMO or PPO). Unfortunately, provider networks are not mirror images in many of our managed care networks.

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

If yes

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination?
- 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?

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

Table B1

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

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	<p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p>	<p>In accordance with section 1902(e)(12) of the Act</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Liberalization of Asset (or Resource Test) Requirements	<p>2. Does the State have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>3. If there is an assets test, does the State allow administrative verification of assets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
Elimination of In-Person Interview	<p>4. Does the State require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for establishing eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program

			<input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]
Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section III C: Subpart C: Eligibility Renewal and Retention

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

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program?
Families receive three notices.
 - 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?)
90 days prior to renewal due date; 60 days prior and 30 days

Other, *please explain*:

Our contracted help line as well as several of the help lines associated directly with the insurance contractors conduct telephonic outreach to those families who have not responded to the 90- or 60-day letters.

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

We have not evaluated the effectiveness of any of our renewal strategies.

Section IIIC: Subpart D: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2010

States are required to report on questions 1 and 2 in FFY 2010. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2010, FFY 2011, and FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is required in 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	152244	100
2. Total number of application denials	72642	47.7
a. Total number of procedural denials	20625	13.5
b. Total number of eligibility denials	52017	34.2
i. Total number of applicants denied for title XXI and enrolled in title XIX		
c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input checked="" type="checkbox"/>)		

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

Definitions:

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2010. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2010 (e.g., an application that was determined eligible in September 2010, but coverage was effective October 1, 2010 is counted in FFY 2010).
2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2010. 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 2010 (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 2010 (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.

1. What percentage of children in the program is retained in the program at redetermination (i.e., # of children retained/total # of children who may remain eligible for CHIP at redetermination * 100) [5]? Please note that “may remain eligible” means that group of children who from the information the State has on record, appear to meet the eligibility criteria for renewal.

64.2

2. What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children who may remain eligible for CHIP) * 100). 35.8
3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- Yes
 No
 N/A

a. When was the monthly report or assessment last conducted?

September 2010

b. If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in CHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
106802	27402	25.7	21060	19.7	6702	6.3	941	0.9	49316	46.2

c. Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) .

New Disenrollments Summary Report in the CHIP and adultBasic Processing System – this report includes all disenrollments that occurred in FFY 2010, not just the ones that occur at redetermination.

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)
 Health Plan(s)
 State
 Third Party Administrator
 N/A (No cost sharing required)
 Other, please explain.

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

The initial enrollment letter notifies the family of the requirement to maintain receipts for all out-of-pocket expenses related to the child's health care. We provide the family with the calculation of the five percent out-of-pocket maximum. The letter includes the address to send receipts for evaluation.

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.
Once the limits have been exceeded, a family can apply to the state for a rebate of any cost sharing already paid in excess of the limit. Upon verification that the family exceeded the 5% cost sharing limit, the state will issue a letter to each child in the family to present to the provider that explains that cost sharing is exempt until a specified date (redetermination date) that will be included on the letter. The appropriate contractors will also receive the letter and will then know that premiums will not be required from the enrollees until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new identification card is issued that shows the provider that no cost sharing is to be charged.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year.
None

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?

The Commonwealth's disenrollment survey (December 2008) found that six percent (6%) of the disenrolled respondents stated the reason for not renewing in the program was the "CHIP program costs too much".

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?

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?

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

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

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

Children

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

Adults

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))
 Additional Premium Assistance Option under CHIP State Plan (2105(c)(3))
 Section 1115 Demonstration (Title XXI)
 Premium Assistance option under the Medicaid State Plan (1906)
 Premium Assistance option under the Medicaid State Plan (1906A)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 Childless Adults
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.)
4. What benefit package does the ESI program use?
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 2010

Children _____
 Parents _____

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

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

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.

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?

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

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

Children	Parent
State:	State:
Employer:	Employer:

Employee:

Employee:

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

Children	Low	High
Parents	Low	High

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

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

- Yes
 No

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

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

22. Is there a required period of uninsurance before enrolling in premium assistance?

- Yes
 No

If yes, what is the period of uninsurance?

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

- Yes
 No

24. Can you cap enrollment for your program?

- Yes
 No

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

Enter any Narrative text below.

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:

Each CHIP health insurance 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 health insurance contractor employees. Each CHIP health insurance contractor 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.

CHIP health insurance 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 CHIP health insurance contractor is required to advise its providers and subcontractors of the prohibitions against fraudulent activities relating to their involvement with the program.

Fraud and abuse detection activities must be compatible with the requirements of appropriate law enforcement agencies responsible for fraud and abuse detection and prosecution. CHIP health insurance contractors are held responsible for referring information on suspected fraudulent activities of subcontractors, providers, employees, and enrollees to relevant law enforcement agencies and must cooperate fully with the investigation and prosecution by appropriate law enforcement agencies.

In the event of successful prosecution, each CHIP health insurance contractor is required to take action to suspend or terminate the person(s) or entity involved in fraudulent activities. CHIP health insurance contractors are required to notify the Department of any actions being taken against a person(s) or entity resulting in successful prosecution for fraudulent activities. In addition to direct notification, each CHIP health insurance contractor is required on an annual basis to report all fraud detection activities.

Due to changes in reporting timeframes, PID is not scheduled to receive our MCO annual reports until the end of February (60 days after the close of the calendar year); consequently, we are unable to respond to the numerical counts requested in the remaining questions below at this time. PID will forward the appropriate information upon receipt of that information from our MCOs.

In addition to the annual report required from the CHIP MCOs, the CHIP office, during the past year, has instituted a quarterly precluded provider report. This report is produced via our newly developed data warehouse in which PID quarterly cross matches the MCOs provider data against the OIG website for precluded providers and the Department of Public Welfare's Medi-Check website for precluded providers. Any hits are referred back to the MCO for investigation and recoupment of any funds paid to providers who are barred from public health care programs. This is a new process that is still being refined.

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

Yes

No

Please Explain:

Each CHIP insurer is required to establish written policies and procedures for the detection and prevention of fraud and abuse that may be committed by network providers, by enrollees, or by the CHIP insurer employees. Any changes to policies and procedures must be reported to the CHIP office. Each CHIP insurer 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

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

b. Provider Billing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

_____ Number of cases investigated

_____ 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 :

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

Yes

No

Please explain:

As part of the contracting process, each insurer is required to inform the Department of changes to its written policies and procedures for the detection, prevention, and reporting of fraud and abuse. In addition to other requirements, each insurer must explain how it checks its provider network against the exclusionary lists of Medicaid and Medicare providers that are maintained by the Office of Medical Assistance Programs and the Office of Inspector General and how often it checks these lists.

G. DENTAL BENEFITS – Reporting is required in 2010 CARTS

1. Information on Dental Care for CHIP Children (Include all delivery types, i.e. MCO, PCCM, FFS).

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

a. Annual Dental Participation Table for CHIP Enrolled Children (Include children receiving full CHIP benefits and supplemental benefits) .

Please check which populations of CHIP children are included in the following table:

Medicaid Expansion

Separate CHIP

Both Medicaid Expansion and Separate CHIP

State _____ FFY _____	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Enrollees Receiving Any Dental Services¹	107526	13	1227	10885	28293	39671	27437
Total Enrollees Receiving Preventive Dental Services²	69505	10	834	6406	18028	26159	18068
Total Enrollees Receiving Dental Treatment Services³	18500	5	400	1650	4400	5025	7020

*Includes 12-month visit

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

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

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

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

4500

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

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

If yes, how many children are enrolled?

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

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 2010. 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

	2010	2011	2012
Benefit Costs			
Insurance payments			
Managed Care	452777240	419468415	458281085
Fee for Service			
Total Benefit Costs	452777240	419468415	458281085
(Offsetting beneficiary cost sharing payments)	-16995488	-15745205	-17202081
Net Benefit Costs	\$ 435781752	\$ 403723210	\$ 441079004

Administration Costs

Personnel	2225000	2225000	2225000
General Administration	2717000	2717000	2717000
Contractors/Brokers (e.g., enrollment contractors)	3793986	3600000	3600000
Claims Processing			
Outreach/Marketing costs	1500000	1500000	1500000
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	10235986	10042000	10042000
10% Administrative Cap (net benefit costs ÷ 9)	48420195	44858134	49008778

Federal Title XXI Share	304942327	285291112	311047932
State Share	141075411	128474098	140073072

TOTAL COSTS OF APPROVED CHIP PLAN	446017738	413765210	451121004
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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)

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?

No shortfall of federal funds was experienced

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2010		2011		2012	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	195890	\$ 174	197128	\$ 177	204568	\$ 187
Fee for Service		\$		\$		\$

Enter any Narrative text below.

A state budget impasse in 2009 delayed the payment of benefit invoices. This delay caused some invoices that should have been paid in federal fiscal year (FFY) 2009 to be paid in FFY 2010. Therefore, the benefit costs reported for 2010 are higher than the product of the average number of eligibles and the PMPM.

The chart in question 1 above does not allow for enhanced reimbursement for IT systems (90% federal share for development, 75% for maintenance); therefore, our calculations would vary from those above as follows:

	2010	2011	2012
Federal share	305645638	285323782	307177128
State share	140372100	128441428	141943876

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

CHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Parents	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Childless Adults	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Pregnant Women	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	

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

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

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

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

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

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children.
- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2010 starts 10/1/08 and ends 9/30/09).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2013
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

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

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

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					
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When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The world and national economic downturn hit Pennsylvania hard, resulting in a decline in state revenues and an increase in the demand for and cost of state funded services. The Commonwealth has maintained eligibility for entitlement programs to date, and the required state funding for these programs has been appropriated. However, almost all discretionary programs received budget reductions. Pennsylvania's CHIP program is not an entitlement program but was one of the few state programs that enjoyed increased appropriations of state funds in FY2009-10 and FY2010-11 as a result of broad, bipartisan support. However, even without constraints on CHIP funding, enrollment in Pennsylvania CHIP at the end of 2010 was approximately the enrollment in May 2009. This could be the result of the discontinuation of TV advertising for CHIP in mid-2009. Alternatively, as noted by Dr. Kenney and others in the October 2010 issue of Health Affairs, it is possible that states like Pennsylvania cannot realistically improve on a CHIP enrollment rate that substantially exceeds 90% of the eligible children: (i.e., "...it is not clear how much higher participation can be in the states that already have rates greater than 90 percent, given the dynamic nature of family circumstances and eligibility for public coverage"). In any case, the federal mandates associated with Health Insurance Exchanges are now dominating Pennsylvania's efforts related to CHIP and Medical Assistance eligibility processes, which will preclude almost all efforts to simplify enrollment processes in the short-term that require substantial resources.

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

The CHIP Reauthorization Act of 2009 created many opportunities for innovation and program enhancement, as well as substantial new program responsibilities. For example, under CHIPRA, Pennsylvania CHIP is now verifying citizenship and using the interface with the Social Security Administration's database to fulfill this obligation. The volume of changes under CHIPRA, and now the Affordable Care Act, has overwhelmed both CMS and the states, especially states like Pennsylvania with separate CHIP programs. In many instances, Pennsylvania CHIP is required to meet deadlines for program enhancements without adequate guidance from CMS (e.g., prospective payment to FQHCs; reporting through MSIS; program integrity provisions; and reporting new quality measures). Even after guidance is published, it appears that the proposed rules are written as "one size fits all" which we all know is not the way CHIP was established. In addition, due to Pennsylvania's financial stress, Pennsylvania CHIP cannot add staff quickly to meet new federal requirements and opportunities, even for activities involving 90% federal matching funds.

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

Pennsylvania's CHIP program implemented citizenship verification using the SSA interface during the reporting period, and leveraged the IT investment for citizenship verification to enhance the use of data exchanges for CHIP eligibility. CMS awarded Pennsylvania CHIP a grant to develop and implement a prospective payment approach for FQHCs and RHCs, and the Commonwealth was awarded a multi-year CHIPRA grant to develop quality of care measures for children and assess the value of electronic health records on quality of care, starting with children enrolled in CHIP and Medical Assistance. Pennsylvania CHIP developed and is implementing an expanded dental benefit package. Open enrollment in Pennsylvania CHIP has been preserved although this is still threatened by the Commonwealth's dire fiscal circumstances. The CHIP program continues to enjoy broad bipartisan support despite the decline of bipartisan activities at the state and national level.

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. Pennsylvania CHIP is undertaking a pilot to assess the value of commercial database with payroll and other information related for use in CHIP eligibility determinations. Depending upon the results of this pilot, it may be possible to implement

processes that will reduce the number of incomplete applications and renewals, as well as to decrease the number of discontinuous coverage situations. However, the major initiative in the next fiscal year will be to prepare for the requirements under federal health care reform in 2014, including both a new eligibility system, closer integration of CHIP, Medical Assistance and private health insurance eligibility and coverage, and greater use of data exchanges.

Enter any Narrative text below.